

TEEN ADDICTION SEVERITY INDEX (T-ASI)

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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

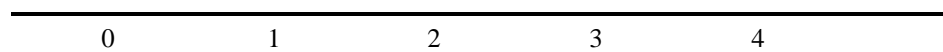
Emp/Sup

Family

Peer/Soc

Legal

Psychiatric



CHEMICAL USE

1

What chemicals have you used in the past month?

Drugs	Route	No. of Days	Age Started (yrs./mos.)

2

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

Drugs	Route	Age Started (yrs./mos.)	Age Stopped (yrs./mos.)	Frequency

3

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

Drugs	No. of Days

COMMENTS

- 11 How much money would you say you spent during the past month on:
Alcohol _____
Drugs _____
- 12 Did you obtain the drugs through: Sexual favors _____
Illegal activities _____
- 13 How many days have you been treated in an outpatient setting for alcohol or drugs in the past month? _____
- 14 How many meetings have you been attending self-help groups (AA, NA, etc.) in the past month? _____
- 15 How many days have you been attending self-help groups (AA, NA, etc.) since your last follow-up meeting? _____
- 16 How many days have you been treated in an outpatient setting for alcohol or drugs since your last follow-up meeting? _____
- 17 How many days have you been treated in an inpatient or a residential facility for alcohol or drugs since your last follow-up meeting? _____
- 18 How many days in the past month have you experienced: Alcohol problems _____
Drug problems _____

COMMENTS

USE THE PATIENT'S RATING SCALE FOR 19 & 20

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

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 _____

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

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

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

- 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

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 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

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

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

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

28

What percentage of your income is generated by illegal activity? _____

29

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

USE THE PATIENT'S RATING SCALE for 30-31

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

30

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

31

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

32

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

CONFIDENCE RATING

Is the above information significantly distorted by:

n = no y = yes

33

patient's misrepresentation? _____

34

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

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

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

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

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

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

- 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? ____

OFFENSE	AGE (yr/mo)

* 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

CHEMICAL LIST

Stimulants

cocaine
crack
amphetamines
other

Opiates

heroin
methadone
others

Barbiturates

Sed/Hyp/Tranq

benzodiazepines
others

Hallucinogens

LSD
PCP
mushrooms
others

Inhalants

nitrates
solvents

Alcohol

Cannabis

Tobacco

Proprietary Drugs

stimulants
depressants

OFFENSES UST

Shoplifting
Parole
Probation violation
Drug charges
Forgery
Weapons offense
Burglary
Breaking & Entering
Robbery
Assault
Arson
Rape
Homicide
Manslaughter
Prostitution
Disorderly conduct
Vagrancy
Public intoxication
Driving while intoxicated
Major driving violations
Public annoyance
Truancy
Trespassing

0
not at all

1
a little

2
fair amount

3
very much

4
extremely/always