

ASI-X INTERVIEW FORM

INSTRUCTIONS

- Leave no blanks – When appropriate code items:
 X=Question not answered
 N=Question not applicable
 Use only one character per item
- Questions in **bold and underline>** are critical items.
- Space is provided after sections for additional comments

INTERVIEWER SEVERITY RATINGS

The ratings are estimations of the patient's need for additional treatment in each area. The scale ranges from 0 (no treatment necessary) through 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present conditions and subjective assessment of treatment needs in a given area. For a detailed description of severity ratings derivation procedures and conventions, please consult the manual

ASI-X v 2.02, 01-01-2002, Öberg, D., Zingmark, D. & Sallmén, B.

ASI-X is based on "the Expanded Female Version of the Addiction Severity Index (ASI) instrument, The ASI-F" (Brown, E., Frank, D. & Friedman, A. 1997). ASI-X is adapted to comparability with the EuroASI (Blanken *et al.* 1994).

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PATIENT'S RATING SCALE

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

Patient rating problem						
4						
3						
2						
1						
0						
	Medical	Empoy./sup.	Alcohol	Drug	Legal	Family/social
4						
3						
2						
1						
0						
Patient rating help						

Severity profile						
9						
8						
7						
6						
5						
4						
3						
2						
1						
0						
	Medical	Empoy./sup.	Alcohol	Drug	Legal	Family/social
						Psycholog.

Name: _____

AA. I.D. number

AB. Type of treatment service

0=No treatment	7=Psychiatric hospital
1=Outpatient detoxification	8=Other hospital/ward
2=Detoxification residential	9=Other _____
3=Outpatient substitution	10=Jail/Prison
4=Outpatient drug-free	11=Probation
5=Drug-free residential	12=Custody
6=Day care	

AC. Date of admission
 D D M M Y Y Y Y

AD. Date of interview
 D D M M Y Y Y Y

AE. Time begun (HH:MM)

AF. Time ended (HH:MM)

AG. Class
 1=Intake
 2=Follow/up (||No of assessment)

AH. Contact code 1=In person 2=Phone

Ai. Gender 1=Male 2=Female

AJ. Interviewer code

AK. Special
 1=Patient terminated
 2=Patient refused
 3=Patient unable to respond

AL. Country code

AM. Unit code

AN. COMMENTS

E DRUG/ALCOHOL USE

	1Age first use	2Lifetime yrs.	3Past 30 days	4Rt of adm*
E1. Alcohol – any use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E2. Alcohol – over threshold	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E3. Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E4. Methadone/LAAM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E5. Other opiates/analgesics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E6. Medicine/pills (see manual)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E7. Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E8. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E9. Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E10. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E11. Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E12. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E13. More than one substance per day (items 2 to 12)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: See manual for representative examples for each drug class

*Route of administration:

1=Oral 2=Nasal 3=Smoking 4=Non IV inj. 5=IV inj. 6=Other

E14. Have you ever injected 0=No 1=Yes

E14a. (if yes on E14, concerns any injections)

a Age 1st injection (YY)

b Lifetime (number of years)

c Injection past 6 months (number of months)

d Last 30 days (number of days)

14b. If injections past 6 months

1=Not sharing 2=Sometimes sharing with other 3=Often sharing with other

E15. How many times had you

a Had alcohol d.t's

b Overdosed on drugs

E15c. Do you smoke cigarettes daily 0=No 1=Yes

E15d. How many times during the past 30 days did you stay up past 4 a.m. because you were using drugs or alcohol

0=None 1=Once 2=Twice 3=Three times 4=Four or more times

E15e. Do you sleep until after 11 a.m. most days

0=No 1=Yes, not related to working hours 2=Yes, related to working hours

E16. Type of services and times received treatment

1 Alcohol 2 Drugs

1 Outpatient detoxification

2 Detoxification residential

3 Outpatient substitution

4 Outpatient drug-free

5 Drug-free residential

6 Day care

7 Psychiatric hospital

8 Other hospital/ward

9 Other treatment

E17. How many months lasted the longest period that you have been abstinent/clean as the result of these treatments

a Alcohol

b Drugs

E18. Which substance is the major problem

Please code as above (1-12) or, see below. When not clear, ask patient.

00=No problem 15=Alcohol & Drug (dual addiction) 16=Polydrug

E19. How long was your last period of (months) voluntary abstinence from this major substance not as consequence of treatment (00=never abstinent)

E20. How many months ago did this (months) abstinence end (00=still abstinent)

E21. How much would you say you spent during the past 30 days on

a Alcohol (amount _____)€

b Drugs (amount _____)€

E22. How many days of the past 30 have you received outpatient treatment (include AA, NA, etc.)

E23. How many days in the past 30 have you experienced

a Alcohol problems

b Drug problems

FOR QUESTIONS E24 & E25 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E24. How troubled or bothered have you been in the past 30 days by these

a Alcohol problems

b Drug problems

E25. How important to you now is treatment for these

a Alcohol problems

b Drug problems

INTERVIEWER SEVERITY RATING

E26. How would you rate the patient's need for treatment for

a Alcohol problems

b Drug problems

CONFIDENCE RATING

Is the above information significantly distorted by

E27. Patient's misrepresentation

0=No 1=Yes

E28. Patient's inability to understand

0=No 1=Yes

E29. COMMENTS

Complementary questions for EMCDDA

DRUG/ALCOHOL USE

1Age 2Lifetime 3Past 4Rt of
first use yrs. 30 days adm*

22 Crack

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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32 MDMA etc

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33 Other stimulants

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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41 Barbiturates

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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42 Benzodiazepines

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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43 Other hypnotics/sedatives

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

51 LSD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

52 Other hallucinogens

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16 Age at first use of primary drug

<input type="checkbox"/>

Already receiving substitution treatment

0=No 1=Yes

a Heroin

b Methadone

c Other opiates

d Other substances

G FAMILY HISTORY: ADDICTION, CRIMINALITY AND PSYCHIATRIC PROBLEMS

Have any of your relatives had what you would call a significant drinking, drug use, psychiatric or criminal problem – one that did or should lead to treatment

a Mother's side				b Father's side				c Siblings				d Children							
1-Alc	2-Drug	3-Psy	4-Crim	1-A	2-D	3-P	4-C	1-A	2-D	3-P	4-C	1-A	2-D	3-P	4-C				
1 Gr.mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Gr.mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Brother 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Gr.father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Gr.father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Brother 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Sister 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Sister 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Step sibl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Child 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Imp.others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Imp.others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						6 Child 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIRECTIONS

Code most problematic sibling in cases of more than two per category.
 0=Clearly no for all relatives in the category
 1=Clearly yes for any relative within the category
 X=Uncertain or "I don't know"
 N=There never was a relative from that category

COLUMNS

1-A=Alcohol problems
 2-D=Drug problems
 3-P=Psychiatric problems
 4-C=Criminal problems

G7. COMMENTS

H FAMILY/SOCIAL RELATIONSHIPS

H1. Marital status

1=Married 4=Separated
 2=Remarried 5=Divorced
 3=Widowed 6=Never married:

H2. How long have you been in this marital status (if never married, since 18)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	Y	M	M

H3. Are you satisfied with this situation

0=No 1=Indifferent 2=Yes

H4. Usual living arrangements? (past 3 years)

1=With sexual partner and children 6=With friends
 2=With sexual partner alone 7=Alone
 3=With children alone 8=Controlled environment
 4=With parents 9=No stable arrangements
 5=With family

H5. How long have you lived in these arrangements (if with parents or family since age 18)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	Y	M	M

H6. Are you satisfied with these living arrangements

0=No 1=Indifferent 2=Yes

Do you live with anyone who

H6a. Has a current alcohol problem

0=No 1=Yes

H6b. Uses psychoactive drugs

0=No 1=Yes

H7. With whom do you spend most of your free time

1=Family, without current alcohol or drug problems
 2=Family, with current alcohol or drug problems
 3=Friends, without current alcohol or drug problems
 4=Friends, with current alcohol or drug problems
 5=Alone

H8. Are you satisfied with spending your free time this way

0=No 1=Indifferent 2=Yes

H9. How many close friends do you have

DIRECTION FOR H9a + H10-H 18:

0=Clearly no for all in the category
 1=Clearly yes for any within the category
 X=Uncertain or "I don't know"
 N=There never was a relative from that category

H9a. Would you say you have had close, long lasting, personal relationships, with any of the following people in your life

1 Mother

2 Father

3 Sibling

4 Sexual partner/spouse

5 Children

6 Friends

H9b. How much do you feel cared about, liked or loved by the significant people in your life (such as family members, friends, and so on)
 0=Not at all 1=A little 2=Somewhat 3=A lot

H9c. To what degree do you feel you need more emotional support
 0=Not at all 1=A little 2=Somewhat 3=A lot

Have you had significant periods in which you have experienced serious problems getting along with
 0=No 1=Yes

	1 Past 30 days	2 In your life
H10. Mother	<input type="checkbox"/>	<input type="checkbox"/>
H11. Father	<input type="checkbox"/>	<input type="checkbox"/>
H12. Siblings	<input type="checkbox"/>	<input type="checkbox"/>
H13. Sexual partner/spouse	<input type="checkbox"/>	<input type="checkbox"/>
H14. Children	<input type="checkbox"/>	<input type="checkbox"/>
H15. Other close relative	<input type="checkbox"/>	<input type="checkbox"/>
H16. Close friends	<input type="checkbox"/>	<input type="checkbox"/>
H17. Neighbours	<input type="checkbox"/>	<input type="checkbox"/>
H18. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>

Did any of these people (H10-H18) or any others (stranger/acquaintances) abuse you
 0=No 1=Yes

H18a. Emotionally (make you feel bad through harsh words)

H18b. Physically (cause you physical harm)

H18c. Sexually (rape, forced sexual advances or non-consensual sexual acts)

H19. How many days of the past 30 have you had serious conflicts

a With your family (days)

b With other people (days) (excluding family)

FOR QUESTIONS H20 - H23 PLEASE ASK PATIENT TO USE THE CLIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these

H20. Family problems

H21. Social problems

How important now is treatment or counselling for these

H22. Family problems

H23. Social problems

INTERVIEWER SEVERITY RATING

H24. How would you rate the patient's need for family and/or social counselling

CONFIDENCE RATING

Is the above information significantly distorted by

H25. Patient's misrepresentation
 0=No 1=Yes

H26. Patient's inability to understand
 0=No 1=Yes

H27. COMMENTS

i PSYCHIATRIC STATUS

i1. How many times have you been treated for any psychological or emotional problems

- a** As inpatient
- b** As outpatient

i2. Do you receive a pension for a psychiatric disability 0=No 1=Yes

Have you had a significant period, in which you have not a direct result of drug or alcohol use (see manual for definitions) 0=No 1=Yes 1 Past 30 days 2 In your life

- i3.** Experienced serious depression
- i4.** Experienced serious anxiety or tension
- i5.** Experienced trouble understanding, concentrating, or remembering
- i6.** Experienced hallucinations
- i7.** Experienced trouble controlling violent behaviour
- i8.** Been prescribed medication for any psychological/emotional problem

1 Past 30 days 2 In your life

i9. Experienced serious thoughts of suicide

i10. Attempted suicide

i10a. How many times have you attempted suicide

i10b. Experienced anorexia, bulimia or other eating disorders

In the past 30, to what degree were you bothered by past experiences involving
0=Not at all 2=Somewhat
1=A little 3=A lot

i10c. Emotional abuse

i10d. Physical abuse

i10e. Sexual abuse

i11. How many days of the past 30 have you experienced these psychological/emotional problems

FOR QUESTIONS i12 & i13 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

i12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days

i13. How important to you now is treatment for these psychological problems

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient 0=No 1=Yes

- i14.** Obviously depressed/withdrawn
- i15.** Obviously hostile
- i16.** Obviously anxious/nervous
- i17.** Having trouble with reality testing, thought disorders, paranoid thinking
- i18.** Having trouble comprehending, concentrating, remembering
- i19.** Having suicidal thoughts

INTERVIEWER SEVERITY RATING

i20. How would you rate the patient's need for psychiatric/psychological treatment

CONFIDENCE RATING

Is the above information significantly distorted by

i21. Patient's misrepresentation 0=No 1=Yes

i22. Patient's inability to understand 0=No 1=Yes

i23. COMMENTS