#### Addiction Severity Index, 5th Edition

Clinical/Training Version A. Thomas McLellan, Ph.D. Deni Carise, Ph.D

**INTRODUCING THE ASI:** Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. 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

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 number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
- 3. X = Question not answered.
  - N = Question not applicable.
- 4. Stop the interview if the client misrepresents two or more sections.
- 5. Tutorial and coding notes are preceded by •.

**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 overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

#### PROBE AND MAKE PLENTY OF COMMENTS!

#### LIST OF COMMONLY USED DRUGS:

Alcohol: Beer, wine, liquor Methadone: Dolophine, LAAM

Painkillers = Morphine; Dilaudid; Demerol; Opiates:

Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4

Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Barbiturates:

Secobarbital, Phenobarbital, Fiorinol

Sedatives/ Benzodiazepines, Valium, Librium, Ativan, Serax Hypnotics/ Tranxene, Dalmane, Halcion, Xanax, Miltown Tranquilizers Chloral Hydrate (Noctex), Quaaludes

Cocaine: Cocaine Crystal. Freebase Cocaine or "Crack."

and "Rock Cocaine"

Amphetamines: Monster, Crank, Benzedrine, Dexedrine,

Ritalin, Preludin, Methamphetamine, Speed,

Ice, Crystal

Cannabis Marijuana, Hashish

Hallucinogens: LSD (Acid), Mescaline, Mushrooms

> (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy

Nitrous Oxide, Amyl Nitrate (Whippets, Inhalants:

Poppers), Glue, Solvents, Gasoline, Toluene,

etc.

Just note if these are used:

Antidepressants

Ulcer Medications—Zantac, Tagamet

Asthma Medications-Ventoline Inhaler, Theo-Dur Other Medications—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 require only the *number* of days used.
- Lifetime use is asked to determine extended periods of regular use. It refers to the time prior to the past 30 days.
- 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 days have you used…?
  - ✓ How many years in your life have you regularly used…?

# Addiction Severity Index, 5th Edition GENERAL INFORMATION

GENERAL INFORMATION										
G1. ID No.:	A	DDI	ΓΙΟΝ	NAL T	EST	RESU	ULTS	5		
G2. Soc. Sec. No.:	G21									
G4. Date of Admission:	G22.									
(Month/Day/Year)	G23.									
G5. Date of Interview: // // // // (Month/Day/Year)										
G6. Time Begun: (Hour:Minutes)	G24						_			 
G7. Time Ended: (Hour:Minutes)	G25						_			
G8. Class: 1. Intake 2. Follow-up	G26						_			
	G27						_			
G9. Contact Code: 1. In person 2. Telephone (Intake ASI must be in person)	G28.									
G10. Gender: 1. Male 2. Female										
G11. Interviewer Code No./Initials:	DD ODLEMS		, 1		VERIT	_			0	
G12. Special: 1. Patient terminated	PROBLEMS MEDICAL	0	1	2 3	4	5	6	7	8	9
<ul><li>2. Patient refused</li><li>3. Patient unable to respond</li></ul>	EMP/SUPPORT									
N. Not applicable	ALCOHOL		$\dashv$		+					
	DRUGS				1					
	LEGAL									
Name	FAMILY/SOCIAL									
Address 1	PSYCH.									
	GENER	) A T	INE	ODM.	TIO	N CO	мм	FNT	'C	
Address 2				stion nu					3	
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										
G16. Date of birth: / / / / (Month/Day/Year)										
G17. Of what race do you consider yourself?										
White (not Hispanic) 4. Alaskan Native 7. Hispanic-Puerto Rican     Black (not Hispanic) 5. Asian/Pacific Islander 8. Hispanic-Cuban     American Indian 6. Hispanic-Mexican 9. Other Hispanic										
G18. Do you have a religious preference?  1. Protestant 3. Jewish 5. Other  2. Catholic 4. Islamic 6. None										
G19. Have you been in a controlled environment in the										
past 30 days?  1. No  4. Medical Treatment										
2. Jail 5. Psychiatric Treatment										
Alcohol/Drug Treatment 6. Other:     A place, theoretically, without access to drugs/alcohol.										
G20. How many days?										
"NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.										

#### **MEDICAL STATUS**

M1. How many times in your life have you been hospitalized for medical problems?  • Include ODs and DTs. Exclude detox, alcohol/drug, 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 no hospitalizations in Question M1, then (Years/Months)	Confidence Rating Is the above information significantly distorted by:  M10. Patient's misrepresentation? 0-No 1-Yes  M11. Patient's inability to understand? 0-No 1-Yes  MEDICAL COMMENTS
this should be "NN."  M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes  • If Yes, specify in comments.  • A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction), preventing full advantage of the person's abilities.  M15. <optional> Number of months pregnant:  • "N" for males, "0" for not pregnant. (Months)</optional>	(Include question number with your notes)
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 an M.D. for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.	
M5. Do you receive a pension for a physical disability?  0-No 1-Yes  • If Yes, specify in comments.  • Include worker's compensation; exclude psychiatric disability.	
M6. How many days have you experienced medical problems in the past 30 days?  • Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles).	
For Questions M7 & M8, ask the patient to use the Patient's Rating Scale.	
M7. How troubled or bothered have you been by these medical problems in the past 30 days?  (Restrict response to problem days of Question M6.)	
M8. How important to you now is treatment for these medical problems?  • If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.	
Interviewer Severity Rating  M9. How would you rate the patient's need for medical treatment?  • Refers to the patient's need for additional medical treatment.	

## **EMPLOYMENT/SUPPORT STATUS**

current situation.

E1. Education completed:  • GED = 12 years, note in comments.  • Include formal education only.  (Years/Months)  E2. Training or technical education completed:  • Formal/organized training only. For military training, include only training that can be used in civilian life (e.g., electronics, artillery).	EMPLOYMENT/SUPPORT COMMENTS (Include question number with your notes)
E3. Do you have a profession, trade, or skill? 0–No 1–Yes  • Employable, transferable skill acquired through training.  • If Yes, specify	
E4. Do you have a valid driver's license?  • Valid license; not suspended/revoked. 0–No 1–Yes  E5. Do you have an automobile available for use?  • If answer to E4 is No, then E5 must be No. 0–No 1–Yes  Does not require ownership, requires only availability on a regular basis.	
E6. How long was your longest full-time job? / / / / / / / / / / / / / / / / / / /	
E7. Usual (or last) occupation? (specify) (Use Hollingshead Categories Reference Sheet)	
<ul> <li>E8. Does someone contribute to your support in any way? <ul> <li>0-No 1-Yes</li> <li>• Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.</li> </ul> </li> </ul>	
E9. Does this constitute the majority of your support?  0-No 1-Yes  • If E8 is No, then E9 is N.	
E10. Usual employment pattern, past 3 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 that which best represents the	

## EMPLOYMENT/SUPPORT (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.	Interviewer Severity Rating E22. How would you rate the patient's need for employment counseling?
For Questions E12–17:	Confidence Budies
How much money did you receive from the following sources in the past 30 days?	Confidence Rating Is the above information significantly distorted by:
E12. Employment  • Net or "take home" pay; include any "under the table" money.	E23. Patient's misrepresentation? 0–No 1–Yes  E24. Patient's inability to understand? 0–No 1–Yes
E13. Unemployment compensation	
E14. Welfare  • Include food stamps, transportation money provided by an agency to go to and from treatment.	EMPLOYMENT/SUPPORT COMMENTS (cont.) (Include question number with your notes)
E15. Pensions, benefits, or Social Security  • Include disability, pensions, retirement, veteran's benefits, SSI, 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, legal gambling, inheritance, tax returns, etc.	
E17. Illegal	
E18. How many people depend on you for the majority of their food, shelter, etc.?  • Must be regularly depending on patient; do include alimony/child support; do not include the patient or self-supporting spouse, etc.	
E19. How many days have you experienced employment problems in the past 30 days?  • Include inability to find work, if actively looking for work, or problems with present job in which that job is jeopardized.	
For Questions E20 & E21, ask the patient to use the Patient's Rating 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, he or she 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 patient a job.	

## ALCOHOL/DRUGS

attempts by OD.

Route of administration:  1. Oral  2. Nasal  3. Smoking  4. Non-IV injection  5. IV injection  • Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.	ALCOHOL/DRUGS COMMENTS (Include question number with your notes)
Years of Route of Past 30 Days Regular Use Admir	
D1. Alcohol (any use at all)	
D2. Alcohol (to intoxication)	
D3. Heroin	
D4. Methadone	
D5. Other Opiates/Analgesics	
D6. Barbiturates	
D7. Sedatives/Hypnotics/Tranquilizers	
D8. Cocaine	
D9. Amphetamines	
D10. Cannabis	
D11. Hallucinogens	
D12. Inhalants	
D13. More than one substance per day (including alcohol)	
D14. According to the interviewer, which substance(s) is/are the major problem?  • Interviewer should determine the major drug of abuse. Code the number next to the drug in Questions D1–12, or "00" = no problem, "15" = alcohol and one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.	
D15. How long was your last period of voluntary abstinence from this major substance?  • Last attempt of at least 1 month, not necessarily the longest. Periods of hospitalization/incarceration do not count. Periods of Antabuse, methadone, or naltrexone use during abstinence do count.  • "00" = never abstinent (Months)	
D16. How many months ago did this abstinence end?  • If D15 = "00," then D16 = "NN."  • "00" = still abstinent.	
How many times have you: D17. Had alcohol DTs?  • Delirium Tremens (DTs): Occur 24-48 hours after last drink or significant decrease in alcohol intake; includes shaking, severe disorientation, fever, hallucinations. DTs usually require medical attention.	
D18. Overdosed on drugs?  • Overdoses (OD): Requires intervention by someone to recover, not simply sleeping it off; include suicide	

## ALCOHOL/DRUGS (cont.)

How many times in your life have you been treated for: D19. Alcohol abuse?	Interviewer Severity Rating How would you rate the patient's need for
	treatment for:
D20. Drug abuse?  • Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period).	D32. Alcohol problems?  D33. Drug problems?
How many of these were detox only?	Confidence Rating
D21. Alcohol	Is the above information significantly distorted by:
D22. Drugs	D34. Patient's misrepresentation? 0–No 1–Yes
• If D19 = "00," then Question D21 is "NN."  If D20 = "00," then Question D22 is "NN."	D35. Patient's inability to understand? 0–No 1–Yes
How much money would you say you spent during the past 30 days on:	ALCOHOL/DRUGS COMMENTS (cont.) (Include question number with your notes)
D23. Alcohol?	
D24. Drugs?	
Count only 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	
D99. <optional> How many days have you been</optional>	
treated in an inpatient setting for alcohol or drugs in the past 30 days?	
How many days in the past 30 days 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.	
	<u> </u>
For Questions D28-D31, ask the patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.	
How troubled or bothered have you been in the past 30 days by these:	
D28. Alcohol problems?	
D29. Drug problems?	
How important to you now is treatment for:	
D30. Alcohol problems?	
D31. Drug problems?	

#### **LEGAL STATUS** L1. Was this admission prompted or suggested by the criminal justice system? 0-No 1-Yes • Judge, probation/parole officer, etc. L2. Are you on parole or probation? 0-No 1-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 L11. Arson Violations L12. Rape L5. Drug Charges L13. Homicide/ L6. Forgery Manslaughter L7. Weapons Offense L14. Prostitution L15. Contempt L8. Burglary/Larceny/ Breaking and Entering of Court L9. Robbery L16. Other: • Include total number of counts, not just convictions. Do not include juvenile (pre age 18) crimes, unless

client was charged as an adult.
• Include formal charges only.

L17. How many of these charges resulted

questions L18-20 below.

L19. Driving while intoxicated?

L20. Major driving violations?

no license, etc.

in your life?

L23. What was it for?

If L3-16 = 00, then question L17 = "NN."
Do not include misdemeanor offenses from

 Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.
 How many times in your life have you been charged with the

L18. Disorderly conduct, vagrancy, public intoxication?

· Moving violations: speeding, reckless driving,

L21. How many months have you been incarcerated

L22. How long was your *last* incarceration?

• Enter "NN" if never incarcerated.

 If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

• Use codes L3–16, L18–20. If multiple charges, choose the most severe. Enter "NN" if never incarcerated.

in convictions?

following:

	L24. Are you presently awaiting charges, trial, or sentencing? 0–No 1–Yes
	<ul> <li>L25. What for?</li> <li>Use the number of the type of crime committed: L3–16 and L18–20.</li> <li>Refers to Question L24. If more than one charge, choose the most severe.</li> </ul>
	L26. How many days in the past 30 days were you detained or incarcerated?  • Include being arrested and released on the same day.
	LEGAL COMMENTS (Include question number with your notes)
_ '	

(Months)

## LEGAL STATUS (cont.)

L27. How many days in the past 30 days have engaged in illegal activities for profit?  • Exclude simple drug possession. Include prostitution, selling stolen goods, etc. M with Question E17 under Employment/S	e drug dealing, lay be cross-checked		AL COMMEN' question number w	
For Questions L28-29, ask the patient to use the L28. How serious do you feel your present problems are?  • Exclude civil problems  L29. How important to you now is counseling referral for these legal problems?  • Patient is rating a need for additional refor defense against criminal charges.  Interviewer Severity R	legal			
L30. How would you rate the patient's need legal services or counseling?				
Confidence Rating Is the above information significantly dis L31. Patient's misrepresentation? 0-No 1- L32. Patient's inability to understand? 0-No	storted by: Yes			
FAMILY HISTORY				
Have any of your blood-related relatives Specifically, was there a problem that did			g, drug use, or p	osychiatric problem?
Mother's Side Alcohol Drug Psych.	Father's Side Ale	cohol Drug Psych.	Siblings	Alcohol Drug Psych.
H1. Grandmother	H6. Grandmother		H11. Brother	
H2. Grandfather	H7. Grandfather		H12. Sister	
H3. Mother	H8. Father			
H4. Aunt	H9. Aunt			
H5. Uncle	H10. Uncle			
<ul> <li>0 = Clearly No for any relatives in that category</li> <li>1 = Clearly Yes for any relatives in that category</li> <li>In cases in which there is more than one person</li> </ul>	N = Never had a relative	re in that category most severe. Accept the process to the process of the process	patient's judgment	on these questions.

#### FAMILY/SOCIAL RELATIONSHIPS

F1.	Marital Status:  1-Married 3-Widowed 5-Divorced  2-Remarried 4-Separated 6-Never Married  • Code common-law marriage as "1" and specify in comments.	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/
F2.	How long have you been in this marital status (Question F1)? (Years/Months)  • If never married, then since age 18.	spouse  F13. Father  F16. Children  F17. Friends
F3.	Are you satisfied with this situation?  0-No 1-Indifferent 2-Yes  • Satisfied = generally liking the situation.  • Refers to Questions F1 and F2.	0 = Clearly No for all in class X = Uncertain or "I don't know"  1 = Clearly Yes for any in class N = Never had a relative
		in category
F4.	Usual living arrangements (past 3 years):  1-With sexual partner and 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, choose the most recent arrangement.	FAMILY/SOCIAL COMMENTS (Include question number with your notes)
F5.	How long have you lived in these arrangements? (Years/Months)  • If with parents or family, since age 18.  • Code years and months living in arrangements from Question F4.	
	_	1
F6.	Are you satisfied with these arrangements?  0-No 1-Indifferent 2-Yes	
Do y		
<b>Do</b> y F7.	0-No 1-Indifferent 2-Yes  you live with anyone who:	
<b>Do</b> y F7.	vou live with anyone who:  Has a current alcohol problem? 0–No 1–Yes  Uses nonprescribed drugs, or abuses prescribed drugs? 0–No 1–Yes	
<b>Do</b> 3 F7. F8.	O-No 1-Indifferent 2-Yes  you live with anyone who: Has a current alcohol problem? 0-No 1-Yes  Uses nonprescribed drugs, or abuses prescribed drugs? 0-No 1-Yes  With whom do you spend most of your free time? 1-Family 2-Friends 3-Alone • If a girlfriend/boyfriend is considered as family by patient, then the patient must refer to that person as "family" throughout this	

## FAMILY/SOCIAL (cont.)

Have you had significant periods in which you have experienced serious problems getting along with:  0-No 1-Yes Past 30 days In Your Li	Interviewer Severity Rating F36. How would you rate the patient's need
0-No 1-Yes Past 30 days In Your Line F18. Mother	for family and/or social counseling?
F19. Father	
	Confidence Rating  Is the above information significantly distorted by:
F20. Brother/sister	F37. Patient's misrepresentation? 0–No 1–Yes
F21. Sexual partner/spouse	F38. Patient's inability to understand? 0-No 1-Yes
F22. Children	
F23. Other significant family (specify)	FAMILY/SOCIAL COMMENTS (cont.) (Include question number with your notes)
F24. Close friends	
F25. Neighbors	
F26. Coworkers	
Has anyone ever abused you? 0–No 1–Yes Past 30 days In Your Li	f <sub>0</sub>
F27. Emotionally  • Made you feel bad through harsh words.	
F28. Physically	
• Caused you physical harm.  F29. Sexually     • Forced sexual advances/acts.	
How many days in the past 30 days have you had serious conflicts with:	
F30. Your family?	]
F31. Other people (excluding family)?	]
For Questions F32–35, ask the patient to use the Patient's Rating Scal	e.
How troubled or bothered have you been in the past 30 days by	
F32. Family problems?	
F33. Social problems?	<u> </u>
How important to you now is treatment or counseling for:	<b>-</b>
F34. Family problems  • Patient is rating his or her need for counseling for family problems, not whether the patient would be willing to attend.	
F35. Social problems  • Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts or other serious problems	

## **PSYCHIATRIC STATUS**

How many times have you been treated for any psychological or emotional problems:	For Questions P13–P14, ask the patient to use the Patient's Rating Scale.
P1. In a hospital or inpatient setting?	P13. How much have you been troubled or
P2. Outpatient/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.	bothered by these psychological or emotional problems in the past 30 days?  • Patient should be rating the problem days from Question P12.  P14. How important to you now is treatment for these psychological or emotional problems?
P3. Do you receive a pension for a psychiatric disability?  0-No 1-Yes	PSYCHIATRIC STATUS COMMENTS (Include question number with your comments)
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 Past 30 days In Your Life	
P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?	
P5. Experienced serious anxiety/tension— were uptight, unreasonably worried, unable to feel relaxed?	
P6. Experienced hallucinations—saw things or heard voices that others didn't see/hear?	
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 or 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 a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.	
P12. How many days in the past 30 days have you experienced these psychological or emotional problems?  • This refers to problems noted in Questions P4–P10.	

## PSYCHIATRIC STATUS (cont.)

The following items are to be completed by the interviewer:	PSYCHIATRIC STATUS COMMENTS (cont.) (Include question number with your notes)
At the time of the interview, the patient was: 0-No 1-Yes	(include question number with your notes)
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	
Internal Compiler Butter	
Interviewer Severity Rating P21. How would you rate the patient's need for	
psychiatric/psychological treatment?	
Confidence Rating Is the above information significantly distorted by:	
P22. Patient's misrepresentation? 0-No 1-Yes	
P23. Patient's inability to understand? 0–No 1–Yes	