

# CTN Addiction Severity Index Lite CF

Version# **1** | Approved 10/24/00  
Page 1 of 16



22325

ProtocolNumber:

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SerialNumber:

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Form #

**291**

<b>Node:</b> 06	<b>Site: (G3)</b> 	<b>Name Code:</b> 	<b>ID Number: (G1)</b> 	<b>Date of Assessment: (mm/dd/yyyy) (G5)</b> /   /
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**Phase:**

- Screening
- Active
- Follow-up1
- Follow-up2
- Follow-up3

**CQI Codes:**

- Blank-No errors
- 01-Pt unavailable
- 10-Data collector error
- 11-Pt unable/unwilling to answer

**CQI:**

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

**CQIComments:**

- Entireform
- Question#(s):

**QA Corrections:**

- QA1
- QA2
- QA3
- QA4

Study Day:

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Form Completed By:

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(G11)

**Note: See page 16 for instructions and codes**

Circled items asked at follow-up  
\* Starred items rephrased at follow-up as "Since the last ASI interview,..."

## GENERAL INFORMATION

G4. Date of admission:

		/			/				
(MM)			(DD)			(YYYY)			

G8.

Class:

- 1-Intake
- 2-Follow-up

G9.

Contact code:

- 1-InPerson
- 2-Telephone(IntakeASImustbeinperson)
- 3-Mail

G10.

Gender:

- 1-Male
- 2-Female

G12.

Special:

- 1-Patientterminated
- 2-Patientrefused
- 3-Patientunabletorespond

Comments:

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# GENERAL INFORMATION (continued)



22325

SerialNumber:

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<b>Site:</b> 	<b>Name Code:</b> 	<b>ID Number:</b> 	<b>Date of Assessment:</b> (mm/dd/yyyy) /   /
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G14. How long have you lived at your current address?

		/		
A-Yrs.			B-Mos.	

G16. Date of birth:

		/			/				
(MM)			(DD)			(YYYY)			

G17. Of what race do you consider yourself?

- 1-White(NotHispanic)
- 2-Black(NotHispanic)
- 3-AmericanIndian
- 4-AlaskanNative
- 5-Asian/Pacific
- 6-Hispanic-Mexican
- 7-Hispanic-PuertoRican
- 8-Hispanic-Cuban
- 9-OtherHispanic

G18. Do you have a religious preference?

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

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

- 1-No
- 2-Jail
- 3-AlcoholorDrugTreat.
- 4-MedicalTreatment
- 5-PsychiatricTreatment
- 6-Other: \_\_\_\_\_
  - A place, theoretically, without access to drugs/alcohol.

G20. How many days?

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- "NN" if question G19 is "No". Refers to total number of days detained in the past 30 days.

Comments:

Please  
PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# MEDICAL STATUS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

- \* M1. How many times in your life have you been hospitalized for medical problems? 
  - Include O.D.'s & D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of **overnight** hospitalizations for medical problems.
- M3. Do you have any chronic medical problems which continue to interfere with your life?  1-Yes  0-No
  - **If "Yes", specify in comments.**
  - A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.
- M4. Are you taking any prescribed medication on a regular basis for a physical problem?  1-Yes  0-No
  - **If "Yes", specify in comments.**
  - Medication prescribed by a M.D. 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?  1-Yes  0-No
  - **If "Yes", specify in comments.**
  - Include Worker's 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 the liver, abscesses from needles, etc.).

**For questions M7 & M8, please ask patient to use the Patient's Rating Scale.**

- M7. How troubled or bothered have you been by these medical problems in the past 30 days?  0  1  2  3  4
  - Restrict response to problem days of question M6.
- M8. How important to you *now* is treatment for these medical problems?  0  1  2  3  4
  - Refers to the need for **new** or **additional** medical treatment by the patient.

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

- M10. Patient's misrepresentation?  1-Yes  0-No
- M11. Patient's inability to understand?  1-Yes  0-No

Comments:

**Please PRINT CLEARLY**

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# EMPLOYMENT/SUPPORT STATUS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
			/   /

\* E1. Education completed      
 • GED = 12 years, note in comments A-Yrs. B-Mos.  
 • Include formal education only.

\* E2. Training or technical education completed    
 • Formal/organized training only. Mos.  
 For military training, only include training that can be used in civilian life, i.e., electronics or computers.

E4. Do you have a valid driver's license?  1-Yes  0-No  
 • Valid license; not suspended/revoked.

E5. Do you have an automobile available for use?  1-Yes  0-No  
 • If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.

E6. How long was your longest full time job?      
 • Full time=35+ hours weekly; does not necessarily mean most recent job. A-Yrs. B-Mos.

E7. Usual (or last) occupation            
 See Hollingshead categories on page 16

(Specify in detail)

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E9. Does someone contribute the majority of your support?  1-Yes  0-No

E10. Usual employment pattern, past three years:  
 1-Full time (35+ hours)  5-Military Service  
 2-Part time (reg. hrs)  6-Retired/disability  
 3-Part time (irreg. hrs)  7-Unemployed  
 4-Student  8-In controlled environment

• Answer should represent the *majority* of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.

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

Comments:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

**EMPLOYMENT/SUPPORT STATUS**  
**(continued)**



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b>	<b>(mm/dd/yyyy)</b>
_ _ _ _	_ _ _ _	_ _ _ _	_  /  _  /	_ _ _ _

For questions E12-17: **How much money did you receive from the following sources in the past 30 days?**

E12. Employment: \$ |\_|\_|\_|\_|\_|  
 • Net or "take home" pay, include any "under the table" money.

E13. Unemployment compensation: \$ |\_|\_|\_|\_|\_|

E14. Welfare: \$ |\_|\_|\_|\_|\_|  
 • Include food stamps, transportation money provided by an agency to go to and from treatment.

E15. Pensions, benefits, or social security: \$ |\_|\_|\_|\_|\_|  
 • Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

E16. Mate, family or friends: \$ |\_|\_|\_|\_|\_|  
 • Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record **cash** payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.).

E17. Illegal \$ |\_|\_|\_|\_|\_|  
 • **Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

E18. How many people depend on you for the majority of their food, shelter, etc.? |\_|\_|  
 • **Do not** attempt to convert drugs exchanged to a dollar value.  
 • 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 question E20-21, please ask patient to use the Patient's Rating Scale.**

E20. How troubled or bothered have you been by these employment problems in the past 30 days? (0) (1) (2) (3) (4)  
 • If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.

E21. How important to you *now* is counseling for these employment problems? (0) (1) (2) (3) (4)  
 • The patients rating in question E20-21 refer to question E19.  
 • 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) 1-Yes (0) 0-No

E24. Patient's inability to understand? (0) 1-Yes (0) 0-No

Comments:

# ALCOHOL/DRUGS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
			/   /

	Past 30		Lifetime use	
	A-Days	B-Years		
D1. Alcohol - (any use at all)	<input type="text"/>	<input type="text"/>		
D2. Alcohol - (to intoxication)	<input type="text"/>	<input type="text"/>		
D3. Heroin	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D4. Methadone	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D5. Other opiates/analgesics	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D6. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D7. Other sed/hyp/tranq.	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D8. Cocaine	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D9. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D10. Cannabis	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D11. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D12. Inhalants	<input type="text"/>	<input type="text"/>	<input type="radio"/> Nasal	
D13. More than one substance per day (including alcohol).	<input type="text"/>	<input type="text"/>		

**Route of administration:**  
 1-Oral  
 2-Nasal  
 3-Smoking  
 4-Non IV injection  
 5-IV injection  
*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.*

Comments:

**SERIAL number on this page should match number on page 1**

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# Alcohol/Drugs (continued)



22325

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment:	(mm/dd/yyyy)

D17. How many times have you had Alcohol DT's?  
 • **Delirium Tremens** (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

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Comments:

\* D19. How many times in your life have you been treated for:  
 Alcohol abuse

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\* D20. Drug abuse  
 • Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period)

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How many of these were detox only:  
 D21. Alcohol?

--	--

D22. Drugs?  
 • If D19="00", then question D21 is "NN"  
 If D20="00", then question D22 is "NN"

--	--

How much money would you say you spent during the past 30 days on:  
 D23. Alcohol

\$

--	--	--	--	--

D24. Drugs  
 • Only count actual **money** spent. What is the financial burden caused by drugs/alcohol?

\$

--	--	--	--	--

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

--	--

**For questions D28-31, please ask patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.**

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

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D28. How troubled or bothered have you been the past 30 days by these alcohol problems? ① ② ③ ④

D30. How important to you *now* is treatment for these alcohol problems? ① ② ③ ④

D27. How many days in the past 30 have you experienced drug problems?  
 • Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

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D29. How troubled or bothered have you been in the past 30 days by these drug problems? ① ② ③ ④

D31. How important to you *now* is treatment for these drug problems? ① ② ③ ④

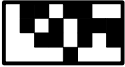
**CONFIDENCE RATINGS**

Is the above information **significantly** distorted by:

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

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

# LEGAL STATUS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
			/   /

L1. Was this admission  1-Yes  0-No prompted or suggested by the criminal justice system?  
 • judge, probation/parole officer, etc.

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

**How many times in your life \* have you been arrested and charged with the following:**

- \* 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

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.

Comments:

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# LEGAL STATUS (continued)



22325

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment:		(mm/dd/yyyy)

- \* (L12.) Rape
- \* (L13.) Homicide/manslaughter
- \* (L14.) Prostitution
- \* (L15.) Contempt of court
- \* (L16.) Other: \_\_\_\_\_
- \* (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.

Comments:

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

- \* (L18.) Disorderly conduct, vagrancy, public intoxication
- \* (L19.) Driving while intoxicated
- \* (L20.) Major driving violations
  - Moving violations: speeding, reckless driving, no license, etc.
- \* (L21.) How many months were you incarcerated in your life?  Mos.
  - If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

**Please  
PRINT CLEARLY**

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z



22325

# LEGAL STATUS (continued)

SerialNumber:

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<b>Site:</b> 	<b>Name Code:</b> 	<b>ID Number:</b> 	<b>Date of Assessment:</b> /   /	(mm/dd/yyyy)
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L24. Are you presently awaiting charges, trial or sentence?       1-Yes     0-No

- L25. What for? (If multiple charges, use most severe.)
- Refers to question L24. If more than one, choose most severe.
  - Don't include civil cases, unless a criminal offense is involved.
- 03-Shoplift     08-Burglary     13-Homicide     19-DWI  
 04-Prob. viol.     09-Robbery     14-Prostitution     20-Major driving violation  
 05-Drug     10-Assault     15-Contempt  
 06-Forgery     11-Arson     16-Other  
 07-Weapons     12-Rape     18-Disorderly conduct

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

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• Include being arrested and released on the same day.

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

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• 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, please ask patient to use the Patient's Rating Scale**

L28. How serious do you feel your present legal problems are?       0     1     2     3     4  
• Exclude civil problems.

L29. How important to you *now* is counseling or referral for these legal problems?       0     1     2     3     4  
• 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?       1-Yes     0-No
- L32. Patient's inability to understand?       1-Yes     0-No

Comments:

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z