<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
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</thead>
<tbody>
<tr>
<td>1. Leave no blanks. Where appropriate code items:</td>
</tr>
<tr>
<td>Y-Yes</td>
</tr>
<tr>
<td>N-No</td>
</tr>
<tr>
<td>X-Question not applicable</td>
</tr>
<tr>
<td>Z-Question not answered</td>
</tr>
<tr>
<td>Use only one character per item.</td>
</tr>
<tr>
<td>2. Space is provided after sections for additional comments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEVERITY RATINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The severity ratings are interview estimates of the patient’s need for additional treatment in each area.</td>
</tr>
<tr>
<td>The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situations). Each rating is based upon the patient’s history of problem symptoms, present condition and subjective assessment of the patient’s treatment needs in a given area.</td>
</tr>
</tbody>
</table>

Orion Healthcare Technology is the U.S. leader in providing automated practice management solutions to the behavioral health and substance abuse fields. Our products include adult, adolescent, criminal justice and co-occurring assessments; treatment plans, patient placement, progress notes, discharge summaries, outcome research software, MIS, office scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number 800-324-7966 or visit www.MyAccuCare.com. Orion allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.
## GENERAL INFORMATION

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>G1. Client ID:</td>
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<td>G2. Social Security #:</td>
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<tr>
<td>G3. Provider #:</td>
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<tr>
<td>G4. Date of Admission:</td>
<td></td>
<td></td>
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<td>G5. Date of Interview:</td>
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<tr>
<td>G6. Time Begun:</td>
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<tr>
<td>G51. Who referred you for an evaluation?</td>
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<tr>
<td>1-Attorney</td>
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<tr>
<td>2-Probation/Parole Officer</td>
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<td>3-Presentence Investigator</td>
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<td>4-Self</td>
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<td>5-Judge or Court</td>
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<td>6-Other</td>
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<tr>
<td>G52. Referral Source’s name</td>
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<td>Address</td>
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<td>Address</td>
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<tr>
<td>City, State, Zip</td>
<td></td>
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<tr>
<td>Phone #: (______) ______ - __________</td>
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<tr>
<td>G53. By when do you need this assessment?</td>
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<tr>
<td>G54. Why are you receiving this assessment (1-6)?</td>
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<tr>
<td>1-OWI or DWI</td>
<td></td>
<td></td>
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<tr>
<td>2-Court ordered</td>
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<td>3-_attorney recommended</td>
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<tr>
<td>4-Other criminal arrest</td>
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<td>5-Self interest</td>
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<tr>
<td>6-Other</td>
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<tr>
<td>G55. BAC:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G56. By whom was it ordered (1-4)?</td>
<td></td>
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<tr>
<td>1-Judge</td>
<td></td>
<td></td>
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<tr>
<td>2-Probation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Presentence</td>
<td></td>
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<tr>
<td>4-Parole</td>
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<tr>
<td>Specify other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G8. Class:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Intake</td>
<td></td>
<td></td>
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<tr>
<td>2-Follow-up</td>
<td></td>
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</tr>
<tr>
<td>G9. Contact Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-In person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G57. Interviewer's initials:</td>
<td></td>
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</tr>
<tr>
<td>G10. Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-Male</td>
<td></td>
<td></td>
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<tr>
<td>F-Female</td>
<td></td>
<td></td>
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<tr>
<td>G12. Special:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Terminated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Unable to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Client’s:

First Name       Middle Name       Last Name

Address

Address

City       State       Zip

Phone number:

G14. How long have you lived at this address?  

Years   Months

G15. Is this address owned by you or your family (Y/N)?

G16. Date of birth:       

G17. Of what race do you consider yourself?  

1-White   6-Hispanic-Mexican
2-Black   7-Hispanic-Puerto Rican
3-American Indian  8-Hispanic-Cuban
4-Alaskan Native  9-Other Hispanic
5-Asian or Pacific Islander

G17a. What ethnic group do you consider yourself part of?

G18. Religious preference:

1-Protestant   4-Islamic
2-Catholic     5-Other
3-Jewish       6-None

G58. Specify other religion:

G18a. Are you currently practicing this religion (Y/N)?

G18b. What was the religious preference in the household where you were raised?  

1-Protestant   4-Islamic
2-Catholic     5-Other
3-Jewish       6-None

G19. Have you been in a controlled environment in the past 30 days?  

1-No   4-Medical treatment
2-Jail   5-Psychiatric treatment
3-Alcohol or drug treatment  6-Other

Specify other:

G20. How many days?

G21. Are you or have you ever been in the following branches of the military?  

1-Air Force   4-Navy
2-Army        5-Coast Guard
3-Marines     6-None

G22. Dates of service:

G23. Highest rank:  

G24. Type of discharge:

0-Active duty   3-Administrative
1-Honorable     4-Medical
2-Dishonorable

G25. Were you ever involved in combat (Y/N)?

ADDITIONAL COMMENTS FOR GENERAL AREA: 

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include ODs, DTs, exclude detox)

M2. How long ago was your last hospitalization for medical problems?

   Years   Months

M51. What was it for? 

M3. Do you have any chronic medical problems which continue to interfere with your life (Y/N)?

   Specify: 

M3a. Age at onset of chronic illness: 

M3b. Did you have any other chronic medical problems as a child (Y/N)

   Specify: 

M3c. Age of onset of that other childhood chronic illness: 

M3d. Number of months pregnant: 

M4. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)?

M52. What is it? 

M53. What is it for? 

M5. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)?

   Specify: 

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

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

   0-NOT AT ALL  3-CONSIDERABLY
   1-SLIGHTLY  4-EXTREMELY
   2-MODERATELY

M7. How troubled or bothered have you been by these medical problems in the past 30 days? 

M8. How important to you now is treatment for these medical problems? 

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient’s need for medical treatment (0-9)? 

CONFIDENCE RATINGS

Is the Medical Status information significantly distorted by:

M10. Patient’s misrepresentation (Y/N)? 

M11. Patient’s inability to understand (Y/N)?
EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):
   Years [ ] Months [ ]

E2. Training or technical education completed:
   Months [ ]

E3. Do you have a profession, trade, or skill (Y/N)?
   Specify: _________________________________________

E4. Do you have a valid driver’s license (Y/N)?

E5. Do you have an automobile available (Y/N)?
   (Answer “no” if no valid driver’s license)

E6. How long was your longest full-time job?
   Years [ ] Months [ ]

E7. Usual (or last) occupation:
   1a. Higher Executives
   1b. Large Proprietor (Value over $180,000)
   1c. Major Professionals
   2a. Business Managers
   2b. Proprietors of Medium-Sized Businesses
   3a. Administrative Personnel
   3b. Proprietors of Small Businesses (<$55,000)
   3c. Minor Professionals
   3d. Farmers (owners $41,000-$60,000)
   4a. Clerical and Sales Workers
   4b. Technicians
   4c. Proprietors of Little Business (<$10,000)
   4d. Farmers (Owners $21,000-$40,000)
   5a. Skilled Manual Employees and Small Farmers
   5b. Small Farmers (Owners <$20,000)
   6a. Machine Operators and Semi-Skilled Employees
   6b. Small Farm Tenants
   7. Unskilled Employees
   Specify: ___________________________________________

E8. Does someone contribute to your support in any way (Y/N)?
   Specify: _________________________________________

E9. Does this constitute the majority of your support (Y/N)?

E10. Employment status:
    1-Full-time (35+ hrs/wk)
    2-Part-time (reg. hrs.)
    3-Part-time (irreg., daywork)
    4-Student
    5-Service
    6-Retired/Disability
    7-Unemployed
    8-In controlled environment

E10a. At what age did you first start regular work? [ ]

E10b. Usual type of work as an adolescent:
    1-Full-time (35+ hrs/wk)
    2-Part-time (reg. hrs.)
    3-Part-time (irreg., daywork)
    4-Student
    5-Service
    6-Retired/Disability
    7-Unemployed
    8-In controlled environment

E11. How many days were you paid for working in the last 30? [ ]
    How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income):

E13. Unemployment compensation:

E14. Welfare:

E15. Pension, benefits or social security:

E16. Mate, family or friends:

E17. Illegal:

E18. How many people depend on you for the majority of their food, shelter, etc.? [ ]

E19. How many days have you experienced employment problems in the past 30?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:
0-NOT AT ALL  3-CONSIDERABLY
1-SLIGHTLY   4-EXTREMELY
2-MODERATELY

E20. How troubled or bothered have you been by these employment problems in the past 30 days? [ ]

E21. How important to you now is counseling for these employment problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient’s need for employment counseling (0-9)? [ ]

CONFIDENCE RATINGS

Is the Employment/Support Status information significantly distorted by:

E23. Patient’s misrepresentation (Y/N)? [ ]

E24. Patient’s inability to understand (Y/N)? [ ]

COMMENTS FOR EMPLOYMENT AREA: ______________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
**DRUG/ALCOHOL USE**

D51. What age did you first try alcohol or drugs? 

D52. What was it? ________________________________

<table>
<thead>
<tr>
<th>Age at 1st use</th>
<th># Days Past 30</th>
<th># Years in Lifetime</th>
<th>Rte of Admin</th>
<th>Date of Last Use Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>D1. Alcohol</td>
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<tr>
<td>(any use at all)</td>
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<td></td>
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<tr>
<td>D2. Alcohol</td>
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<tr>
<td>(to intoxication)</td>
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<td>D3. Heroin</td>
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<tr>
<td>D4. Methadone</td>
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<tr>
<td>D5. Other opiates/analgesics</td>
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<tr>
<td>D6. Barbiturates</td>
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<tr>
<td>D7. Other sedatives/hypnotics/tranquilizers</td>
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<tr>
<td>D8. Cocaine</td>
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<tr>
<td>D9. Amphetamines</td>
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<tr>
<td>D10. Cannabis</td>
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<td>D11. Hallucinogens</td>
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<tr>
<td>D12. Inhalants</td>
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<tr>
<td>D13. More than 1 substance per day (including alcohol)</td>
<td></td>
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</tbody>
</table>

*Route of Administration*

1-Oral  4-Non-IV injection  
2-Nasal  5-IV injection  
3-Smoking

D53. Have you ever used a needle to administer any of these drugs (Y/N)? 

D54. Are you an I.V. drug user (Y/N)? 

D14. According to the interviewer, which substance(s) are the major problem (00-16)?

- 00-No problem
- 01-Alcohol any use
- 02-Alcohol to intox.
- 03-Heroin
- 04-Methadone
- 05-Opiates/analgesics
- 06-Barbiturates
- 07-Other sed/hyp/tranq
- 08-Cocaine
- 09-Amphetamines
- 10-Cannabis
- 11-Hallucinogens
- 12-Inhalants
- 15-Alcohol & one or more drugs
- 16-More than one drug

**COMMENTS FOR DRUG/ALCOHOL AREA:** ____________________________________________________________

- ____________________________________________________________
- ____________________________________________________________
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- ____________________________________________________________
D14b. *(Optional)* According to the patient, which substance(s) are the major problem? *(Use codes in question D-14)*

D15. How long was your last period of voluntary abstinence from this major substance (substance identified in D-14)? *(00-never abstinent)*

Months

D16. How many months ago did this abstinence end? *(00-still abstinent)*

D17. Had alcohol DTs?

D18. Overdosed on drugs?

How many times have you:

D19. Alcohol abuse?

D20. Drug abuse?

How many of these were for detox only:

D21. Alcohol?

D22. Drug?

D55. How long ago were you last in treatment? *(Years/Months)*

D56. Name of Center ____________________________

D57. Address ________________________________

D58. Type of treatment:

   1-Inpatient  2-Outpatient

D59. How long did it last? *(Days)*

D60. Did you complete it successfully *(Y/N)*?

D61. Have you been evaluated for alcohol or drugs before today *(Y/N)*?

D62. Where: ________________________________

When: __________/________/________

How much money would you say you spent during the past 30 days on:

D23: Alcohol? $ ________

D24. Drugs? $ ________

D24b. Do you receive any financial compensation for a drug or alcohol disability *(include SSI/SSDI)* *(Y/N)*?

D25. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days *(include AA & NA)*?

D25b. *(Optional)* How many days have you been treated as an inpatient for alcohol or drugs in the past 30 days?
LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)?

L2. Are you on probation or parole?
   0-Neither
   1-Probation
   2-Parole

L3. Shoplifting/vandalism?
L4. Parole/probation violations?
L5. Drug charges?
L6. Forgery?
L7. Weapons offense?
L8. Burglary/larceny/B&E?
L9. Robbery?
L10. Assault?
L11. Arson?
L12. Rapes?
L13. Homicide/manslaughter?
L14. Prostitution?
L15. Contempt of court?
L16. Other?

L17. How many of these charges resulted in convictions?

L18. Disorderly conduct?
   Vagrancy?
   Public intoxication?
L19. Driving while intoxicated?
L20. Major driving violations?
L21. How many month(s) were you incarcerated in your life?
L22. How long was your last incarceration? Months
L23. What was it for?
   03-Shoplifting/vandalism/theft
   04-Parole/probation violation
   05-Drug charges
   06-Forgery
   07-Weapons offense
   08-Burglary/larceny/B&E
   09-Robbery
   10-Assault
   11-Arson
   12-Rape/sex related crimes
   13-Homicide/manslaughter
   14-Prostitution
   15-Contempt of court
   16-Other
   18-Disorderly conduct, vagrancy
   19-Driving while intoxicated
   20-Major driving violations

COMMENTS FOR LEGAL AREA: __________________________
______________________________________________________
______________________________________________________
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______________________________________________________
L24. Are you presently awaiting charges, trial or sentencing (Y/N)?

L25. For what? ____________________________________________________________

L25a. How old were you when you were first arrested?

(00 if never arrested)

L25b. What was your first arrest for?

(Use codes 03-16, 18-20; 00 if never arrested)

- 03-Shoplifting/vandalism/theft
- 04-Parole/probation violation
- 05-Drug charges
- 06-Forgery
- 07-Weapons offense
- 08-Burglary/larceny/B&E
- 09-Robbery
- 10-Assault
- 11-Arson
- 12-Rape/sex related crimes
- 13-Homicide/manslaughter
- 14-Prostitution
- 15-Contempt of court
- 16-Other
- 18-Disorderly conduct, vagrancy
- 19-Driving while intoxicated
- 20-Major driving violations

L25c. How many months did you spend in juvenile detention centers?

L26. How many days in the past 30 were you detained or incarcerated?

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

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL  3-CONSIDERABLY
1-SLIGHTLY  4-EXTREMELY
2-MODERATELY

L28. How serious do you feel your present legal problems are? (exclude civil problems)

L29. How important to you now is counseling or referral for these legal problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient’s need for legal services or counseling (0-9)?

CONFIDENCE RATINGS

Is the Legal Status information significantly distorted by:

L31. Patient’s misrepresentation (Y/N)?

L32. Patient’s inability to understand (Y/N)?
**FAMILY HISTORY**

Which of these dependencies or other personal problems have been exhibited by members of your family? *(Use the letters listed below)*

<table>
<thead>
<tr>
<th></th>
<th>A-Alcoholism</th>
<th>D-Illlegal drug dependence</th>
<th>P-Prescription drug dependence</th>
<th>T-Cigarette smoker</th>
<th>G-Compulsive gambler</th>
<th>S-Sexual addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E-Eating disorder/compulsive overeater</td>
<td>C-Suicide</td>
<td>W-Workaholic</td>
<td>V-Violence or frequent rages</td>
<td>M-Mental illness</td>
<td></td>
</tr>
</tbody>
</table>

**Mother’s Side**

- H1. Grandmother
- H2. Grandfather
- H3. Mother
- H4. Aunt/Uncle
- H5. Aunt/Uncle
- H6. Aunt/Uncle

**Father’s Side**

- H7. Grandmother
- H8. Grandfather
- H9. Father
- H10. Aunt/Uncle
- H11. Aunt/Uncle
- H12. Aunt/Uncle

**Your Family**

- H13. Former Spouse/Partner
- H14. Spouse or Partner
- H15. Yourself
- H16. Brother/Sister
- H17. Brother/Sister
- H18. Brother/Sister

**Your Children**

- H19. Child #1
- H20. Child #2
- H21. Child #3
- H22. Child #4
- H23. Child #5
- H24. Child #6

**Additional Family Members**

- H25. Specify: ______________________
- H26. Specify: ______________________
- H27. Specify: ______________________
- H28. Specify: ______________________
- H29. Specify: ______________________
- H30. Specify: ______________________

**How many siblings do you have?**

- Brothers: [ ]
- Sisters: [ ]

**COMMENTS FOR FAMILY HISTORY AREA:** _________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
FAMILY/SOCIAL RELATIONSHIPS

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

F2. How long have you been in this marital status? Years
(If never married, then since age 18) Months

F3. Are you satisfied with this situation (0-2)?
0-No
1-Indifferent
2-Yes

F3a. (Optional) Sexual preference:
1-Males
2-Females
3-Both
4-None
5-Other

F3b. (Optional) How long have you had this preference (since age 18)?
Years
Months

F3c. (Optional) Are you satisfied with this sexual preference (0-2)?
0-No
1-Indifferent
2-Yes

F4. Usual living arrangements for the past 3 years:
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
9-No stable arrangements

F5. How long have you lived in these arrangements? Years
(If with family or parents, since age 18) Months

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

F7. Has a current alcohol problem (Y/N)?

F8. Uses non-prescribed drugs (Y/N)?

F9. With whom do you spend most of your free time?
1-Family
2-Friends
3-Alone

F10. Are you satisfied spending your free time this way?
0-No
1-Indifferent
2-Yes

F10a. How many days in the past 30 did you participate in sports?

F10b. How many days in the past 30 did you exercise?

F11. How many close friends do you have?

F12a. Are you satisfied with the close, reciprocal relationships with any of the following people in your life?
0-No
1-Indifferent
2-Yes

F12b. Mother
F12c. Father
F12d. Brothers/Sisters
F12e. Sexual Partner/Spouse
F12f. Children
F12g. Friends

F17a. Did you ever live in any of the following situations prior to age 18?
Y-Yes
N-No
X-Not applicable
Z-Not answered
1. Two-parent household
2. Single-parent household
3. Extended family
4. Other family, not parents
5. Guardians, not related
6. Residential schools
7. Foster parents
8. Orphanage
9. Medical/Psychiatric institutions
10. Correctional facility
11. Unsupervised minor

F17b. Which environment was primary? (Use numbers from F17a)

F17c. How long were you in the primary living situation? Years
Months

F17d. Were you satisfied with this (0-2)?
0-No
1-Indifferent
2-Yes

Has Alcohol or Drugs Affected This Relationship

F18. Mother
F19. Father
F20. Brothers/Sisters

Have you had significant periods in which you have experienced serious problems getting along with:
Y-Yes
N-No
X-Not applicable
Z-Not answered

Past 30 Days In Your Life
Adult ASI Questionnaire with JCAHO Supplement

Has Alcohol or Drugs
Past 30 Days In Your Life Affected This Relationship

F21. Sexual partner/Spouse
F22. Children
F23. *Other significant family
F24. Close friends
F25. Neighbors
F26. Co-workers

F23. *Specify other relative: ________________________________

Did any of these people abuse you:

00-None 23-Other family
18-Mother 24-Close friends
19-Father 25-Neighbors
20-Brother/Sister 26-Co-workers
21-Sexual partner/Spouse 27-Yes, but does not know who or
22-Children chooses not to identify person

F27. Emotionally (make you feel bad through harsh words)?
F28. Physically (cause you physical harm)?
F29. Sexually (force sexual advances or sexual acts)?

How many days in the past 30 have you had serious conflicts:

F30. With your family?
F31. With other people (excluding family)?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL 3-CONSIDERABLY
1-SLIGHTLY 4-EXTREMELY
2-MODERATELY

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

F32. Family problems?
F33. Social problems?

How important to you now is treatment or counseling for these:

F34. Family problems?
F35. Social problems?

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient’s need for family and/or social counseling (0-9)?

CONFIDENCE RATINGS

Is the Family/Social Relationships information significantly distorted by:

F37. Patient’s misrepresentation (Y/N)?
F38. Patient’s inability to understand (Y/N)?

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:

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Client Name: ________________________________
PSYCHIATRIC STATUS

P1. How many times have you been treated for any psychological or emotional problems:
   - In a hospital or inpatient setting?
   - As an outpatient or private patient?

P1a. Age when first treated for psychiatric or emotional problems:

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) Y/N)?
   - Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:
     - Y-Yes  N-No  X-Not applicable  Z-Not answered
     - Past 30 Days     Lifetime

P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?

P4. Experienced serious anxiety/tension - uptight, unreasonably worried, inability to feel relaxed?

P5. Experienced hallucinations - saw things or heard voices that others did not see or hear?

P6. Experienced trouble understanding, concentrating or remembering?

P7. Experienced trouble controlling violent behavior including episodes of rage or violence?

P8. Experienced serious thoughts of suicide?

P9. Attempted suicide?

P10. Been prescribed medication for any psychological/emotional problems?

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

P11. How many days in the past 30 have you experienced these psychological or emotional problems?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:
   - 0-NOT AT ALL  3-CONSIDERABLY
   - 1-SLIGHTLY  4-EXTREMELY
   - 2-MODERATELY

P12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P13. How important to you now is treatment for these psychological or emotional problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

At the time of the interview, is the patient (Y/N)?

P14. Obviously depressed/withdrawn?

P15. Obviously hostile?

P16. Obviously anxious/nervous?

INTERVIEWER SEVERITY RATING

P17. Having trouble with reality testing, thought disorders, paranoid thinking?

P18. Having trouble comprehending, concentrating, remembering?

P19. Having suicidal thoughts?

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

P20. Patient’s misrepresentation (Y/N)?

P21. Patient’s inability to understand (Y/N)?

COMMENTS FOR PSYCHIATRIC AREA: ____________________

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Client Name: ____________________
SPIRITUALITY

S1. Do you have a belief in a “God” or a “Higher Power” (Y/N)?

S2. Concerning your spiritual life, what changes would you like help making (Y/N)?
   - Learning more about prayer?
   - Learning more about meditation?
   - Education about a particular religion?
   - Specify: ______________________________________________
   - Changing attitude toward God?

S3. Are you comfortable with your spirituality and beliefs (Y/N)?

JCAHO SUPPLEMENT

In the space below, indicate how you spent your time prior to entering treatment with us. Answer “yes” to those time periods when you usually drank or got high (50% of the time or more).

A Typical Work Day

<table>
<thead>
<tr>
<th></th>
<th>Y-Yes</th>
<th>N-No</th>
<th>X-Not applicable</th>
<th>Z-Not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8 AM</td>
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<tr>
<td>8-10 AM</td>
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<tr>
<td>10 AM-12 PM</td>
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<td>12-2 PM</td>
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<td>2-4 PM</td>
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<tr>
<td>4-6 PM</td>
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<tr>
<td>6-8 PM</td>
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<td>8-10 PM</td>
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<td>10 PM-12 AM</td>
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<td>12-2 AM</td>
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<tr>
<td>2-4 AM</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-6 AM</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.

In the space below, indicate how you spent your time prior to entering treatment with us. Answer “yes” to those time periods when you usually drank or got high (50% of the time or more).

A Typical Day Off

<table>
<thead>
<tr>
<th></th>
<th>Y-Yes</th>
<th>N-No</th>
<th>X-Not applicable</th>
<th>Z-Not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8 AM</td>
<td></td>
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<tr>
<td>8-10 AM</td>
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<tr>
<td>10 AM-12 PM</td>
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<td>12-2 PM</td>
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<td>2-4 PM</td>
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<tr>
<td>4-6 PM</td>
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</tr>
</tbody>
</table>

COMMENTS FOR SPIRITUALITY AREA: ____________________

COMMENTS FOR JCAHO SUPPLEMENT: ________________
Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check box)

Family Situations
- After I have a problem with a family member
- I drink/use with certain family members
- Just thinking about my family upsets me
- When someone in my house drinks/uses
- Family events include drinking/drug use

Social Situations
- Being at parties where people are drinking/using
- Weekend/end of work week
- Free time
- Special occasions (weddings, etc.)
- Dancing
- Someone I date drinks/uses drugs
- I used to go to bars to socialize
- I play sports with people who drink/use
- Almost all my friends drink or use drugs
- Being in any group situation is upsetting
- Any kind of gambling
- I get uptight whenever I go out of my house
- Being alone bothers me

Moods, Mental and Physical State

<table>
<thead>
<tr>
<th>Situation</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonely</td>
<td></td>
</tr>
<tr>
<td>Bored</td>
<td></td>
</tr>
<tr>
<td>Cannot sleep</td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td></td>
</tr>
<tr>
<td>Guilt</td>
<td></td>
</tr>
<tr>
<td>Hunger</td>
<td></td>
</tr>
<tr>
<td>Uptight</td>
<td></td>
</tr>
<tr>
<td>Envious or jealous</td>
<td></td>
</tr>
<tr>
<td>Worried</td>
<td></td>
</tr>
<tr>
<td>Self-pity</td>
<td></td>
</tr>
<tr>
<td>Depressed</td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td></td>
</tr>
<tr>
<td>Sexually turned on</td>
<td></td>
</tr>
<tr>
<td>Feeling powerful</td>
<td></td>
</tr>
<tr>
<td>Having a success</td>
<td></td>
</tr>
<tr>
<td>Good news</td>
<td></td>
</tr>
<tr>
<td>Winning</td>
<td></td>
</tr>
<tr>
<td>Loss of loved one</td>
<td></td>
</tr>
<tr>
<td>Tired</td>
<td></td>
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<tr>
<td>Drug/drinking dreams</td>
<td></td>
</tr>
</tbody>
</table>

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (Check box)

Work Situations
- Around people who drink/use
- Workers invite me to drink/use
- I just got paid; I've got money
- I'm away from my supervisor
- Hassle with a boss or coworker
- After working hard

Values: From the list below, select the five items that are most important to you.

- Personal freedom
- Being sober
- Sex life
- Intelligence
- Wisdom
- Peace of mind
- Happiness
- Spouse
- Being a parent
- Wealth
- Health

- God
- Cars
- Looking good
- Being right
- Approval from others
- Family
- Mother
- Father
- Being content
- Being safe
- Being loving
- Being loved

Free Time: Read through the entire list of activities and select at least five things that you like to do.

- Swim
- Listen to music
- Yoga
- Crafts
- Bird watch
- Go sailing
- Knit
- Needlepoint
- Carpentry/furniture making
- Return to school
- Exercise
- Hike in the woods
- Play with my kids
- Target shooting
- Travel (foreign)
- Martial arts (karate, etc)
- Volunteer work
- Go to a museum
- Go to the movies
- Go fishing
- Go to theater productions
- Learn magic tricks
- Play basketball
- Go to arcades

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check box)
**Relapse Triggers Inventory:** What types of situations make you want to drink or use drugs? (check one)

<table>
<thead>
<tr>
<th>People, Places and Things</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>People I’ve gotten high with in the past</td>
<td></td>
</tr>
<tr>
<td>Seeing things that look like drugs</td>
<td></td>
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<tr>
<td>News reports about drugs</td>
<td></td>
</tr>
<tr>
<td>Watching certain TV programs</td>
<td></td>
</tr>
<tr>
<td>Playing musical instruments</td>
<td></td>
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<tr>
<td>Eating at restaurants</td>
<td></td>
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<tr>
<td>Rock concerts</td>
<td></td>
</tr>
<tr>
<td>Seeing drug-related things</td>
<td></td>
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<tr>
<td>Seeing people drinking or using drugs</td>
<td></td>
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<tr>
<td>Seeing a place where I used to drink/use</td>
<td></td>
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<tr>
<td>Being in my car</td>
<td></td>
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<tr>
<td>Driving through certain neighborhoods</td>
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<tr>
<td>Seeing a drug deal take place</td>
<td></td>
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<tr>
<td>Seeing or hearing a beer/alcohol ad</td>
<td></td>
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<tr>
<td>Listening to certain music</td>
<td></td>
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<tr>
<td>Going to casinos</td>
<td></td>
</tr>
</tbody>
</table>

**Relapse Triggers Inventory:** What types of situations make you want to drink or use drugs? (check box)

<table>
<thead>
<tr>
<th>Romantic/Sexual Settings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to find a lover/romantic partner</td>
<td></td>
</tr>
<tr>
<td>Thinking about sex/sexual fantasy</td>
<td></td>
</tr>
<tr>
<td>Any kind of sexual activity</td>
<td></td>
</tr>
<tr>
<td>Having certain kinds of sex</td>
<td></td>
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<tr>
<td>Having sex with a prostitute</td>
<td></td>
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<tr>
<td>Being in a new relationship</td>
<td></td>
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<tr>
<td>Being rejected</td>
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<tr>
<td>Asking for a date</td>
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Time End: ___ : ___
INTERVIEWER’S ASSESSMENT

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DIAGNOSTIC IMPRESSION

SASSI-3:

RAP? □
FVA? □
FVOD? □
SYM? □
OAT? □
SAT? □
DEF? □
SAM? □
FAM? □
COR? □

DSM-IV

AXIS I:
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AXIS II:
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Description:
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AXIS III:
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AXIS V:
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COMMENTS FOR DIAGNOSTIC IMPRESSION: ____________________
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RECOMMENDATION FOR TREATMENT

LEVEL OF CARE RECOMMENDATION

(Check one):

1. Not applicable
2. Level I – (Outpatient treatment)
3. Level II – (Intensive outpatient/partial hospitalization)
4. Level III – (Medically monitored intensive inpatient)
5. Level IV – (Medically managed intensive inpatient)