ADAMH Addiction Severity Index
Intake Short Form

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1. MACSIS Member # ______________________
2. Agency Case # ________________________
3. Agency Staff # ________________________
5. Interview Date ___/___/___
9. Mode of Interview 1-In Person 2-Phone

GENERAL INFORMATION

G19. Have you been in a controlled environment in the past 30 days
1-No 2-Jail 3-Alcohol or Drug Treatment 4-Medical Treatment
5-Psychiatric Treatment 6-Other ________________________
   A “control environment” means a place, theoretically, without access to drugs/alcohol

G20. How many days?
   “NN” if G19 is No. Refers to total number of days detained in the past 30 days. ___ ___

MEDICAL STATUS

M3. Do you have any chronic medical problems which continue to interfere with your life?
0-No 1-Yes
   “chronic medical problems” mean a serious physical condition that requires regular care, (i.e.,
   medication, dietary restriction) preventing full advantage of their abilities.

M6. How many days have you experienced medical problems in the past 30 days? ___ ___

M7. How troubled or bothered have you been by these medical problems in the past 30 days?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

M8. How important to you now is treatment for these medical problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
EMPLOYMENT/SUPPORT STATUS

E4. Do you have a valid driver's license?
   0-No   1-Yes

E5. Do you have an automobile available for use? (Answer No if no valid driver’s license.)
   0-No   1-Yes

E10. In the past 3 years, what has been your usual employment pattern?
      - Select one to represent the majority of the last 3 years
        1-Full time (40 hrs/wk)
        2-Part time (regular hours)
        3-Part time (irregular hours or day work)
        4-Student
        5-Service
        6-Retired/Disability
        7-Unemployed
        8-In controlled environment (e.g., jail or hospital)

E11. How many days were you paid for working in the past 30 days?
      - Include “under the table” work, paid sick days and vacation

E12. How much money did you receive from employment income in the past 30 days?
      - Net or “take home” pay, include any “under the table” money

E17. How much money did you receive from illegal income in the past 30 days?
      - Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

DRUG /ALCOHOL USE

D1. Alcohol-any use at all  ___ ___  ___ ___

D2. Alcohol-to intoxication  ___ ___  ___ ___

D3. Heroin  ___ ___  ___ ___

D4. Methadone  ___ ___  ___ ___

D5. Other opiates/analgesics  ___ ___  ___ ___

D6. Barbiturates  ___ ___  ___ ___

D7. Other sedatives/hypnotics/tranquilizers  ___ ___  ___ ___

D8. Cocaine  ___ ___  ___ ___

D9. Amphetamines  ___ ___  ___ ___

D10. Cannabis  ___ ___  ___ ___

In the past 30 days, how many days have you used
In your life, how many years have you regularly used

- Alcohol: Beer, wine, liquor
- Methadone: Dolophine, LAAM
- Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups=Robitussin, Fentanyl
- Barbiturates: Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
- Sed/Hyp/Tranq: Benzodiazepines=Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Nocotex), Quaaludes
- Cocaine: Cocaine Crystal, Free-Base Cocaine or “Crack, and Rock Cocaine”
- Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
- Cannabis: Marijuana, Hashish
- Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
- Inhalants: Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, etc.
In the past 30 days, how many days have you used

In your life, how many years have you regularly used

D11. Hallucinogens __ __ __ __

D12. Inhalants __ __ __ __

D13. More than one substance per day
(including alcohol) __ __ __ __

- Alcohol – to intoxication include feel the effects, “got a buzz”, “high”, 5+ drinks in one setting, or within a brief period of time, etc.

D19. How many times in your life have you been treated for alcohol abuse? __ __

D23. How much money would you say you spent during the past 30 days on alcohol? __ __ __ __

D26. How many days in the past 30 days have you experienced alcohol problems? __ __

D28. How troubled or bothered have you been in the past 30 days by these alcohol problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

D30. How important to you now is treatment for these alcohol problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

D20. How many times in your life have you been treated for drug abuse? __ __

- Include detox., halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

D27. How many days in the past 30 days have you experienced drug problems?
 __ __

- Include only:Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to

D29. How troubled or bothered have you been in the past 30 days by these drug problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

D31. How important to you now is treatment for these drug problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
LEGAL STATUS

How many times in your life have you been arrested and charged with the following?

- Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.

<table>
<thead>
<tr>
<th>Crime</th>
<th>Count</th>
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<tbody>
<tr>
<td>L3. Shoplifting/vandalism</td>
<td></td>
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<tr>
<td>L4. Parole/probation violations</td>
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<td>L5. Drug charges</td>
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<td>L6. Forgery</td>
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<td>L7. Weapons offense</td>
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<tr>
<td>L8. Burglary, larceny, B&amp;E</td>
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<tr>
<td>L9. Robbery</td>
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<tr>
<td>L10. Assault</td>
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<tr>
<td>L11. Arson</td>
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<tr>
<td>L12. Rape</td>
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<tr>
<td>L13. Homicide, manslaughter</td>
<td></td>
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<tr>
<td>L14. Prostitution</td>
<td></td>
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<tr>
<td>L15. Contempt of court</td>
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<tr>
<td>L16. Other</td>
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</tbody>
</table>

L17. How many of these charges resulted in convictions? ___

- "Convictions" include fines, probation, incarcerations, suspended sentence, and guilty pleas
- If L3-L16=00, then L17 = "NN"

How many times in your life have you been charged with the following?

<table>
<thead>
<tr>
<th>Crime</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>L18. Disorderly conduct, vagrancy, public intoxication?</td>
<td></td>
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<tr>
<td>L19. Driving while intoxicated?</td>
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<tr>
<td>L20. Major driving violations (e.g., speeding, reckless driving, no license, etc.)</td>
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L21. How many months were you incarcerated in your life? Mos. 

- If incarcerated 2 weeks or more, round this up to 1 month.

L24. Are you presently awaiting charges, trial, or sentence? 0-No 1-Yes

L27. How many days in the past 30 days were you engaged in illegal activities for profit? ___

- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

L28. How serious do you feel your present legal problems are? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

- Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

- Rating a need for additional referral to legal counsel for defense against criminal charges
FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status
1- Married  2-Remarried  3-Widowed  4-Separated  5-Divorced  6 –Never Married

F3. Are you satisfied with this situation?
0-No  1-Indifferent  2-Yes
❖ Satisfied = generally liking the situation

F4. In the past 3 years, what has been your usual living arrangement?
❖ Choose arrangements most representatives of the past 3 years. If there is an even split in time between
these arrangement, choose the most recent arrangement
1-With sexual partner and children
2-With sexual partner alone
3-With children alone
4-With parents
5-With family
6-With friends
7-Alone
8-Controlled environment (e.g., jail or hospital)
9-No stable arrangement

F6. Are you satisfied with these living arrangements?
0-No  1-Indifferent  2-Yes

F7. Do you live with anyone who has a current alcohol problem?
0-No  1-Yes

F8. Do you live with anyone who uses non-prescribed drugs?
0-No  1-Yes

Have you had significant periods in which you have experienced serious problems getting along with
the following:
❖ “Serious problems” mean those that endangered the relationship
❖ 0-No  1-Yes  X- uncertain or don’t now  N- where there never was someone from the category

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<thead>
<tr>
<th></th>
<th>In the Past 30 Days</th>
<th>In your Life</th>
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<tbody>
<tr>
<td>F18. Mother</td>
<td></td>
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<tr>
<td>F19. Father</td>
<td></td>
<td></td>
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<tr>
<td>F20. Brothers/Sisters</td>
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<tr>
<td>F21. Sexual Partner/Spouse</td>
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<tr>
<td>F22. Children</td>
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<td>F23. Other significant family members</td>
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<tr>
<td>F24. Close friends</td>
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<td></td>
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<tr>
<td>F25. Neighbors</td>
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<tr>
<td>F26. Co-workers</td>
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F30. How many days in the past 30 days have you had serious conflicts with your family? ___ ___
F31. How many days in the past 30 days have you had serious conflicts with other people? (excluding family) __ __

F32. How troubled or bothered have you been in the past 30 days by these family problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

F34. How important to you now is treatment for these family problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

**PSYCHIATRIC STATUS**

P1. How many times have you been hospitalized for any psychological or emotional problems? __ __

P2. How many times have you been treated as an outpatient for any psychological or emotional problems? __ __
   ❖ Do not include substance abuse, employment, or family counseling

Have you had a significant period of time, (that was not a direct result of drug/alcohol use), in which you have:
   ❖ 0-No 1-Yes
   ❖ Items P8-P10 Patient can be under the influence of alcohol/drugs

P4. Experienced serious depression? __ __

P5. Experienced serious anxiety or tension? __ __

P6. Experienced hallucinations? __ __

P7. Experienced trouble understanding, concentrating or remembering? __ __

P8. Experienced trouble controlling violent behavior? __ __

P9. Experienced serious thoughts of suicide? (e.g., Patient seriously considered a plan for taking his/her life) __ __

P10. Attempted suicide? (e.g., Include suicidal gestures or attempts) __ __

P11. Been prescribed medication for any psychological or emotional problems? (prescribed for the patient by MD; e.g., a medication was prescribed even if the patient is not taking it) __ __

P12. How many days in the past 30 have you experienced these psychological or emotional problems? __ __

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

P14. How important to you now is treatment for these psychological or emotional problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely