

Addiction Severity Index 5th Edition - North Dakota State Adaptation for use with Native Americans
(Designed with consideration for Native American Cultural and Ceremonial Practices)

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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
N = Question not applicable
4. Stop interview if client misrepresents two or more sections.
5. 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:

Alcohol: Beer, wine, liquor

Methadone: Dolophine, LAAM

Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4

Barbiturates: Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal

Sedatives/
Hypnotics/
Tranquilizers: Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown,
Other = Chloral Hydrate, Quaaludes

Cocaine: Cocaine Crystal, Free-Base Cocaine or "Crack" and "Rock Cocaine"

Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal

Cannabis: Marijuana, Hashish

Hallucinogens: LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy

Inhalants: Nitrous Oxide (Whippits), Amyl Nitrate (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

Antidepressants
Ulcer Meds: Zantac, Tagamet
Asthma Meds: Ventolin Inhaler, TheoDur
Other Meds: Antipsychotics, Lithium

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...?

ASI-NAV: Addiction Severity Index, Fifth Edition

GENERAL INFORMATION

G1. Identification Number:

G2. Social Security #: - -

G4. Date of Admission: / /

G5. Date of Interview: / /

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

Name

Address

City State Zip Code

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

G35. Is this located on a reservation?
0-No 1-Yes

G16. Date of birth: / /

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

G36. 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: _____

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

G19. 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.

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

ADDITIONAL TEST RESULTS

G21. _____

G22. _____

G23. _____

G24. _____

G25. _____

G26. _____

G27. _____

G28. _____

PROBLEMS	SEVERITY PROFILE									
	0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUPPORT										
ALCOHOL										
DRUGS										
LEGAL										
FAMILY/SOCIAL										
PSYCHIATRIC										
SPIRITUAL AND CEREMONIAL										

COMMENTS

(Include question number with your notes)

