

Addiction Severity Index 5th Edition

DENS Clinical/Training Version

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Remember: This is an interview, not a test.

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not to give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. Terminate interview if client misrepresents two or more sections.
4. When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS: ⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not necessarily warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes, Dalmane, Halcion
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, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventoline Inhaler,
Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3 or more times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, or 5 or more drinks in one day defines "intoxication".
- ⇒ How to ask these questions:
 - "How many days in the past 30 have you used...?"
 - "How many years in your life have you regularly used...?"

GENERAL INFORMATION

General Client Information	General Info (G14-G15)	General Info (G16-G20)
General Information		
G4. Date of Admission:	<input type="text"/>	
G5. Date of Interview:	<input type="text"/>	
G6. Date/Time Begun:	<input type="text" value="10/01/2001 3:09:15 PM"/>	G7. Date/Time Ended: <input type="text"/>
G8. Class:	<input type="text" value="INTAKE, FOLLOWUP"/>	
G9. Contact Code:	<input type="text" value="IN PERSON, TELEPHONE, X"/>	
G10. Gender:	<input type="text" value="MALE, FEMALE"/>	G11. Interviewer Code <input type="text" value="sa"/>
G12. Special: (Code if interview not completed)	<input type="text"/>	

General Client Information	General Info (G14-G15)	General Info (G16-G20)
General Information		
First <input type="text"/>	Middle <input type="text"/>	
Address <input type="text"/>		
Apt/Suite <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
G14. For how long have you lived at your current address?	<input type="text"/> yrs <input type="text"/> mos	<input type="text" value="0-99, 0-11, X"/>
G15. Is this residence owned by you or your family?	<input type="text"/>	<input type="text" value="NO, YES, X, N"/>
Site	<input type="text" value="0001"/>	

General Client Information	General Info (G14-G15)	General Info (G16-G20)									
General Information											
G16. Date of Birth:	<input type="text" value="01/12/1977"/>										
G51. Of what race do you consider yourself? (select one or more)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. American Indian</td> <td>2. Alaskan Native</td> <td>3. Asian</td> </tr> <tr> <td>4. Native Hawaiian or Other Pacific Islander</td> <td>5. Black or African American</td> <td>6. White</td> </tr> <tr> <td>7. Other</td> <td></td> <td>X</td> </tr> </table>		1. American Indian	2. Alaskan Native	3. Asian	4. Native Hawaiian or Other Pacific Islander	5. Black or African American	6. White	7. Other		X
1. American Indian	2. Alaskan Native	3. Asian									
4. Native Hawaiian or Other Pacific Islander	5. Black or African American	6. White									
7. Other		X									
Other Specify:	<input type="text"/>										
G52. Of what ethnic category do you consider yourself?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Alaska Native</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or other Pacific Islander</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander					
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian									
<input type="checkbox"/> Native Hawaiian or other Pacific Islander											
G18. Do you have a Religious Preference?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Hispanic or Latino</td> <td>2. Not Hispanic or Latino</td> </tr> </table>		1. Hispanic or Latino	2. Not Hispanic or Latino							
1. Hispanic or Latino	2. Not Hispanic or Latino										
G19. Have you been in a controlled environment in the past 30 days?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Protestant</td> <td>2. Catholic</td> <td>3. Jewish</td> <td>4. Islamic</td> <td>5. Other</td> <td>6. None</td> <td>X</td> </tr> </table>		1. Protestant	2. Catholic	3. Jewish	4. Islamic	5. Other	6. None	X		
1. Protestant	2. Catholic	3. Jewish	4. Islamic	5. Other	6. None	X					
G20. How many days?	<input type="text" value="0-30, X, N"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. No</td> <td>2. Jail</td> <td>3. Alcohol/ Drug Treatment</td> </tr> <tr> <td>4. Medical Treatment</td> <td>5. Psychiatric Treatment</td> <td>6. Other</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table>	1. No	2. Jail	3. Alcohol/ Drug Treatment	4. Medical Treatment	5. Psychiatric Treatment	6. Other			X
1. No	2. Jail	3. Alcohol/ Drug Treatment									
4. Medical Treatment	5. Psychiatric Treatment	6. Other									
		X									
G50. Expected treatment modality most appropriate for patient:	<input type="text"/>										

GENERAL INFORMATION COMMENTS

(Include question number with your notes)

HINTS

G4-G5. These dates often differ. If you do not know when the person will be admitted, enter XX/XX/XXXX. If date of admission and date of interview are same date fill in both with same date. Clicking on the small arrow will produce a pop-up calendar.

G8. Most ASIs for the DENS study will be coded "intake". ASI's done on or near admission are "intakes" even if the person has been in your treatment program before. Follow-up ASIs are generally completed by interviewers completing follow-up studies.

G9. All intake ASIs should be completed in person. Many follow-up ASI's are done on the telephone after a client leaves treatment.

G14. This refers to the address listed above. Answers to this question may indicate stability and longevity of living arrangements, or could be used in determining recovery environment.

G15. This helps assess the stability of the living arrangement. Additional probes could include questions about who owns the home, etc. The patient does not have to be the owner.

G51. Ask "of what race or races do you consider yourself?" To prompt, read the racial category list. If the client says they are multi-racial, prompt them to select from the racial category list. Record Hispanic or Latino in G52, NOT as OTHER in G51.

G52. Ask "of which ethnic category do you consider yourself, Hispanic or Latino, or NOT Hispanic or Latino?" This question does not allow for specifying other ethnicities because it corresponds to the US Census 2000 questions.

G18. Ask, "do you have a religious preference?" This does not simply refer to their childhood religion. Recommended Probes: Do you have any other spiritual belief system? Are you currently active/practicing this religion?

G19. A place, theoretically, without access to drugs/alcohol. If they have been in two controlled environments, record the one they have been in the longest. We recognize that clients may have access to alcohol and other drugs in these facilities.

G20. Refers to the total number of days in any controlled environments in the past 30 days. If they have been in two environments total the number of days in both and clarify in the comments. Code "N" if Question G19 is "No."

ALCOHOL AND DRUG INFORMATION

D/A (D1-D13)	D/A (D14-D18)	D/A (D19-D25)	D/A (D26-D33)	D/A (D34-D35)	Addl. Drugs
Drug / Alcohol Use					
	Days in past 30	Years in Lifetime	Route of Administration		
D1. Alcohol - any use at all	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D2. Alcohol - to intoxication	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D3. Heroin	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D4. Methadone	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D5. Other opiates/analgesics	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D6. Barbiturates	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D7. Other sedatives/hyp./tranq.	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D8. Cocaine	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D9. Amphetamines	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D10. Cannabis	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D11. Hallucinogens	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D12. Inhalants	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D13. More than one substance per day	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		

Route of Administration:
 Oral
 Nasal
 Smoking
 Non IV Injection
 IV injection
 X,
 N/A

HINTS

- D1a. PAST 30 DAYS:** Any alcohol use at all, includes beer, wine, and liquor. Enter the number of days, not the number of times in the past thirty days. Recommended probe: Approximately how much do you drink each day?
- D1b. LIFETIME USE =** years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.
- D1c. ROUTE OF ADMINISTRATION:** The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.
- D2a. PAST 30 DAYS:** To intoxication is defined as 3 drinks in a sitting or 5 in a day even if the patient reports not feeling intoxicated. Drinking to “feel” the effects, catch a buzz, drinking with intention to alter a state of being are also included.
- D2b. LIFETIME USE =** How many years of the regular use (from D1b) did the patient drink heavily? Prompt client (i.e. “Of the 22 years you were drinking, how many were you drinking more than 3 drinks in a sitting, or to feel the effects?”).
- D2c. ROUTE OF ADMINISTRATION:** The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.

D3-D13

- **PAST 30 DAYS-** Record the number of days of use. Probe for quantity and amount spent and note in comment section.
- **LIFETIME USE=** years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.
- **ROUTE OF ADMINISTRATION-** If more than one route is used, code most severe route, (i.e. shooting IV is considered more severe than intranasal use). Routes of administration are listed in order of least (oral) to most (IV) severe. Pills are usually coded as oral.

CODING HINTS

- **D3-** Speedballing (use of heroin and cocaine together) is recorded here and in the cocaine column.
- **D4-** Probe to see if client is on a Methadone program and record in the comment section. Count any Methadone use whether or not on program. Methadone is usually taken orally.
- **D5-** Prompt client with drugs in this classification (i.e. Have you ever used opiates like, Dilaudid, Vicodan, Tylenol with Codeine, Percodan, Percocet or any other opiates?). Pills are usually coded as oral.
- **D6-** Prompt client with examples of drugs in this classification.
- **D7-** Prompt with examples of drugs in this classification (i.e. Have you ever used Xanax, Valium, Klonopin, Ativan, Serax, etc.) Ask whether medications were prescribed or were they using illicit drugs.
- **D8-** Prompt with, have you ever used cocaine, crack.
- **D9-** Prompt with drugs in this classification.
- **D10-** Prompt with Marijuana, Pot, Hash etc. Cannabis is usually smoked or used orally
- **D11-** Prompt with drugs in classification.
- **D12-** Inhalants are, by definition, used nasally.
- **D13-** Help client by framing the question (i.e. you said you used Alcohol on ten days and cocaine on five days were they the same days?) Help anchor the client (i.e. you said you used alcohol for 10 years and heroin for 10 years, were these the same years?)

LEGAL INFORMATION

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)
Legal Status			
<u>How many times in your life have you been charged with the following:</u>			
L18. Disorderly conduct, vagrancy, public intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L19. Driving while intoxicated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L20. Major driving violations (reckless driving, speeding, no license, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L21. How many months were you incarcerated in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L22. How long was your last incarceration?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X, or N
L23. What was it for?	<input style="width: 100%;" type="text"/>		

- 3- Shoplifting/ vandalism
- 4- Parole/ probation violations
- 5- Drug charges
- 6- Forgery
- 7- Weapons offense
- 8- Burglary, Larceny, B&E
- 9- Robbery
- 10- Assault
- 11- Arson
- 12- Rape
- 13- Homicide, manslaughter
- 14- Prostitution
- 15- Contempt of court
- 16- Other
- 18- Disorderly conduct, vagrancy, public intoxication
- 19- Driving while intoxicated
- 20- Major driving violations (reckless driving, speeding, no license, etc.)
- X- Not answered
- N- Not applicable

HINTS:

L18. Charges in item #L18 category may include those which generally relate to being a public annoyance without the commission of a particular crime in addition to disorderly conduct, vagrancy, and public intoxication.

L19. Includes driving under the influence, driving while impaired, as well as intoxicated.

L20. Driving violations counted in #20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc). This does not include vehicle violations, registration infractions, parking tickets, etc.

L21. Enter the total number of months the client spent in jail, prison, or detention center (whether or not the charge resulted in a conviction).

L22. Note: the question does not ask how long ago rather how long the last incarceration of two weeks or more was. Count as one month any period of incarceration two weeks or longer. Enter "N" if client has never been incarcerated.

L23. If incarcerated for several charges, enter the most serious on the "pop-down" list. If never incarcerated, enter "N". Enter "X" if the client will not discuss the charges.

L24. Enter "yes" if the client is awaiting any sort of charges, trial, or sentencing. Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

L25. If awaiting charges, trial, or sentencing for several charges, enter the most serious on the "pop-down" list. If not awaiting charges, enter "N". Enter "X" if the client will not discuss the charges.

L26. Enter number of days detained or incarcerated, even if released on the same day. Including being put in jail to sleep off a drunk, or detained and questioned by the police because s/he looked like someone who had committed a crime, etc. Only count time served is the client was charged and served time as an adult.

L27. Enter the number of days the client engaged in crime for profit. NOTE: Profit is not limited to CASH. Include drug dealing, prostitution, burglary, selling stolen goods, etc. Do not count days of drug possession or drug use.

L28. Ask L28 even if client has not identified any criminal behavior in L27. Record the client's feelings about how serious s/he feels their legal problems are, and the importance of getting (additional) counseling or referral.

L29. The client is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

L30. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! "Treatment" for legal problems generally includes the involvement of legal counsel.

L31. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

L32. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)
Legal Status			
L24. Are you presently awaiting charges, trial or sentence?			
			NO, YES, X
L25. What for (If multiple charges, use most severe)			
Rape	Burglary, Larceny, B&E	Major driving violations (reckless driving, speeding, no license, etc.)	
Arson	Homicide, manslaughter	Disorderly conduct, vagrancy, public intoxication	
Forgery	Parole/ probation violations	Driving while intoxicated	N- Not applicable
Assault	Weapons offense	Shoplifting/ vandalism	X- Not answered
Robbery	Prostitution	Drug charges	Other
Contempt of court			
L26. How many days in the past 30 were you detained or incarcerated?			
			<input type="checkbox"/> 0-30, X
L27. How many days in the past 30 have you engaged in illegal activities for profit?			
			<input type="checkbox"/> 0-30, X

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)
Legal Status			
L28. How serious do you feel your present legal problems are?			
<input style="width: 100%;" type="text"/>			USE PATIENT SEVERITY SCALE
L29. How important to you now is counseling or referral for these legal problems?			
<input style="width: 100%;" type="text"/>			USE INTERVIEWER RANGE
INTERVIEWER SEVERITY RATING			
L30. How would you rate the patient's need for legal services			
<input style="width: 100%;" type="text"/>			USE INTERVIEWER RANGE
CONFIDENCE RATING			
Is this information significantly distorted by:			
L31. patient's misrepresentation?	<input type="checkbox"/>	<input type="checkbox"/>	NO, YES
L32. patient's inability to	<input type="checkbox"/>	<input type="checkbox"/>	NO, YES
Section	<input style="width: 100%;" type="text"/>		
Comments:	<input style="width: 100%;" type="text"/>		

LEGAL COMMENTS

(Include question number with your notes)
