Follow Up ASI
Clinical Training Version
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Remember: This is a follow up interview, not a test
Questions will be reworded depending on the follow up time frame
being used.
3mos. Post Intake: How many times in the last three months ....
6 mos. Post Intake: How many times in the past six month ....
Post Discharge: How many times since your discharge..........
### GENERAL INFORMATION

- **G1. ID No.:**
- **G2. SS No.:**
- **G4. Date of Admission:**
- **G5. Date of Interview:**
- **G6. Time Begun:** (Hour: Minutes)
- **G7. Time Ended:** (Hour: Minutes)
- **G8. Class:** 2. Follow-up
- **G9. Contact Code:** 1. In person
  2. Telephone (Intake ASI must be in person)
- **G10. Gender:** 1. Male 2. Female
- **G99. Treatment Episode No.:**
- **G11. Interviewer Code No.:**
- **G12. Special:** 1. Patient terminated
  2. Patient refused
  3. Patient unable to respond

### ADDITIONAL TEST RESULTS

### SEVERITY PROFILE

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>SEVERITY PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0    1    2    3    4    5    6    7    8    9</td>
</tr>
<tr>
<td>MEDICAL</td>
<td></td>
</tr>
<tr>
<td>EMP/SUP</td>
<td></td>
</tr>
<tr>
<td>ALCOHOL</td>
<td></td>
</tr>
<tr>
<td>DRUGS</td>
<td></td>
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<tr>
<td>LEGAL</td>
<td></td>
</tr>
<tr>
<td>FAM/SOC</td>
<td></td>
</tr>
<tr>
<td>PSYCH</td>
<td></td>
</tr>
</tbody>
</table>

### GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

### ADDITIONAL TEST RESULTS

### SEVERITY PROFILE

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<td></td>
</tr>
<tr>
<td>PSYCH</td>
<td></td>
</tr>
</tbody>
</table>

### GENERAL INFORMATION COMMENTS

(Include the question number with your notes)
### MEDICAL STATUS

**M1.** How many times since your intake at (tx center) in (month, year) have you been hospitalized for medical problems?
- Include O.D.’s and D.T.’s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

**M4.** Are you taking any prescribed medication on a regular basis for a physical problem?
- 0 - No
- 1 - Yes
- If Yes, specify in comments.
- Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

**M5.** Do you receive a pension for a physical disability?
- 0 - No
- 1 - Yes
- If Yes, specify in comments.
- Include Workers' compensation, exclude psychiatric disability.

**M6.** How many days have you experienced medical problems in the past 30 days?
- Do not include ailments directly caused by drugs/alcohol.
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions M7 & M8, ask the patient to use the Patient Rating scale.

**M7.** How troubled or bothered have you been by these medical problems in the past 30 days?
- Restrict response to problem days of Question M6.

**M8.** How important to you now is treatment for these medical problems?
- If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.

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### MEDICAL COMMENTS

(Include question number with your notes)

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### CONFIDENCE RATINGS

Is the above information significantly distorted by:

**M10.** Patient's misrepresentation?
- 0 - No
- 1 - Yes

**M11.** Patient's inability to understand?
- 0 - No
- 1 - Yes
EMPLOYMENT/SUPPORT STATUS

E1. Since your intake at (tx center) in (mo., yr.) have you completed any further education?
   - GED = 12 years, note in comments.
   - Include formal education only.

E2. Have you completed any training or tech education since your intake at (tx ctr.) in (mo., yr.)?
   - Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics vs. artillery.

E4. Do you have a valid driver's license?
   - Valid license; not suspended/revoked.

E5. Do you have an automobile available?
   - If answer to E4 is "No", then E5 must be "No".

E7. What has been your usual occupation since your intake at (tx ctr.) in (mo., yr.)?
   (specify) ___________________________________

E8. Does someone contribute to your support in any way?
   - If patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.

E9. Does this constitute the majority of your support?
   - If E8 is "No", then E9 is "N".

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

E18. How many people depend on you for the majority of their food, shelter, etc.? Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30?
   - Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Questions E20 & E21, ask the patient to use the Patient Rating scale.

E20. How troubled or bothered have you been by these employment problems in the past 30 days?
   - If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case an "N" response is indicated.

E21. How important to you now is counseling for these employment problems?
   - Stress help in finding or preparing for a job, not giving them a job.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation? 0-No 1-Yes

E24. Patient's inability to understand? 0-No 1-Yes
**ALCOHOL/DRUGS**

### Route of Administration Types:

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

*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

- **Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.**

<table>
<thead>
<tr>
<th>D1</th>
<th>Alcohol (any use at all)</th>
<th>Past 30 Days</th>
<th>Route of Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2</td>
<td>Alcohol (to intoxication)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td>Heroin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D4</td>
<td>Methadone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D5</td>
<td>Other Opiates/Analgesics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D6</td>
<td>Barbiturates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D7</td>
<td>Sedatives/Hypnotics/Tranquilizers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D8</td>
<td>Cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D9</td>
<td>Amphetamines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D10</td>
<td>Cannabis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D11</td>
<td>Hallucinogens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D12</td>
<td>Inhalants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D13</td>
<td>More than 1 substance per day (including alcohol)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D14. According to the interviewer, which substance is the major problem?**

- Interviewer should determine the major drug of abuse. Code the number next to the drug in questions 01-12, "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.

- Delirium Tremens (DT’s): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

- Overdoses (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.
ALCOHOL/DRUGS (cont.)

Since your intake at (tx ctr) in (mo., yr.), how many times have you been treated for:

D19. Alcohol abuse?

- Include detoxification, halfway houses, in/outpatient counseling, and AA (if 3+ meetings within one month period).
- If D19 = "00", then question D21 is "NN"

How many of these were detox only:

D21. Alcohol?

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

D23. Alcohol?

- Only count actual money spent.

Since your intake at (tx ctr) in (mo., yr.), how many times have you been treated for:

D20. Drug abuse?

- Include detoxification, halfway houses, in/outpatient counseling, and or NA (if 3+ meetings within one month period).
- If D20 = ‘00’, then question D22 is “NN”

How many of these were detox only:

D22. Drugs?

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

D24. Drugs?

- Only count actual money spent.

D25. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? • Include AA/NA

How many days in the past 30 have you experienced:

D26. Alcohol problems?

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

For Questions D28+30, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

D28. How troubled or bothered have you been in the past 30 days by these: Alcohol problems?

How important to you now is treatment for these:

D30. Alcohol problems?

How many days in the past 30 have you experienced:

D27. Drug problems?

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

For Questions D29+D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

D29. How troubled or bothered have you been in the past 30 days by these: Drug problems?

D31. How important to you now is treatment for these: Drug problems?

CONFIDENCE RATINGS
Information significantly distorted by:

D34. Patient's misrepresentation? 0-No 1-Yes

D35. Patient's inability to understand? 0-No 1-Yes
**LEGAL STATUS**

L2. Are you on parole or probation?
   - Note duration and level in comments.  
     0 - No  1 - Yes

<table>
<thead>
<tr>
<th>How many times since your intake at (tx ctr) in (mo., yr.) have you been arrested and charged with the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>L3 Shoplift/Vandal</td>
</tr>
<tr>
<td>L4 Parole/Probation</td>
</tr>
<tr>
<td>L5 Drug Charges</td>
</tr>
<tr>
<td>L6 Forgery</td>
</tr>
<tr>
<td>L7 Weapons Offense</td>
</tr>
<tr>
<td>L8 Burglary/Larceny/B&amp;E</td>
</tr>
<tr>
<td>L9 Robbery</td>
</tr>
</tbody>
</table>

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
- Include formal charges only.

L17 How many of these charges resulted in convictions?
   - If L3-16 = 00, then question L17 = "NN".
   - Do not include misdemeanor offenses from questions L18-20 below.
   - Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

<table>
<thead>
<tr>
<th>How many times since your intake at (tx ctr) in (mo., yr.) have you been charged with the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>L18 Disorderly conduct, vagrancy, public intoxication?</td>
</tr>
<tr>
<td>L19 Driving while intoxicated?</td>
</tr>
<tr>
<td>L20 Major driving violations?</td>
</tr>
</tbody>
</table>

   - Moving violations: speeding, reckless driving, no license, etc.

L21 How many months have you been incarcerated since your intake at (tx ctr) in (mo., yr.)?
   - If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

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

L25. What for?
   - Use the number of the type of crime committed: 03-16 and 18-20
   - Refers to Q. L24. If more than one, choose most severe.

L26. How many days in the past 30, were you detained or incarcerated?
   - Include being arrested and released on the same day.
LEGAL STATUS (cont.)

L27. How many days in the past 30 have you engaged in illegal activities for profit?
   • Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section.

For Questions L28-29, ask the patient to use the Patient Rating scale.

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?
   • Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0 - No 1 - Yes

L32. Patient's inability to understand? 0 - No 1 - Yes

LEGAL COMMENTS

(Include question number with your notes)

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

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F1. Marital Status:
1-Married  3-Widowed  5-Divorced
2-Remarried  4-Separated  6-Never Married
- Common-law marriage = 1. Specify in comments.

F3. Are you satisfied with this situation?
   0-No   1-Indifferent   2-Yes
- Satisfied = generally liking the situation.
- Refers to Questions F1 & F2.

F4. Usual living arrangements since intake at (tx ctr)
in (mo., yr.):
1-With sexual partner & children  6-With friends
2-With sexual partner alone  7- Alone
3-With children alone  8-Controlled Environment
4-With parents  9-No stable arrangement
5- With family
- Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

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

F7. Has a current alcohol problem?  0-No   1-Yes

F8 Uses non-prescribed drugs?  0-No   1-Yes

F9. With whom do you spend most of your free time?
   1-Family  2-Friends  3-Alone
- If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

F10. Are you satisfied with spending your free time this way?
   0-No   1-Indifferent   2-Yes
- A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.

F11. How many close friends do you have?
- Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.
In the past 30 days, have you had significant periods in which you have experienced serious problems getting along with:

0 - No  1 - Yes


• "Serious problems" mean those that endangered the relationship.
• A "problem" requires contact of some sort, either by telephone or in person.

Did anyone abuse you?

0- No  1-Yes

Past 30 days
F27. Emotionally?
   • Made you feel bad through harsh words.
F28. Physically?
   • Caused you physical harm.
F29. Sexually?
   • Forced sexual advances/acts.

How many days in the past 30 have you had serious conflicts:
F30. With your family?  F31. With other people (excluding family)?

For Questions F32-35, ask the patient to use the Patient Rating scale.

How troubled or bothered have you been in the past 30 days by:
F32. Family problems?

How important to you now is treatment or counseling for these:
F34. Family problems
   • Patient is rating his need for counseling for family problems, not whether they would be willing to attend.

How troubled or bothered have you been in the past 30 days by:
F33. Social problems?

How important to you now is treatment or counseling for these:
F35. Social problems
   • Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

CONFIDENCE RATING
Is the above information significantly distorted by:
F37. Patient's misrepresentation?  0-No 1-Yes  F38. Patient's inability to understand?  0-No 1-Yes
### PSYCHIATRIC STATUS

**How many times since your intake at (tx ctr) in (mo., yr.) have you been treated for any psychological or emotional problems:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. In a hospital or inpatient setting?</td>
<td>[ ]</td>
</tr>
<tr>
<td>P2. Outpatient/private patient?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
  - Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
  - Enter diagnosis in comments if known.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>P3. Do you receive a pension for a psychiatric disability?</td>
<td>0-No 1-Yes</td>
</tr>
</tbody>
</table>

### PSYCHIATRIC STATUS COMMENTS

(Include question number with your comments)

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

In the past 30 days, have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4. Experienced serious depression—sadness, hopelessness, loss of interest, difficulty with daily function?</td>
<td>[ ]</td>
</tr>
<tr>
<td>P5. Experienced serious anxiety/tension—uptight, unreasonably worried, inability to feel relaxed?</td>
<td>[ ]</td>
</tr>
<tr>
<td>P6. Experienced hallucinations—saw things or heard voices that were not there?</td>
<td>[ ]</td>
</tr>
<tr>
<td>P7. Experienced trouble understanding, concentrating, or remembering?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Have you had a significant period of time (despite your alcohol and drug use) in which you have:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
  - Patient can be under the influence of alcohol/drugs.
| P9. Experienced serious thoughts of suicide? | [ ] |
  - Patient seriously considered a plan for taking his/her life.
| P10. Attempted suicide? | [ ] |
  - Include actual suicidal gestures or attempts.
| P11. Been prescribed medication for any psychological or emotional problems? | [ ] |
  - Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>P12. How many days in the past 30 have you experienced these psychological or emotional problems?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
  - This refers to problems noted in Questions P4-P10.

For Questions P13-P14, ask the patient to use the Patient Rating scale

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
  - Patient should be rating the problem days from Question P12.
| P14. How important to you now is treatment for these psychological or emotional problems? | [ ] |

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The following items are to be completed by the interviewer:

At the time of the interview, the patient was:

0-No   1-Yes

P15. Obviously depressed/withdrawn

P16. Obviously hostile

P17. Obviously anxious/nervous

P18. Having trouble with reality testing, thought disorders, paranoid thinking

P19. Having trouble comprehending, concentrating, remembering

P20. Having suicidal thoughts

CONFIDENCE RATING

Is the above information significantly distorted by:

P22  Patient's misrepresentation?  0-No 1-Yes

P23. Patient's inability to understand?  0-No 1-Yes

PSYCHIATRIC STATUS COMMENTS

(Include question number with your notes)