TEEN ADDICTION SEVERITY INDEX (T-ASI)

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Farmington, CT 06030-2103
TEEN-ASI-A
TEEN-ASI-P

INFORMATION

Name _______________________________________________________________
Informant(s) Name _______________________________________________________________
Relationship _______________________________________________________________
Current Address _______________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
ID Number _____/_____/_____/_____
Admission Date ___/___ ___/___ ___/___
   month   day   year
Interview Date ___/___ ___/___ ___/___
   month   day   year
Class     _____     Intake       Follow-up
Contact     _____     Interview       / Phone       / Mail
Gender     _____     m = male       / f = female
Interview Initials ___/___
Status 1 = patient terminated /2 patient refused / 3 patient unable to respond
Birthdate ___/___ ___/___ ___/___
   month   day   year
Race      _____  White
         Black
         Asian
         Hispanic
         Bi-racial
Religious _____  Protestant
Preference Catholic
         Eastern Orthodox
         Jewish
         Islamic
         None
Have you been in a controlled environment in the past year? 

- n = no
- dc = detention center
- ct = chemical treatment
- mt = medical treatment
- pt = psychiatric treatment

How many days _____/_____

Record dates: __________________________________________________________

SEVERITY PROFILE

Chemical
School
Emp/Sup
Family
Peer/Soc
Legal
Psychiatric

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<th>4</th>
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</table>
**CHEMICAL USE**

1. What chemicals have you used in the past month?

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Route</th>
<th>No. of Days</th>
<th>Age Started (yrs./mos.)</th>
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</thead>
<tbody>
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</table>

2. Are there chemicals you have used before that you have not used in the past month?

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Route</th>
<th>Age Started (yrs./mos.)</th>
<th>Age Stopped (yrs./mos.)</th>
<th>Frequency</th>
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</tbody>
</table>

3. Name combinations of drugs or alcohol that you have used in the past month.

<table>
<thead>
<tr>
<th>Drugs</th>
<th>No. of Days</th>
</tr>
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<tbody>
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**COMMENTS**
4. Which chemical(s) or combination of chemicals do you believe is/are your major problem(s)? Prioritize.

<table>
<thead>
<tr>
<th>Drugs</th>
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</table>

5. Why do you believe the drug(s) is/are a major problem? Reason. (Comments)

Problem Area: peer/soc legal
emp/sup psych
family loss of control and/or craving
school

6. Duration of your last period of voluntary abstinence from all abused chemicals?_____

7. How many months ago did this abstinence end? _____

* 8. How many times have you: Had an alcohol blackout? __________
   Overdosed on drugs? __________

* 9. How many times in your life have you been treated for:
   Alcohol abuse or dependence _______
   Drug abuse or dependence _______
   Alcohol & drug abuse or dependence _______

* 10. How many of these were detox only? Alcohol _______
    Drug _______

COMMENTS
How much money would you say you spent during the past month on:
  Alcohol ________
  Drugs ________

Did you obtain the drugs through:
  Sexual favors ________
  Illegal activities ________

How many days have you been treated in an outpatient setting for alcohol or drugs in the past month? ________

How many meetings have you been attending self-help groups (AA, NA, etc.) in the past month? ________

How many days have you been attending self-help groups (AA, NA, etc.) since your last follow-up meeting? ________

How many days have you been treated in an outpatient setting for alcohol or drugs since your last follow-up meeting? ________

How many days have you been treated in an inpatient or a residential facility for alcohol or drugs since your last follow-up meeting? ________

How many days in the past month have you experienced:
  Alcohol problems ________
  Drug problems ________

COMMENTS
USE THE PATIENT'S RATING SCALE FOR 19 & 20

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<tbody>
<tr>
<td>not at all</td>
<td>a little</td>
<td>fair amount</td>
<td>very much</td>
<td>extremely/always</td>
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</table>

19 How troubled or bothered have you been in the past month by:
   Alcohol problems _______
   Drug problems _______

20 How important to you now is treatment for:
   Alcohol problems_______
   Drug problems _______

INTERVIEWER SEVERITY RATING

21 How would you rate the patient's need for treatment for:
   Alcohol abuse or dependence_____
   Drug abuse or dependence_____

CONFIDENCE RATING

Is the above information significantly distorted by: n = no   y = yes

22 Patient's misrepresentation?

23 Patient's inability to understand?

COMMENTS
SCHOOL STATUS

1. Are you in school? n = no y = yes
2. School days missed in the last month.
3. Missed in the last three months.
4. School days late in the last month.
5. Late in the last three months.
6. School days spent in detention or any other measures taken for disciplinary reasons last month. (Principal's or school counselor's office.)
7. In the last three months.
8. School days suspended in the last month.
9. In the last three months.
10. School days you skipped classes in the last month.
11. In the last three months.
12. Grade average last report card.
13. Grade average last year.
14. Have you participated in any extracurricular activity during the past month? n = no y = yes
15. Have you attended any extracurricular activity during the past month? n = no y = yes

COMMENTS
USE THE PATIENT'S RATING SCALE for 16 & 17

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<td>not at all</td>
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<td>extremely/always</td>
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</table>

16 How troubled or bothered have you been by these school problems in the past month? ________

17 How important to you now is counseling for these school problems? ________

INTERVIEWER SEVERITY RATING

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<tbody>
<tr>
<td>no real problem, tx not indicated</td>
<td>slight problem, tx probably not necessary</td>
<td>moderate problem, some tx indicated</td>
<td>considerable problem, tx necessary</td>
<td>extreme problem, tx absolutely necessary</td>
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</tbody>
</table>

18 How would you rate the need for school counseling? ________

CONFIDENCE RATING

Is the above information significantly distorted by:  
n = no  y = yes

19 patient's misrepresentation? ________

20 patient's ability to understand? ________

COMMENTS
EMPLOYMENT/SUPPORT STATUS

1. Education completed. ___/___ ___/___ yrs. mos.

2. If you are not in school, when did you leave? ___/___ ___/___ yrs. mos.

3. Training or technical education completed. ___/___ ___/___ yrs. mos.

4. Do you have a profession, trade, or skill? ________ n = no y = yes

Specify

Key for 5 & 6: 1 = full-time worker (40 hrs./week) or student
2 = part-time worker (reg. hrs.) or student
3 = part-time (irreg. hrs.)
4 = unemployed

5. Usual employment pattern during the past month. ________

6. During the past three months. ________

7. How long was your longest period of employment during the past year? ________

8. How many days were you paid for working during the past month? ________

9. During the past three months? ________

10. How many days were you late for work during the past month? ________

11. During the past three months? ________

COMMENTS
12. How many days did you miss work during the past month? ________

13. During the past three months? ________

14. How many days did you miss work due to being sick during the past month? ________

15. During the past three months? ________

16. How many times were you fired from a job during the past month? ________

17. During the past year? ________

18. How many times were you laid off during the past month? ________

19. During the past three months? ________

USE THE PATIENT’S RATING SCALE for 20 & 21

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<tbody>
<tr>
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<td>a little</td>
<td>fair amount</td>
<td>very much</td>
<td>extremely/always</td>
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</table>

20. How satisfied were you with your job performance during the past month? ________

21. During the past year? ________

22. If unemployed, how many days were you looking for a job during the past month? ________

23. During the past three months? ________

24. How many days have you experienced employment or job problems during the past month? ________

25. During the past three months? ________

26. Does someone or a government agency contribute to your support in any ways? ________

27. If yes, does this source provide a majority of your support? ________

COMMENTS
What percentage of your income is generated by illegal activity? ________

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

**USE THE PATIENT'S RATING SCALE for 30-31**

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<td>fair amount</td>
<td>very much</td>
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</table>

How troubled or bothered have you been by any unemployment problems in the past month? ________

How important to you now is counseling for these job problems? ________

**INTERVIEW SEVERITY RATING**

0 = no real problem, tx not indicated
1 = slight problem, tx probably not necessary
2 = moderate problem, some tx indicated
3 = considerable problem, tx necessary
4 = extreme problem, tx absolutely

How would you rate the patient's need for employment counseling? ________

**CONFIDENCE RATING**

Is the above information significantly distorted by:

n = no  y = yes

patient's misrepresentation? ________

patient's ability to understand? ________

**COMMENTS**
FAMILY RELATIONS

1. What are your current living arrangements? _______
   1 = with both parents        5 = with girl/boyfriend or spouse
   2 = with single parent       6 = alone
   3 = other family members     7 = controlled environment
   4 = with friends             8 = no stable arrangement

2. How long have you lived in these arrangements? _______

3. Are you satisfied with these arrangements? _______

4. Have you experienced serious conflicts or problems with: n = no y = yes
   mother ____________
   father ___________
   siblings __________
   other family members __________
   caretaker __________

5a. How many days in the past month? _______
5b. How many days in the past three months? _______

USE THE PATIENT’S RATING SCALE for 6-11

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<td>fair amount</td>
<td>very much</td>
<td>extremely/always</td>
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6. How much do members of your family support and/or help one another? _______

7. How often do members of your family fight and/or have conflicts with one another? _______

8. How often do members of your family participate in activities together? _______

9. How much are rules enforced in your house? _______

10. How much are you able to confide in your parents/caretaker? _______

11. How much are you able to express yourself and be heard in your family? _______

COMMENTS
12. Have you been physically abused by any member of your family in the past month? ________
13. In the past three months? ________
14. Have you participated in sexual activity with any member of your family in the past month (excluding spouse)? ________
15. In the past three months? ________

**USE THE PATIENT'S RATING SCALE for 16 & 17**

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</table>

16. How troubled or bothered have you been in the past month by family problems? ________
17. How important to you now is treatment or counseling for family problems? ________

**INTERVIEW SEVERITY RATING**

0= no real problem, tx not indicated  
1=slight problem tx probably not necessary  
2=moderate problem some tx indicated  
3=considerable problem, tx necessary  
4=extreme problem tx absolutely necessary

18. How would you rate the patients need for family counseling? ________

**CONFIDENCE RATINGS**

Is the above information significantly distorted by: n = no y = yes

19. patient’s misrepresentation? ________

20. patient’s inability to understand? ________

**COMMENTS**
PEER/SOCIAL RELATIONSHIPS

1. How many close friends do you have? ______

2. How many close friends do you have that regularly use:
   - alcohol? ______
   - marijuana? ______
   - cocaine? ______
   - other illicit drugs? ______

3. How many serious conflicts/arguments have you had with your friends in the past month (exclude your boy/girlfriend)? ______

4. In the past three months? ______

USE THE PATIENT'S RATING SCALE for 5

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<td>extremely/always</td>
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5. How satisfied are you with the quality of these relationships with friends? ______

6. Do you have a boy/girlfriend? ______ n= no, y= yes

7. How many months has this person been your boy/girlfriend? ______

8. How many boy/girlfriends have you had in the past year? ______

9. Does your current boy/girlfriend regularly use:
   - alcohol? ______
   - marijuana? ______
   - cocaine? ______
   - other illicit drugs? ______

10. Total number of serious conflicts/arguments with all boy/ girlfriend(s) in past month. ______

11. In the past three months? ______

COMMENTS
USE THE PATIENT'S RATING SCALE for 12

0 1 2 3 4
not at all  a little  fair amount  very much  extremely/always

12 How satisfied are you with the quality of these boy/girlfriend relationships? ________

13 With whom do you spend most of your free time? ________
   1 = family
   2 = friends
   3 = gang
   4 = boy/girlfriend
   5 = alone

USE THE PATIENT'S RATING SCALE for 14 & 15

0 1 2 3 4
not at all  a little  fair amount  very much  extremely/always

14 How troubled or bothered have you been in the past month by problems with friends? ________

15 How important to you now is treatment or counseling for problems with friends? ________

INTERVIEW SEVERITY RATING

0 = no real problem, tx not indicated
1 = slight problem tx probably not necessary
2 = moderate problem some tx indicated
3 = considerable problem, tx necessary
4 = extreme problem tx absolutely necessary

16 How would you rate the patient's need for relationship counseling? ________

CONFIDENCE RATINGS
Is the above information significantly distorted by: n = no y = yes

17 patient's misrepresentation? ________

18 patient's inability to understand? ________

COMMENTS
LEGAL STATUS

1. Was this admission prompted by or suggested by the criminal justice system judge probation/parole officer, etc.? _____  n= no  y= yes

2. Are you on probation or parole? _____  n= no  y= yes

* 3. How many times in your life have you been stopped and/or arrested with any criminal offenses? ___

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<th>OFFENSE</th>
<th>AGE (yr/mo)</th>
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* 4. How many of these charges resulted in convictions? ______

5. How many months of your life were you incarcerated, placed in a youth detention center, or placed in a court ordered arrangement? _____

6. How long was your last incarceration? ______

7. What was it for? ______________________________________________________________
   (If multiple charges, code most severe.)

8. Are you presently awaiting charges, trial, or sentence? _______________  n= no  y= yes

9. What was it for? ______________________________________________________________
   (If multiple charges, code most severe.)

COMMENTS
10. How many days in the past month were you detained or incarcerated? ________

11. How many days in the past month have you engaged in illegal activities for profit? ______

USE THE PATIENT’S RATING SCALE for 12 & 13

0 1 2 3 4
not at all a little fair amount very much extremely/always

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

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

INTERVIEW SEVERITY RATING

0=no real problem, tx not indicated
1=slight problem, tx probably not necessary
2=moderate problem, some tx indicated
3=considerable problem, tx necessary
4=extreme problem tx absolutely necessary

14. How would you rate the patient’s need for legal services or counseling? ______

CONFIDENCE RATINGS
Is the above information significantly distorted by: n = no y = yes

15. patient’s misrepresentation?

16. patient’s inability to understand?

COMMENTS
PSYCHIATRIC STATUS

1. How many times have you been treated for any psychological or emotional problems in the hospital (as an inpatient)? ________
   as an outpatient or private patient? ________
   Total ________

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you:
   n = no
   y = yes

2. experienced serious depression? ________
3. experienced serious anxiety or tension? ________
4. experienced delusions? ________
5. experienced hallucinations? ________
6. experienced trouble understanding, concentrating, or remembering? ________
7. experienced trouble controlling violent behavior? ________
8. experienced serious thoughts of suicide? ________
9. attempted suicide? ________

10. Have you taken prescribed medication for any psychological/emotional problem? ________
11. How many days in the past month have you experienced these psychological or emotional problems? ________

USE THE PATIENT'S RATING SCALE for 12 & 13

0 1 2 3 4
not at all a little fair amount very much extremely/always

12. How much have you been troubled or bothered by these psychological or emotional problems in the past month? ________
13. How important to you now is treatment for these psychological problems? ________

COMMENTS
THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is the patient: n = no y = yes

14 obviously depressed/withdrawn? _______

15 obviously hostile? _______

16 obviously anxious/nervous? _______

17 having trouble with reality testing, thought disorders, paranoid thinking? _______

18 having trouble comprehending, concentrating, remembering? _______

19 having suicidal thoughts? _______

INTERVIEW SEVERITY RATING

0 = no real problem, tx not indicated
1 = slight problem, tx probably not necessary
2 = moderate problem, some tx indicated
3 = considerable problem, tx necessary
4 = extreme problem, tx absolutely necessary

20 How would you rate the patient’s need for psychiatric/psychological treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by: n = no y = yes

21 patients misrepresentation?

22 patient’s inability to understand?

COMMENTS
<table>
<thead>
<tr>
<th>CHEMICAL LIST</th>
<th>OFENSES UST</th>
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<tbody>
<tr>
<td><strong>Stimulants</strong></td>
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<tr>
<td>cocaine</td>
<td>Shoplifting</td>
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<tr>
<td>crack</td>
<td>Parole</td>
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<td>amphetamines</td>
<td>Probation violation</td>
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<tr>
<td>other</td>
<td>Drug charges</td>
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<tr>
<td><strong>Opiates</strong></td>
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<tr>
<td>heroin</td>
<td>Forgery</td>
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<tr>
<td>methadone</td>
<td>Weapons offense</td>
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<tr>
<td>others</td>
<td>Burglary</td>
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<td><strong>Barbiturates</strong></td>
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<tr>
<td><strong>Sed/Hyp/Tranq</strong></td>
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<tr>
<td>benzodiazepines</td>
<td>Breaking &amp; Entering</td>
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<tr>
<td>others</td>
<td>Robbery</td>
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<tr>
<td><strong>Hallucinogens</strong></td>
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