ASI-X
INTERVIEW FORM

INSTRUCTIONS
1. Leave no blanks – When appropriate code items:
   X=Question not answered
   N=Question not applicable
   Use only one character per item
2. Questions in bold italics are critical items.
3. 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. Rent problems and the perception of treatment needs within each area. For a detailed description of severity ratings derivation procedures and conventions, please consult the manual

ASI-X v 1.1, 1999-10-08, 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 EuropASI (Blanken et al. 1994).

ASI-X has been developed with support from the Swedish council for crime prevention (BRÅ), the Department for Clinical Neuroscience at Karolinska Hospital, The Swedish Prison and Probation Administration (KVS) and the National Board of Institutional care (SiS).

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: ________

AD. Date of interview: ________

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 number: ________

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

AL. Date from which last 30 days are counted: ________

AM. Country code

AN. Unit code

AO. COMMENTS: __________________________

PATIENT'S RATING SCALE
0=Not at all
1=Slightly
2=Moderately
3=Considerably
4=Extremely

PATIENT RATING AND SEVERITY PROFILES

Patient rating problem: ________

Severity profile: ________

Medical ________
Employ./sup ________
Alcohol ________
Drug ________
Legal ________
Family/social ________
Psycholog. ________

Patient rating help: ________
### B. GENERAL INFORMATION

#### B1. Current residence:
- 1=Large city (>100,000)
- 2=Medium (10,000-100,000)
- 3=Small (rural) (<10,000)

#### B2. City code:

#### B3. How long have you lived at this address?
- Y=Year
- M=Month

#### B4. Is this residence owned by you or your family?
- 0=No
- 1=Yes

#### B4a. Have you been homeless during the last 30 days?
- 0=No
- 1=Yes

#### B4b. If yes, where did you stay during these days?
- 1=Shelter
- 2=Friends
- 3=Car/caravan
- 4=In a building
- 5=Outside
- 6=Other

#### B5. Age:

#### B6. Nationality:

### B7. Country of birth of:
- a Respondent
- b Father
- c Mother

### B8. Have you been in a controlled environment in the past 30 days?
- 1=No
- 2=Jail
- 3=Alcohol or drug treatment
- 4=Medical treatment
- 5=Psychiatric treatment
- 6=Detoxification only
- 7=Other

### B9. If 2-7 on B8, how many days?

### B10. How many times have you been/made someone pregnant?

### B11. How many times has a pregnancy resulted in childbirth?

### B11b. How many different persons have you had these children with?

### B12. How old were you when the first baby was born?

### B13a. Enter birth dates for your children in column 1
Starting with the oldest child (YYYYMMDD)

### B13b. Note the children's sex in column 2
- 1=Boy
- 2=Girl
- N=Question not applicable

### B13c. Note where the children presently are living in column 3
- 1=With mother and father
- 2=Mothers care
- 3=Fathers care
- 4=Care of family member
- 5=Foster care
- 6=Institution (type)
- 7=Died (when)
- 8=Other

#### B14a. Are there other children living with you now that you take care of?
- 0=No
- 1=Yes

#### B14b. If yes on B14a, note sex:
- 1=Male
- 2=Female

#### B14c. If yes on B14a, note age:
- a Sex
- b Age

### B15. COMMENTS:
FOR QUESTIONS C12 & C13 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

C12. How troubled or bothered have you been by these medical problems in the past 30 days? 

C13. How important to you now is treatment for these medical problems? 

INTERVIEWER SEVERITY RATING

C14. How would you rate the patient's need for medical treatment?

CONFIDENCE RATING

Is the above information significantly distorted by:

C15. Patient's misrepresentation? 
0=No 1=Yes

C16. Patient's inability to understand? 
0=No 1=Yes

C MEDICAL STATUS

C1. How many times in your life have you been hospitalized for medical problems? (include o.d.'s, d.l.'s, exclude detoxification) 

C2. How long ago was your last hospitalization for medical problems? Y Y M M

C3. Do you have any chronic medical problems which continue to interfere with your life? 0=No 1=Yes

C3a. If Yes, specify:

C4. Have you ever had any of the following health problems? 0=No 2=Don't know 1=Yes 3=Refuses to answer

a Hepatitis B 
b Hepatitis C 
c Venereal diseases (excluding HIV) 
d Tuberculosis 
e Pelvic Inflammatory Disease 
f Fits or seizures

C5. Have you been tested for HIV? 
0=No 2=Don't know 1=Yes 3=Refuses to answer

C6. If yes on C5, how many months ago? 

C7. If yes on C5, what was the last test result? 0=HIV-negative 2=Don't know 1=HIV-positive 3=Refuses to answer

C7b. If HIV-positive (C7, alternative 1), have you developed AIDS? 0=No 2=Don't know 1=Yes 3=Refuses to answer

C8. Are you taking any prescribed medication on a regular basis for a physical problem? 0=No 1=Yes

C9. Do you receive a pension for a medical disability? (exclude psychiatric disability) 0=No 1=Yes

C10. Have you been treated for medical problems by a physician during the past 6 months? 0=No 1=Yes

C11. How many days have you experienced medical problems in the past 30 days?

C12. How many times in your life have you been hospitalized for medical problems? (include o.d.’s, d.l.’s, exclude detoxification) 

C13. How important to you now is treatment for these medical problems? Y Y M M

C3. Do you have any chronic medical problems which continue to interfere with your life? 0=No 1=Yes

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C10. Have you been treated for medical problems by a physician during the past 6 months? 0=No 1=Yes

C11. How many days have you experienced medical problems in the past 30 days?

C17. COMMENTS:
EMPLOYMENT/SUPPORT STATUS

D1. Years of school education: (Years)

D2. Years of higher education:
(University/technical)

D3. Highest degree of education obtained:
a (specify)

D4. Do you have a valid driver’s license?
0=No 1=Yes

D5. How long was your longest period
of regular employment?
(see manual for definition)

D6. How long was your longest period
of unemployment

D7. Usual (or last) occupation?
a (specify in detail)

D7b. Does any person contribute to your support?
0=No 1=Yes

D7c. If yes on 7b, who is this person?
1=Spouse/partner 2=Earlier spouse/partner
3=Parents/foster parents 4=Sibling
5=Child 6=Grandparents 7=Other relative

D8. Usual employment pattern
in the past 3 years?
1=Full time 2=Part-time (reg. hrs)
3=Part-time (irregular, day work) 4=Student
5=Military services 6=Retired/disability
7=Unemployed (incl. housewife) 8=In controlled environment

D9. How many days have you been
working during the past 30 days?
(exclude dealing/prostitution or other illegal)

D9b. How many days have you been
sick-listed during the past 30 days?

D10. How much money did you
receive from employment in
the past 30 days? (after tax)

D11. Unemployment compensation?
0=No 1=Yes

D12. Public assistance or welfare?
0=No 1=Yes

D13. Pension, benefits, or social security?
0=No 1=Yes

D14. Mate, family or friends?
0=No 1=Yes
(money for personal expenses)

D15. Illegal?
0=No 1=Yes

D16. Prostitution?
0=No 1=Yes

D17. Other sources?
0=No 1=Yes

D18. Which is the major source of your
support? (use code 10-17)

D19. Do you have any debts?
0=No 1=Yes

D19a. If yes on D19, amount

D20. How many people depend on you for
the majority of their food, shelter, etc?

D21. How many days have you experienced
employment/unemployment problems
in the past 30?

FOR QUESTIONS D22 & D23 PLEASE ASK PATIENT TO
USE THE PATIENT’S RATING SCALE

D22. How troubled or bothered have
you been by these employment
problems in the past 30 days?

D23. How important to you now is counselling
for these employment problems?

INTERVIEWER SEVERITY RATING

D24. How would you rate the patient’s
need for employment counselling?

CONFIDENCE RATING

Is the above information significantly distorted by:

D25. Patient’s misrepresentation?
0=No 1=Yes

D26. Patient’s inability to understand?
0=No 1=Yes

D27. COMMENTS:
F LEGAL STATUS

F1. Was this admission prompted or suggested by the criminal justice system? (judge, probation/parole officer, etc.) 0=No 1=Yes

F2. Are you on probation or parole? 0=No 1=Yes

How many times in your life have you been charged for the following: (if never, code 0)
F3. Possession and dealing of drugs?

F4. Crimes against property? (burglary, larceny, shoplifting, fraud, forgery, extortion, receiving)

F5. Crimes of violence? (robbery, assault, arson, rape, homicide, manslaughter)

F6. Other crimes?

F7. How many of these charges (F3-F6) resulted in convictions?

How many times in your life have you been charged with the following: (if never, code 0)
F8. Disorderly conduct, vagrancy, public intoxication?

F9. Prostitution?

F10. Driving while intoxicated?

F11. Major driving violations? (reckless driving, speeding, no license, etc.)

F12. How many months were you incarcerated in your life? (If never, code 0)

F13. If yes on F12, how long was your last incarceration?

F14. If yes on F12, What was it for? (Use code 03-06, 08-11. If multiple charges, code most severe)

F15. Are you presently awaiting charges, trial or sentence? 0=No 1=Yes

F16. If yes on F15, what for? (If multiple charges, code most severe)

F17. How many days in the past 30 were you detained or incarcerated?

F18. How many days in the past 30 have you engaged in illegal activities for profit? (if never, code 0)

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:

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
### 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 led to treatment?

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<th>a Mother’s side</th>
<th>b Father’s side</th>
<th>c Siblings</th>
<th>d Children</th>
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<td>1-Alc 2-Drug 3-Psy 4-Crim</td>
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<td>1-A 2-D 3-P 4-C</td>
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**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

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**FOR QUESTIONS F19 & F20 PLEASE ASK PATIENT TO USE THE PATIENT’S RATING SCALE**

F19. How serious do you feel your present legal problems are? (exclude civil problems)

F20. How important to you now is counselling or referral for these legal problems?

**INTERVIEWER SEVERITY RATING**

F21. How would you rate the patient’s need for legal services or counselling?

**CONFIDENCE RATING**

Is the above information significantly distorted by:

F22. Patient’s misrepresentation?
   0=No  1=Yes

F23. Patient’s inability to understand?
   0=No  1=Yes

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**FOR QUESTIONS F19 & F20 PLEASE ASK PATIENT TO USE THE PATIENT’S RATING SCALE**

F24. COMMENTS:
### FAMILY/SOCIAL RELATIONSHIPS

#### H1. Martial status:
1=Married  
2=Remarried  
3=Widowed 
4=Separated  
5=Divorced  
6=Never married

#### H2. How long have you been in this marital status? (if never married, since 18)
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  
2=With sexual partner alone  
3=With children alone  
4=With parents  
5=With family

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

#### H6. Are you satisfied with these living arrangements?
0=No 1=Indifferent 2=Yes

#### 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=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

#### H10. Mother

#### H11. Father

#### H12. Siblings

#### H13. Sexual partner/spouse

#### H14. Children

#### H15. Other close relative

#### H16. Close friends

#### H17. Neighbors

#### H18. Co-workers

#### 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)
### PSYCHIATRIC STATUS

1. How many times have you been treated for any psychological or emotional problems:
   - a) As inpatient?
   - b) As outpatient?

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

Have you had a significant period, in which you have:
(Questions i3-i6+i8 concern periods that were not a direct result of drug or alcohol use) 0=No 1=Yes

- 30 days
- Past
- In
- Your life

3. Experienced serious depression?
4. Experienced serious anxiety or tension?
5. Experienced trouble understanding, concentrating, or remembering?
6. Experienced hallucinations?
7. Experienced trouble controlling violent behaviour?
8. Been prescribed medication for any psychological/emotional problem?

9. Experienced serious thoughts of suicide?
10. Attempted suicide?
10a. How many times have you attempted suicide?
10b. Experienced anorexia, bulimia or other eating disorders?

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

- Emotional abuse?
- Physical abuse?
- Sexual abuse? (excluding rape and harassment)
- Rape?
- Sexual harassment?

10c. Emotional abuse?
10d. Physical abuse?
10e. Sexual abuse? (excluding rape and harassment)
10f. Rape?
10g. Sexual harassment?

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?

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

12. Is the above information significantly distorted by:
   - H25. Patient's misrepresentation? 0=No 1=Yes

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

Comments:
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?

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

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

Comments:

Interview completed: HHMM

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