INTRODUCING THE ASI:

Eight potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological, and Spiritual and Ceremonial. All clients receive the same standard interview. All information gathered is confidential.

We will discuss two time periods:
1. The past 30 days
2. Lifetime Data

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you in the area being discussed.

The scale is: 0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 – Extremely

If you are uncomfortable giving an answer, then don’t answer.

Please do not give inaccurate information! Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:
1. Leave no blanks
2. Make plenty of Comments and include the question # before each comment. If another person reads this ASI, they should have a relatively complete picture of the client’s perceptions of his/her problems.
3. X = Question not answered
4. N = Question not applicable
5. Stop interview if client misrepresents two or more sections.
6. Tutorial and coding notes are preceded with “>”.

INTERVIEWER SCALE:

0 – 1 = No problem
2 – 3 = Slight problem
4 – 5 = Moderate problem
6 – 7 = Severe problem
8 – 9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not over-interpret.
- Denial does not warrant misrepresentation
- Misrepresentation is overt contradiction in information.

LIST OF COMMONLY USED DRUGS:

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Common Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Beer, wine, liquor</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, LAAM</td>
</tr>
<tr>
<td>Opiates</td>
<td>Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal</td>
</tr>
<tr>
<td>Sedatives/</td>
<td>Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmone, Halcion, Xanax, Miltown, Tranquilizers: Other = Chloral Hydrate, Quaaludes</td>
</tr>
<tr>
<td>Hypnotics/</td>
<td></td>
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<tr>
<td>Sedatives/</td>
<td></td>
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<tr>
<td>Tranquilizers:</td>
<td>Other = Chloral Hydrate, Quaaludes</td>
</tr>
<tr>
<td>Cocaine:</td>
<td>Cocaine Crystal, Free-Base Cocaine or “Crack” and “Rock Cocaine”</td>
</tr>
<tr>
<td>Amphetamines:</td>
<td>Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal</td>
</tr>
<tr>
<td>Cannabis:</td>
<td>Marijuana, Hashish</td>
</tr>
<tr>
<td>Hallucinogens:</td>
<td>LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy</td>
</tr>
<tr>
<td>Inhalants:</td>
<td>Nitrous Oxide (Whippits), Amyl Nitrate (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.</td>
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</tbody>
</table>

ALCOHOL/DRUG USE INSTRUCTIONS:

This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30 day questions only require the number of days used.
- Lifetime use is asked to determine extended periods of regular use.
- Regular use = 3+ times per week, 2+ day binges, or problematic irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean “drunk”, use the words “felt the effects”, “got a buzz”, “high”, etc. instead of intoxication. As a rule of thumb, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
  - How many days in the past 30 have you used…?
  - How many years in your life have you regularly used…?
GENERAL INFORMATION

G1. Identification Number: ____________

G2. Social Security #: ____________ ____________ ____________

G4. Date of Admission: ____________ / ____________ / ____________
(Month/Day/Year)

G5. Date of Interview: ____________ / ____________ / ____________
(Month/Day/Year)

G8. Class: 1. Intake  2. Follow-up

G9. Contact Code: 1. In person  2. Telephone
(Intake ASI must be in person)

G10. Gender: 1. Male   2. Female

G11. Interviewer Code No./Initials: ____________

G12. Special: 1. Patient terminated (by interviewer)
   2. Patient refused to complete
   3. Patient unable to respond
   N. Not applicable

G14. How long have you lived at this address? ____________ Years ____________ Months

G15. Is this residence owned by you or your family? 0-No, 1-Yes

G16. Date of birth: ____________ / ____________ / ____________
(Month/Day/Year)

G20. How many days? “NN” if G19 is No. Refers to total number of days detained in the past 30 days.

G22. ___________________ ___________________ ___________________

G23. ___________________ ___________________ ___________________

G24. ___________________ ___________________ ___________________

G25. ___________________ ___________________ ___________________

G26. ___________________ ___________________ ___________________

G27. ___________________ ___________________ ___________________

G28. ___________________ ___________________ ___________________

G29. What Tribe(s) do you consider yourself part of?
Specify: __________________________________

G30. Are you currently practicing this religious or spiritual preference? 0-No, 1-Yes
Specify tribe: ____________________________

G31. Is this located on a reservation? 0-No  1-Yes

G35. Are you enrolled? 0-No, 1-Yes
Specify tribe: ____________________________

G18. Do you have a religious or spiritual preference?
   1. Protestant  7. Native American Spiritual Practices
   2. Catholic (sun dance ceremonies, sweat lodges, etc.)
   3. Jewish  8. Native American Churches
   4. Islamic
   5. Other
   6. None
Specify: ____________________________

G36. Have you been in a controlled environment in the past 30 days?
   1. No     4. Medical Treatment
   2. Jail     5. Psychiatric Treatment
   3. Alcohol/Drug Treat.  6. Other:_____________
• A controlled environment is a place, theoretically, without access to drugs/alcohol.

G21. ___________________ ___________________ ___________________

G22. ___________________ ___________________ ___________________

G23. ___________________ ___________________ ___________________

G24. ___________________ ___________________ ___________________

G25. ___________________ ___________________ ___________________

G26. ___________________ ___________________ ___________________

G27. ___________________ ___________________ ___________________

G28. ___________________ ___________________ ___________________

COMMMENTS
(Include question number with your notes)
________________________________________________
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SEVERITY PROFILE

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>0</th>
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<tbody>
<tr>
<td>MEDICAL</td>
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<td>PSYCHIATRIC</td>
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<tr>
<td>SPIRITUAL AND CEREMONIAL</td>
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</table>
MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems?
   • Include ODs and DTs. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem?
   • If M1 = None, M2 should be coded “NN”.
   Years/ Months

M3. Do you have any chronic medical problems which continue to interfere with your life?
   0-No, 1-Yes
   • If YES, specify in comments.
   • A chronic medical condition is a serious physical or medical condition that requires regular care, (i.e., medication, dietary restriction) and prevents full advantage of abilities (e.g. diabetes, high blood pressure, heart disease, etc.)

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 physician for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them.

M5. Do you receive a pension for a physical disability?
   0-No, 1-Yes
   • If YES, specify in comments.
   • Includes any type of financial compensation for a physical disability (e.g. worker’s compensation, pension, SS). Do not include psychiatric disability.

M6. Have you ever sought medical help from a tribal medicine person?
   0-No, 1-Yes
   • Not a traditionally educated provider such as an MD or RN.

M7. How many days have you experienced medical problems in the past 30 days?
   • Include flu, colds, etc.

M8. How many times in your life have you been hospitalized for medical problems?
   • Include ODs and DTs. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M9. How troubled or bothered have you been by these medical problems in the past 30 days?
   • Restrict response to problem days of M6.

M10. How important to you now is treatment for these medical problems?
   • Refers to the need for additional medical treatment by the patient.

M11. Patient’s misrepresentation?
   0-No, 1-Yes

M12. Patient’s inability to understand?
   0-No, 1-Yes

COMMENTS
(Include question number with your notes)

Patient’s Rating
(0 - 4 Scale)

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

M8. How important to you now is treatment for these medical problems?
   • Refers to the need for additional medical treatment by the patient.

Interviewer Severity Rating
(0 - 9 Scale)

M9. How do you rate the patient’s need for medical treatment?
   • Refer to the patient’s need for additional medical treatment.
EMPLOYMENT / SUPPORT STATUS

E1. Education completed:
   • Public schools
   • Non-Indian school specific, include college
   • GED = 12 years, note in Comments
   • Include formal education only

E27. Education completed in:
   • BIA Boarding Schools
     (on your reservation)
   • BIA Boarding Schools
     (not on your reservation)
   • Tribal Boarding Schools
   • Church/Mission boarding Schools
   • Non-boarding Schooling, on reservation

E2. Training or Technical education completed:
   • Formal/organized training only

E3. Do you have a profession, trade or skill? 0-No, 1-Yes
   If Yes, specify
   • Employable, transferable skill acquired through training.

E4. Do you have a valid driver’s license? 0-No, 1-Yes
   If No, specify the reason in Comments
   • Valid license; not suspended/revoked, never sought.

E5. Do you have an automobile available for use? 0-No, 1-Yes
   • If E4 = No, then this 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 = 40+ hours weekly.

E8. Does someone contribute to your support in any way?
   • Is 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?
   • “N” (for not applicable) if E8 is NO.

E10. Usual employment pattern in the past three years?
   1. Full time (40 hrs/week)  5. Service/Military
   2. Part time (regular hours)  6. Retired/Disability
   3. Part-time (irregular hours)  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 the one that best represents
     the more current situation.

COMMENTS

(Include question number with your notes)
EMPLOYMENT / SUPPORT STATUS (cont.)

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

How much money did you receive from the following sources in the past 30 days?

E12. Employment?
• Net or “take home” pay. Include “under the table” money. From days in E11.

E13. Unemployment Compensation?

E14. Welfare?
• Include food stamps, transportation, money provided by an agency to go to and from treatment.

E15. Pension, benefits or Social Security?
• Include disability, pensions, retirement, veteran’s benefits, SSL SSDI and worker’s compensation.

E16. Mate, family, or friends?
• Money for personal expenses, (e.g. clothing); include unreliable sources of income. 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.
Do not attempt to convert drugs exchanged to a dollar value.

E18. Government payment for land/land lease?

E19. How many days have you experienced employment problems in the past 30?
• Include inability to find work, training, or schooling, or problems with the present job in which that job is jeopardized.

Patient’s Rating
(0 - 4 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 the client a job.

Confidence Rating

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

Interviewer Severity Rating
(0 - 9 Scale)

E22. How would you rate the patient’s need for employment counseling?
**DRUG / ALCOHOL USE**

**Route of Administration:**

- Note the usual or most recent route. For more than one route, choose the highest number for the most severe. Use common or street names provided in grid on front page.

<table>
<thead>
<tr>
<th>Route</th>
<th>Past 30 Days</th>
<th>Years of Reg. Use</th>
<th>Age at First Use</th>
<th>Route of Admin</th>
<th>Date of Last Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1. Alcohol (any use at all)</td>
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<td>D2. Alcohol (5 or more drinks)</td>
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<td>D3. Heroin</td>
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<td>D4. Methadone</td>
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<td>D5. Other Opiates/ Analgesics</td>
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<td>D6. Barbiturates</td>
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<td>D7. Sedatives/ Hypnotics/ Tranquilizers</td>
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<td>D8. Cocaine</td>
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<td>D9. Amphetamines</td>
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<td>D10. Cannabis</td>
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<tr>
<td>D11. Hallucinogens (include peyote)</td>
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<tr>
<td>D12. Inhalants</td>
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<td>D13. More than one substance per day (include alcohol)</td>
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</tbody>
</table>

**D14.** According to the interviewer, which substance(s) is/are the major problem?

- 00 = No problem,
- 01-12 = From list above,
- 15 = Alcohol & one or more drugs
- 16 = More than one drug

**D15.** How long was your last period of voluntary abstinence from this major substance?

(Substance identified in D14.)

- Last attempt of at least one month, not necessarily the longest.
- Periods of hospitalization/incarceration do not count. Periods of Antabuse, methadone, or naltrexone do count. Show only periods 30 days or greater. 00 = never abstinent.

**D16.** How many months ago did this abstinence end?

- Refers to Question D15; 00 = still abstinent.

**D42.** Have you used any of the drugs listed above as part of a religious practice or spiritual ceremony?

- 0-No, 1-Yes

- Specify drugs used: (Use codes D1 - D13 listed above)
DRUG / ALCOHOL USE (cont.)

D43. Is this use sanctioned or provided by tribal leaders or a medicine person?  0-No, 1-Yes [ ]

D45  Is this use common practice in your traditional ways? [ ]

D44. Have any traditional Indian cultural practices, such as sweat lodges, sun dances, prayer meetings, etc. been helpful for you in achieving or maintaining abstinence? [ ]

How many times have you:

D17. Had Alcohol DT's? [ ]

D18. Overdosed on Drugs? [ ]

How many times in your life have you been treated for:

D19. Alcohol Abuse [ ]

D20. Drug Abuse
  • Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period.) [ ]

How many of these were detox only?

D21. Alcohol [ ]

D22. Drugs
  • NN if D19 OR D20 = “00” [ ]

How many of these provided Native American-specific groups or focus?

D36. Alcohol [ ]

D37. Drugs
  • From D19 and D20
  • NN if D19 OR D20 = “00” [ ]

How many of these included Native American treatment providers/counselors?

D38 .Alcohol [ ]

D39. Drugs
  • From D19 and D20
  • NN if D19 OR D20 = “00” [ ]

How many of these treatments were provided on reservations?

D40. Alcohol [ ]

D41. Drugs
  • From D19 and D20
  • NN if D19 OR D20 = “00” [ ]

COMMENTS
(Include question number with your notes)

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DRUG / ALCOHOL USE (cont.)

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)

How many days in the past 30 have you experienced:

- D26. Alcohol problems?
- D27. Drug Problems?
  - Include: Craving, withdrawal symptoms, disturbing effects of use or wanting to stop and being unable to, and difficulty staying sober.

Patient’s Rating
(0 - 4 Scale)

How troubled or bothered have you been in the past 30 days by:

- D28. Alcohol problems?
- D29. Drug problems?

How important to you now is treatment for:

- D30. Alcohol problems?
- D31. Drug problems?
  - The patient is rating the need for additional substance abuse treatment.

Interviewer Rating
(0 - 9 Scale)

How would you rate the patient’s need for treatment for:

- D32. Alcohol problems?
- D33. Drug problems?

Confidence Rating

Is the above information significantly distorted by:

- D34. Patient’s misrepresentation? 0-No, 1-Yes
- D35. Patient’s inability to understand? 0-No, 1-Yes

COMMENTS
(Include question number with your notes)
LEGAL STATUS

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

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

How many times in your life have you been arrested and charged with the following?

L3. Shoplifting/Vandalism  L10. Assault
L4. Parole/Probation Violations  L11. Arson
L5. Drug Charges  L12. Rape
L6. Forgery  L13. Homicide/Manslaughter
L8. Burglary/Larceny/Breaking and Entering  L15. Contempt of Court
L9. Robbery  L16. Other:

   • 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?
   • “NN” if Question L3-16 = “00”
   • Do not include misdemeanor offenses in Questions L18-20 below.
   • Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargains.

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 have you been incarcerated in your life?
   • List total number of months incarcerated.
   Months
L22. How long was your last incarceration?
   • Enter “NN” if never incarcerated.
   Months
L23. What was it for?
   • Use code L03 - L16, L18 - L20. If multiple charges, use most severe code. Enter “NN” if never incarcerated.
L24. Are you presently awaiting charges, trial, or sentencing? 0-No, 1-Yes
LEGAL STATUS (cont.)

L25. What for?
- Refers to Q. L24. If more than one, choose most severe.
  Don’t include civil cases unless a criminal offense is involved

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

Patient’s Rating
(0 - 4 Scale)

L28. How serious do you feel your present legal problems are?

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.

Interviewer Severity Rating
(0 - 9 Scale)

L30. How would you rate the patient’s need for legal services or counseling?

Confidence Rating
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

COMMENTS
(Include question number with your notes)

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**FAMILY HISTORY**

In the boxes below, indicate which of these dependencies or other personal problems you are aware of in members of your family.

- A=Alcoholism
- D=Illegal Drug Dependence
- P=Prescription Drug Dependence
- T=Cigarette Smoker
- G=Compulsive Gambler
- R=In Recovery
- S=Sexual Addiction
- Su=Suicide
- V=Violence or Frequent Rages
- MI=Mental Illness

If you wish, write the initials of each person in this corner of each box.

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<th>Comments</th>
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**Maternal Grandparents**

- Mother’s mother
- Mother’s father
- Mother
- Mother’s Brothers/Sisters (additional boxes below)

**Paternal Grandparents**

- Father’s mother
- Father’s father
- Father
- Father’s Brothers/Sisters (additional boxes below)

**Your Generation**

- Former Spouse/Partner
- Spouse or Partner
- Yourself
- Your Brothers/Sisters (additional boxes below)

**Your Children**

- Additional Family (Indicate whether they are brother, sister, aunt or uncle.)
FAMILY / SOCIAL RELATIONSHIPS

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

F2. How long have you been in this marital status?
   • If never married, since age 18.
   [ ] / [ ] Years / Months

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 (past 3 years):
   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,
     code the most recent arrangement.

F5. How long have you lived in these arrangements?
   • If with parents or family, since age 18.
   [ ] / [ ] Years / Months
   • Code years and months living in arrangements from Question F4.

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

Do you live with anyone who:

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

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

F61. Is supportive of your recovery?
   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 a family by patient,
     then the patient must refer to this person as family throughout
     this section, not a friend. Family is not to be referred to as “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.

F76. How many of these friends are Native American?

F70. With whom do you feel the most comfortable?
    1 - Native American   3 - Other
    2 - White            4 - Indifferent

After treatment, will you return to an environment that:

F65. Is supportive of your recovery?
    0-No, 1-Yes

F66. Offers community services to help you in your recovery?
    0-No, 1-Yes

F67. Offers accessible self-help meetings?
    0-No, 1-Yes
FAMILY / SOCIAL RELATIONSHIPS (cont.)

F58. Have you ever lived on a reservation? 0-No, 1-Yes ⊗

F59. How many years of your life did you live on reservations? ⊗

F60. Are you satisfied living on reservations? 0-No, 1-Indifferent, 2-Yes

Would you say you have had a close, long-lasting, personal relationship with any of the following people in your life:

F12. Mother ⊗ F15. Sexual Partner/Spouse ⊗
F13. Father ⊗ F16. Children ⊗

0 = Clearly No for all in class, X = Uncertain or unknown
1 = Clearly Yes for any in class, N = Never had a relative in category

Have you had significant periods in which you have experienced serious problems getting along with:

0-No, 1-Yes

Past 30 Days In Your Life

F18. Mother ⊗
F19. Father ⊗
F20. Brothers/Sisters ⊗
F21. Sexual Partner/Spouse ⊗
F22. Children ⊗
F23. Other Significant Family ⊗
   • If Yes, specify in Comments
F24. Close friends ⊗
F25. Neighbors ⊗
F26. Co-workers ⊗
   • “Serious problems” mean those that endangered the relationship.
   • A “problem” requires contact of some sort, either by telephone or in person.

Has anyone ever abused you?

0-No, 1-Yes

Past 30 Days In Your Life

F27. Emotionally? ⊗
   • Made you feel bad through harsh words.
F28. Physically? ⊗
   • Caused you physical harm.
F29. Sexually? ⊗
   • Forced sexual advances/acts.
FAMILY / SOCIAL RELATIONSHIPS (cont.)

Has you ever abused anyone? Past 30 Days In Your Life
0-No, 1-Yes

F27. Emotionally?
  • Made someone feel bad through harsh words.

F28. Physically?
  • Caused someone physical harm.

F29. Sexually?
  • Forced sexual advances/acts.

How many days in the past 30 have you had serious conflicts with:

F30. Your family?

F31. Other people (excluding family)?

Patient’s Rating
(0-4 Scale)

How troubled or bothered have you been in the past 30 days by:

F32. Family problems

F33. Social problems

How important to you now is treatment or counseling for:

F34. Family problems?
  • Patient is rating his need for counseling for family problems, not whether they would be willing to attend.

F35. Social problems?
  • Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

Interviewer Severity Rating
(0-9 Scale)

F36. How would you rate the patient's need for family and/or social counseling?

Confidence Rating

Is the above information significantly distorted by:

F37. Patient's misrepresentation?

F38. Patient's inability to understand?

COMMENTS
(Include question number with your notes)

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PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital or inpatient setting? □ □

P2. As an outpatient or private patient? □ □
   • 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.

P3. Do you receive a pension for a psychiatric disability? 0-No, 1-Yes □ □
   • Include any financial compensation; SSI, SSDI, etc.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

0-No, 1-Yes

P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning? □ □

P5. Experienced serious anxiety/tension, are uptight, unreasonably worried, unable to feel relaxed? □ □

P6. Experienced hallucinations, saw things or heard voices that others did not see or hear? □ □
   • Not related to religious/ceremonial practices.

P7. Experienced trouble understanding, concentrating or remembering? □ □

P8. Experienced trouble controlling violent behavior, including episodes of rage, or violence? □ □
   • 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.
   • Patient can be under the influence of alcohol/drugs.

P10. Attempted suicide? □ □
   • Include actual suicidal gestures or attempts.
   • Patient can be under the influence of alcohol/drugs.

P11. Been prescribed medication for any psychological or emotional problems? □ □
   • Prescribed for the patient by MD. "Yes" if a medication was prescribed, even if the patient is not taking it.

P12. How many days in the past 30 have you experienced these psychological or emotional problems? □ □
   • This refers to problems noted in Questions P4 - P9.

COMMENTS
(Include question number with your notes)
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### PSYCHIATRIC STATUS (cont.)

**Patient’s Rating**

(0-4 Scale)

P13. How troubled or bothered have you been in the past 30 days by these psychological or emotional problems?  
- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological or emotional problems?

**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

### Interviewer Severity Rating

(0-9 Scale)

P21. How would you rate the patient’s need for psychiatric/psychological treatment?

### Confidence Rating

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

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

**COMMENTS**

(Include question number with your notes)

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SPIRITUAL & CEREMONIAL PRACTICES

S1. Do you have a belief in a “God,” a “Higher Power,” or “Creator”?
   0-No, 1-Yes

Concerning your spiritual life, what changes would you like help making?
   0-No, 1-Yes

S2. Learning more about prayer?

S3. Learning more about meditation?

S4. Education about a particular religion/spirituality?
   • If Yes, specify in Comments.

S5. Changing attitude toward God/Creator?

S6. Do you have a spiritual leader or traditional/cultural person available for guidance?

S7. Do you seek out and utilize this person from time to time?

S8. Are you comfortable with your spirituality and beliefs?
   0-No, 1-Indifferent, 2-Yes

Do you regularly participate in:
   0-No, 1-Yes

S9. Native American religious ceremonies/activities (sweat lodges, sun dances, etc)?

S10. Native American Church Meetings?

S11. Native American cultural activities?

S12. Native American dance activities?

S13. Are you familiar with your native language?

What is the primary language you speak:
1=Native language  2=English  3=Spanish  4=Other

S14. At home?

S15. With friends?

S16. How many days in the past 30 have you had concerns or problems with spiritual or cultural practices?

Patient’s Rating
(0 - 4 Scale)

S17. How troubled or bothered have you been by problems with spiritual or cultural practices?

S18. How important to you now is counseling for these problems/concerns (including learning Native American cultural practices & ceremonies)?

Interviewer Severity Rating
(0-9 Scale)

S19. How would you rate the patient’s need for spiritual or cultural counseling?

CONFIDENCE RATINGS
Is the above information significantly distorted by:

S20. Patient’s misrepresentation? 0-No, 1-Yes

S21. Patient’s inability to understand? 0-No, 1-Yes

COMMENTS
(Include question number with your notes)

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