### Addiction Severity Index Lite - CF

Clinical/Training Version

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Remember: This is an interview, not a test

Atem numbers circled are to be asked at follow-up.≈
 Atems with an asterisk\* are cumulative and should be rephrased at follow-up.≈

Atems in a double border gray box are questions for the interviewer.
Do not ask these questions of the client. ≈

**INTRODUCING THE ASI:** Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same <u>standard</u> interview. All information gathered is <u>confidential</u>.

There are two time periods we will discuss:

- 1. The past 30 days
- 2. Lifetime Data

<u>Patient Rating Scale:</u> 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 for 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!

#### INTERVIEWER INSTRUCTIONS:

- 1.Leave no blanks.
- 2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
- 3.X = Ouestion not answered.
- N = Question not applicable.
- 4. Terminate interview if client misrepresents two or more sections.
- 5. When noting comments, please write the question number.
- 6.Tutorial/clarification notes are preceded with "•".

HALF TIME RULE:

If a question asks 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.

- $\Rightarrow$  Do not over interpret.
- ⇒ Denial does not warrant
- mis representation.
- ⇒ Misrepresentation = overt contradiction in information.

Probe and make plenty of comments!

#### HOLLINGSHEAD CATEGORIES:

- 1. Higher execs, major professionals, owners of large businesses.
- 2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
- 3.Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
- Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
- 5. Skilled manual usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber).
- 5.Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
- Unskilled (attendant, janitor, construction helper, unspecified labor, porter, <u>including unemployed</u>).
- 8. Homemaker.

Cocaine:

Inhalants:

Amphetamines:

9. Student, disabled, no occupation.

#### 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,

Syrups = Robitussin, Fentanyl

Barbiturates: Nembutal, Seconal, Tuinal, Amytal, Pentobarbital,

Secobarbital, Phenobarbital, Fiorinal

Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax

Tranxene, Dalmane, Halcion, Xanax, Miltown,

Other = Chloral Hydrate, Quaaludes Cocaine Crystal, Free-Base Cocaine or Crack, and

"Rock Cocaine"

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

Cannabis: Marijuana, Hashish

Cannabis: Marijuana, Hasnish
Hallucinogens: LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote,

Green, PCP (Phencyclidine), Angel Dust, Ecstacy Nitrous Oxide (Whippits), Amyl Nitrite (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:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- ⇒30 day questions only require the number of days used.
- ⇒Lifetime use is asked to determine extended periods of use.
- ⇒Regular use = 3+ times per week, 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 setting, or within a brief period of time 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....?"

| Addiction Severity Index Lite - Training Version                                    |  |
|---|--|
| GENERAL INFORMATION   |  |
| G1.ID No.:  | Name   |
| G2. SS No. :  | Address 1  |
| G3. Program No:   | Address 2  |
| G4. Date of Admission: / / / / /  | City State Zip Code Tel. No.   |
| G5. Date of Interview: / / / / / /  | G14. How long have you lived at this address?  |
| G8. Class: 1. Intake 2. Follow-up   | G16. Date of birth: (Month/Day/Year)   |
| G9. Contact Code:  1. In person 2. Telephone (Intake ASI must be in person) 3. Mail | G17. Of what race do you consider yourself?  1. White (not Hisp) 5. Asian/Pacific 9. Other Hispanic  2. Black (not Hisp) 6. Hispanic-Mexican  3. American Indian 7. Hispanic-Puerto Rican  4. Alaskan Native 8. Hispanic-Cuban |
| G10. Gender: 1. Male 2. Female  | G18. Do you have a religious preference?  1. Protestant 3. Jewish 5. Other 2. Catholic 4. Islamic 6. None  |
| G11. Interviewer Code No.:  | 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 place, theoretically, without access to drugs/alcohol.  |
| G12. Special: 1. Patient terminated 2. Patient refused 3. Patient unable to respond | G20. How many days?  •"NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.   |

(Clinical/Training Version)

| MEDICAL STATUS  | MEDICAL COMMENTS (Include question number with your notes) |
|---|--|
| M1.* How many times in your life have you been hospitalized for medical problems?  • Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of <i>overnight</i> hospitalizations for medical problems.  | (morate question number with your notes)                   |
| M3. Do you have any chronic medical problems which continue to interfere with your life?  • 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 their abilities.   |  |
| M4. Are you taking any prescribed medication on a regular basis 0 - No 1 - Yes for a physical problem?  • If Yes, specify in comments.  • Medication prescribed by a MD 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.                                    |  |
| Do you receive a pension for a physical disability? 0 - No 1 - Yes - Include Workers' compensation, exclude psychiatric disability.   |  |
| M6. How many days have you experienced medical problems in the past 30 days?  • Do not include ailments directly caused by drugs/alcohol.  • 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, etc.).  |  |
| For Questions M7 & M8, ask the patient to use the Patient 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 <i>now</i> is treatment for these medical problems?  • Refers to the need for <i>new</i> or <i>additional</i> medical treatment by the patient. |  |
| CONFIDENCE RATINGS Is the above information significantly distorted by:   |  |
| M1). Patient's misrepresentation? 0 - No 1 - Yes  |  |

## EMPLOYMENT/SUPPORT STATUS

| E1. Education completed:  • GED = 12 years, note in comments.  • Include formal education only.  Years Months  | EMPLOYMENT/SUPPORT COMMENTS (Include question number with your notes) |
|--|---|
| E2. Training or Technical education completed:  • Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.  |   |
| E4. Do you have a valid driver's license?  • Valid license; not suspended/revoked.  0 - No 1 - Yes  Do you have an automobile available?  • If answer to E4 is "No", then E5 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 = 35+ hours weekly; does not necessarily mean most recent job.  Yrs / Mos  |   |
| E7. Usual (or last) occupation? (specify)(use Hollingshead Categories Reference Sheet)   |   |
| Does someone contribute the majority of your support?  0 - No 1 - Yes  |   |
| E10. Usual employment pattern, past three years?  1. Full time (35+ hours) 5. Service 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 <i>majority</i> 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 more current situation. |   |
| How many days were you paid for working in the past 30 days?  • Include "under the table" work, paid sick days and vacation.   |   |
|  |   |
|  |   |
|  |   |

# EMPLOYMENT/SUPPORT (cont.)

| For questions E12-17: How much money did you receive from the following sources in the past 30 days?   | EMPLOYMENT/SUPPORT COMMENTS (Include question number with your notes) |
|--|---|
| E12) Employment?  • Net or "take home" pay, include any  |   |
| "under the table" money.  E13) Unemployment Compensation?  |   |
| E14) Welfare?  • Include food stamps, transportation money provided by an agency to go to and from   |   |
| treatment. Pensions, benefits or Social Security?  Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.  |   |
| E16. Mate, family, or friends?  ■ Money for personal expenses, (i.e. clothing), include unreliable sources of income (e.g. gambling). Record <i>cash</i> 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.  |   |
| 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.   |   |
| How many days have you experienced employment problems in the past 30?  • Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.  |   |
| For Question E20, ask the patient to use the Patient Rating scale.   |   |
| 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.  |   |
| E2]. How important to you <i>now</i> is counseling for these employment problems?  • The patient's ratings in Questions E20-21 refer to Question E19.  |   |
| Stress help in finding or preparing for a job, not giving them a job.  |   |
| CONFIDENCE RATINGS Is the above information significantly distorted by:  |   |
| E23) Patient's misrepresentation 0-No 1-Yes  |   |
| (£24) Patient's inability to understand? 0-No 1-Yes  |   |
|  |   |
|  |   |

## ALCOHOL/DRUGS

| - Maria     | Route of Administration Types:  1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV  • Note the <u>usual or most recent route</u> . For more than one route, choose the most |                 |               |          | (Include question number with your notes) |
|-------------|--|-----------------|---------------|----------|---|
|             | the <u>usual or most recent r</u> oute. For more<br>The routes are listed from least severe to   | most severe.    | Lifetime      | Route of |   |
| <b>(D1)</b> | Alcohol (any use at all)   | Past 30 Days    | (years)       | Admin    |   |
|             |  |                 |               |          |   |
| (D2)        | Alcohol (to intoxication)  | Ш               | Ш             | ч        |   |
| D3          | Heroin   |                 |               |          |   |
|             |  |                 |               |          |   |
| <b>D</b> 4  | Methadone  |                 |               |          |   |
| Q5          | Other Opiates/Analgesics   |                 |               |          |   |
|             | 1 0  |                 |               |          |   |
| <b>1</b> 60 | Barbiturates   |                 |               |          |   |
|             |  |                 |               |          |   |
| (DZ)        | Sedatives/Hypnotics/<br>Tranquilizers  |                 | Ш             | Ш        |   |
| <b>(D8)</b> | Cocaine  |                 |               |          |   |
|             |  |                 |               |          |   |
| (D9)        | Amphetamines   |                 |               |          |   |
| (D10)       | Cannabis   |                 |               |          |   |
|             |  | ш               | ш             |          |   |
| (D11)       | Hallucinogens  |                 |               |          |   |
| (DT2)       | Inhalants  |                 | $\overline{}$ |          |   |
| D12)        | Imarants   |                 |               |          |   |
| D13         | More than 1 substance per day (including alcohol)  |                 |               |          |   |
|             | How many times have you ha   |                 |               |          |   |
|             | <ul> <li>Delirium Tremens (DT's): Occur 24-48<br/>significant decrease in alcohol intake, sha<br/>fever, , hallucinations, they usually requir</li> </ul>                      | king, severe di | isorientation | ,        | Page 5                                    |
|             |  |                 |               |          | 1000                                      |

ALCOHOL/DRUGS COMMENTS

| ALCOHOL/DRUGS (cont.)  |  |
|--|--|
| How many times in your life have you been treated for :  | ALCOHOL/DRUGS COMMENTS (Include question number with your notes) |
| (D19*) Alcohol abuse?  |  |
| Drug abuse?  |  |
| • Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).                       |  |
| How many of these were detox only: Alcohol?  |  |
| (D22). Drugs?  |  |
| • If D19 = "00", then question D21 is "NN"  If D20 = '00', then question D22 is "NN"   |  |
| How much money would you say you spent during the past 30 days on:   |  |
| D23 Alcohol?   |  |
| D24. Drugs?  |  |
| • Only count actual <i>money</i> spent. What is the financial burden caused by drugs/alcohol?  |  |
| (D25) How many days have you been treated as   |  |
| an outpatient for alcohol or drugs in the past 30 days? • Include AA/NA  |  |
|  |  |
| For Questions D28-D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment. |  |
| How many days in the past 30 have you experienced:   |  |
| D26. Alcohol problems?   |  |
| How troubled or bothered have you been in the past 30 days by  |  |
| these  D28) Alcohol problems?  |  |
| (D28) Alcohol problems?  How important to you <i>now</i> is treatment for these:   |  |
| D30. Alcohol problems?   |  |
| How many days in the past 30 have you experienced:   |  |
| (D27). Drug problems?  |  |
| Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.                                   |  |
| How troubled or bothered have you been in the past 30 days by  |  |
| these  |  |
| (D29). Drug problems?  |  |
| How important to you <i>now</i> is treatment for these:  |  |
| D31). Drug problems?   |  |
| CONFIDENCE RATINGS   | Page   |
| 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

| <u>LEGAL STATUS</u>  | LECAL COMMENTS   |
|--|--|
| L1. Was this admission prompted or suggested by the criminal justice system? 0 - No 1 - Yes  • Judge, probation/parole officer, etc.   | LEGAL COMMENTS (Include question number with your notes) |
| Are you on parole or probation?  • Note duration and level in comments.  0 - No 1 - Yes  |  |
| How many times in your life have you been arrested and charged with the following:   |  |
| L3 * Shoplift/Vandal L10* Assault  |  |
| (4*) Parole/Probation (11*) Arson  |  |
| L5* Drug Charges   |  |
| Forgery Homicide/Mansl.  |  |
| L7* Weapons Offense L14* Prostitution  |  |
| L8* Burglary/Larceny/B&E L15* Contempt of Court  |  |
| (19 * Robbery (116*) Other:  |  |
| <ul> <li>Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.</li> <li>Include formal charges only.</li> </ul> |  |
| (L17) How many of these charges resulted   |  |
| in convictions?  • If L03-16 = 00, then question L17 = "NN".   |  |
| <ul> <li>Do not include misdemeanor offenses from questions L18-20 below.</li> <li>Convictions include fines, probation, incarcerations, suspended</li> </ul>                                      |  |
| sentences, and guilty pleas.   |  |
| 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.  |  |
| (121)* How many months were you incarcerated   |  |
| in your life?  • If incarcerated 2 weeks or more, round this up  |  |
| to 1 month. List total number of months incarcerated.  |  |
| Are you presently awaiting   |  |
| charges, trial, or sentence?  0 - No 1 - Yes   |  |
| (L25) What for?  |  |
| Use the number of the type of crime committed: 03-16 and 18-20   |  |
| <ul> <li>Refers to Q. L24. If more than one, choose most severe.</li> <li>Don't include civil cases, unless a criminal offense is involved.</li> </ul>   |  |
| 126 How many days in the past 30, were   |  |
| you detained or incarcerated?  • Include being arrested and released on the same day.  |  |
| ■ include being arrested and released on the Same day.   |  |
|  |  |
|  | Page 7   |

# **LEGAL STATUS (cont.)** LEGAL COMMENTS How many days in the past 30 have (Include question number with your notes) you engaged in illegal activities for profit? • Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section. For Questions L28-29, ask the patient to use the Patient Rating scale. How serious do you feel your present legal problems are? • Exclude civil problems 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. **CONFIDENCE RATINGS** Is the above information significantly distorted by: (L31) Patient's misrepresentation? 0 - No 1- Yes

0 - No 1 - Yes

Patient's inability to understand?

| FAMILY/SOCIAL RELATIONSHIPS  | FAMILY/SOCIAL COMMENTS (Isolude question number with your notes) |
|--|--|
| Marital Status:  1-Married 3-Widowed 5-Divorced  2-Remarried 4-Separated 6-Never Married  • Common-law marriage = 1. Specify in comments.  | (Include question number with your notes)                        |
| (F3.) Are you satisfied with this situation?   |  |
| • Satisfied = generally liking the situation Refers to Questions F1 & F2.  |  |
| F4.\ Usual living arrangements (past 3 years):   |  |
| 1-With sexual partner & children 2-With sexual partner alone 3-With children alone 4-With parents 5-With family  6-With friends 7-Alone 8-Controlled Environment 9-No stable arrangement |  |
| • 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.                         |  |
| (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  |  |
| Uses non-prescribed drugs? 0-No 1-Yes  |  |
| F9. With whom do you   | ]  |
| spend most of your free time? 1-Family 2-Friends   |  |
| If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.  |  |
| Are you satisfied with spending your free time this way?  • A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.                  |  |
| Have you had significant periods in which you have experienced serious problems getting along with:  |  |
| 0 - No 1 - Yes<br>Past <u>30 da</u> ys In Yo <u>ur L</u> ife   |  |
| (F18) Mother   |  |
| F19. Father  |  |
| F20 Brother/Sister   |  |
| F21). Sexual Partner/Spouse  |  |
| F22) Children  |  |
| F23) Other Significant Family (specify)  |  |
| (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.   | J  |
| Did anyone abuse you? 0- No 1-Yes  |  |
| F28. Physically?  • Caused you physical harm.  |  |
| F29. Sexually?  • Forced sexual advances/acts.   | Page 9   |

| FAMILY/SOCIAL (cont.)  | FAMILY/SOCIAL COMMENTS (Include question number with your notes) |
|--|--|
| How many days in the past 30 have you had serious conflicts:   |  |
| F30) With your family?   |  |
| For Questions F32-34, ask the patient to use the Patient Rating scale.   |  |
| How troubled or bothered have you been in the past 30 days by:   |  |
| F32) Family problems ?   |  |
| FHow important to you now is treatment or counseling for these:  |  |
| F34. Family problems  • Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend.  |  |
| How many days in the past 30 have you had serious conflicts:   |  |
| F3). With other people (excluding family)?   |  |
| For Questions F33-35, ask the patient to use the Patient Rating scale.   |  |
| How troubled or bothered have you been in the past 30 days by:   |  |
| F33) Social problems?  |  |
| How important to you now is treatment or counseling for these:   |  |
| 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. |  |
|  |  |
| CONFIDENCE RATING Is the above information significantly distorted by:   |  |
| F37) Patient's misrepresentation? 0-No 1-Yes   |  |
| (F38) Patient's inability to understand? 0-No 1-Yes  |  |
|  |  |
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|  |  |

# PSYCHIATRIC STATUS How many times have you been treated for any **PSYCHIATRIC STATUS COMMENTS** psychological or emotional problems: (Include question number with your comments) P1. In a hospital or inpatient setting? 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. Do you receive a pension for a psychiatric disability? 0-No 1-Yes 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 Lifetime Experienced serious depressionsadness, hopelessness, loss of interest, difficulty with daily function? Experienced serious anxiety/ tension, uptight, unreasonably worried, inability to feel relaxed? Experienced hallucinations-saw things or heard voices that were not there? Experienced trouble understanding, concentrating, or remembering? For Items P8-10, Patient can have been under the influence of alcohol/drugs. Experienced trouble controlling violent behavior including episodes of rage, or violence? Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his/her life. Attempted suicide? • Include actual suicidal gestures or attempts. Been prescribed medication for any psychological or emotional problems? • Prescribed for the patient by MD. Record "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-P10. For Questions P13-P14, ask the patient to use the Patient Rating scale

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

P13) How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

• Patient should be rating the problem days from Question P12.

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