

## **TEEN ADDICTION SEVERITY INDEX (T-ASI)**

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TEEN-ASI-A  
TEEN-ASI-P

INFORMATION

Name \_\_\_\_\_  
Informant(s) Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ID Number \_\_\_\_\_

Admission Date \_\_\_\_\_  
month day year

Interview Date \_\_\_\_\_  
month day year

Class \_\_\_\_\_ Intake Follow-up

Contact \_\_\_\_\_ Interview / Phone / Mail

Gender \_\_\_\_\_ m = male / f = female

Interview Initials \_\_\_\_\_

Status \_\_\_\_\_ 1 = patient terminated / 2 patient refused / 3 patient unable to respond

Birthdate \_\_\_\_\_  
month day year

Race \_\_\_\_\_

White  
Black  
Asian  
Hispanic  
Bi-racial

Religious Preference \_\_\_\_\_

Protestant  
Catholic  
Eastern Orthodox  
Jewish  
Islamic  
None

Have you been in a controlled environment in the past year? \_\_\_\_\_

n        no  
dc =    detention center  
ct =    chemical treatment  
mt =    medical treatment  
pt =    psychiatric treatment

How many days \_\_\_\_\_

Record dates: \_\_\_\_\_

SEVERITY PROFILE

Chemical

School

Emp/Sup

Family

Peer/Soc

Legal

Psychiatric    \_\_\_\_\_  
                         0                    1                    2                    3                    4

## CHEMICAL USE

1

What chemicals have you used in the past month?

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

2

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

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

3

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

Drugs	No. of Days

COMMENTS



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

**COMMENTS**

**USE THE PATIENT'S RATING SCALE FOR 19 & 20**

---

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

19 How troubled or bothered have you been in the past month by:

Alcohol problems \_\_\_\_\_

Drug problems \_\_\_\_\_

20 How important to you now is treatment for:

Alcohol problems \_\_\_\_\_

Drug problems \_\_\_\_\_

**INTERVIEWER SEVERITY RATING**

21 How would you rate the patient's need for treatment for:

Alcohol abuse or dependence \_\_\_\_\_

Drug abuse or dependence \_\_\_\_\_

0=no real problem, tx not indicated

1 =slight problem, tx probably not necessary

2=moderate problem, some tx indicated

3=considerable problem, treatment necessary

4=extreme problem, treatment absolutely  
necessary

**CONFIDENCE RATING**

Is the above information significantly distorted by:

n = no

y = yes

22 Patient's misrepresentation?

23 Patient's inability to understand?

**COMMENTS**

### **SCHOOL STATUS**

- 1 Are you in school? \_\_\_\_\_ n = no y = yes
- 2 School days missed in the last month. \_\_\_\_\_
- 3 Missed in the last three months. \_\_\_\_\_
- 4 School days late in the last month. \_\_\_\_\_
- 5 Late in the last three months. \_\_\_\_\_
- 6 School days spent in detention or any other measures taken for disciplinary reasons last month. (Principal's or school counselor's office.) \_\_\_\_\_
- 7 In the last three months. \_\_\_\_\_
- 8 School days suspended in the last month. \_\_\_\_\_
- 9 In the last three months. \_\_\_\_\_
- 10 School days you skipped classes in the last month. \_\_\_\_\_
- 11 In the last three months. \_\_\_\_\_
- 12 Grade average last report card. \_\_\_\_\_
- 13 Grade average last year. \_\_\_\_\_
- 14 Have you participated in any extracurricular activity during the past month? \_\_\_\_\_  
n = no y = yes
- 15 Have you attended any extracurricular activity during the past month? \_\_\_\_\_  
n = no y = yes

### **COMMENTS**



**USE THE PATIENT'S RATING SCALE for 16 & 17**

---

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

16 How troubled or bothered have you been by these school problems in the past month? \_\_\_\_\_

17 How important to you now is counseling for these school problems? \_\_\_\_\_

**INTERVIEWER SEVERITY RATING**

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

18 How would you rate the need for school counseling? \_\_\_\_\_

**CONFIDENCE RATING**

Is the above information significantly distorted by: n = no y = yes

19 patient' s misrepresentation? \_\_\_\_\_

20 patient's ability to understand? \_\_\_\_\_

**COMMENTS**

## EMPLOYMENT/SUPPORT STATUS

\* 1

Education completed. \_\_\_\_\_  
yrs / mos

2. If you are not in school, when did you leave? \_\_\_\_\_  
yrs. / mos.

\* 3

Training or technical education completed. \_\_\_\_\_  
yrs. / mos.

4. Do you have a profession, trade, or skill? \_\_\_\_\_ n = no y = yes

Specify

**Key for 5 & 6:**

1	=	full-time worker (40 hrs./week) or student
2	=	part-time worker (reg. hrs.) or student
3	=	part-time (irreg. hrs.)
4	=	unemployed

5

Usual employment pattern during the past month. \_\_\_\_\_

6

During the past three months. \_\_\_\_\_

7. How long was your longest period of employment during the past year? \_\_\_\_\_

8

How many days were you paid for working during the past month? \_\_\_\_\_

9

During the past three months? \_\_\_\_\_

10. How many days were you late for work during the past month? \_\_\_\_\_

11

During the past three months? \_\_\_\_\_

## COMMENTS

12. How many days did you miss work during the past month? \_\_\_\_\_

13 During the past three months? \_\_\_\_\_

14 How many days did you miss work due to being sick during the past month? \_\_\_\_\_

15 During the past three months? \_\_\_\_\_

16 How many times were you fired from a job during the past month? \_\_\_\_\_

17 During the past year? \_\_\_\_\_

18 How many times were you laid off during the past month? \_\_\_\_\_

19 During the past three months? \_\_\_\_\_

**USE THE PATIENT'S RATING SCALE for 20 & 21**

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

20 How satisfied were you with your job performance during the past month? \_\_\_\_\_

21 During the past year? \_\_\_\_\_

22 If unemployed, how many days were you looking for a job during the past month? \_\_\_\_\_

23 During the past three months? \_\_\_\_\_

24 How many days have you experienced employment or job problems during the past month? \_\_\_\_\_

25 During the past three months? \_\_\_\_\_

26 Does someone or a government agency contribute to your support in any ways? \_\_\_\_\_

27 If yes, does this source provide a majority of your support? \_\_\_\_\_

**COMMENTS**

28

What percentage of your income is generated by illegal activity? \_\_\_\_\_

29

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

**USE THE PATIENT'S RATING SCALE for 30-31**

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

30

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

31

How important to you now is counseling for these job problems? \_\_\_\_\_

**INTERVIEW SEVERITY RATING**

**0=no real problem, tx not indicated**

**1=slight problem, tx probably not necessary**

**2=moderate problem, some tx indicated**

**3= considerable problem, tx necessary**

**4=extreme problem, tx absolutely**

32

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

**CONFIDENCE RATING**

Is the above information significantly distorted by:

n = no y = yes

33

patient's misrepresentation? \_\_\_\_\_

34

patient's ability to understand? \_\_\_\_\_

**COMMENTS**

## **FAMILY RELATIONS**

1 What are your current living arrangements? \_\_\_\_\_

1 = with both parents

5 = with girl/boyfriend or spouse

2 = with single parent

6 = alone

3 = other family members

7 = controlled environment

4 = with friends

8 = no stable arrangement

2 How long have you lived in these arrangements? \_\_\_\_\_

3 Are you satisfied with these arrangements? \_\_\_\_\_

4 Have you experienced serious conflicts or problems with: n = no y = yes

mother \_\_\_\_\_

father \_\_\_\_\_

siblings \_\_\_\_\_

other family members \_\_\_\_\_

caretaker \_\_\_\_\_

5a How many days in the past month? \_\_\_\_\_

5b How many days in the past three months? \_\_\_\_\_

## **USE THE PATIENT'S RATING SCALE for 6-11**

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

6. How much do members of your family support and/or help one another? \_\_\_\_\_

7. How often do members of your family fight and/or have conflicts with one another? \_\_\_\_\_

8. How often do members of your family participate in activities together? \_\_\_\_\_

9. How much are rules enforced in your house? \_\_\_\_\_

10. How much are you able to confide in your parents/caretaker? \_\_\_\_\_

11. How much are you able to express yourself and be heard in your family? \_\_\_\_\_

## **COMMENTS**

12

Have you been physically abused by any member of your family in the past month? \_\_\_\_\_

13

In the past three months? \_\_\_\_\_

14

Have you participated in sexual activity with any member of your family in the past month (excluding spouse)? \_\_\_\_\_

15

In the past three months? \_\_\_\_\_

**USE THE PATIENT'S RATING SCALE for 16 & 17**

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

16

How troubled or bothered have you been in the past month by family problems? \_\_\_\_\_

17

How important to you now is treatment or counseling for family problems? \_\_\_\_\_

**INTERVIEW SEVERITY RATING**

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

18

How would you rate the patients need for family counseling? \_\_\_\_\_

**CONFIDENCE RATINGS**

Is the above information significantly distorted by: n = no y = yes

19

patient's misrepresentation? \_\_\_\_\_

20

patient' s inability to understand? \_\_\_\_\_

**COMMENTS**

## **PEER/SOCIAL RELATIONSHIPS**

- 1 How many close friends do you have? \_\_\_\_\_
- 2 How many close friends do you have that regularly use:  
alcohol? \_\_\_\_\_  
marijuana? \_\_\_\_\_  
cocaine? \_\_\_\_\_  
other illicit drugs? \_\_\_\_\_
- 3 How many serious conflicts/arguments have you had with your friends in the past month (exclude your boy/girlfriend)? \_\_\_\_\_
- 4 In the past three months? \_\_\_\_\_

## **USE THE PATIENT'S RATING SCALE for 5**

---

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

- 5 How satisfied are you with the quality of these relationships with friends? \_\_\_\_\_
- 6 Do you have a boy/girlfriend? \_\_\_\_\_ n= no, y= yes
- 7 How many months has this person been your boy/girlfriend? \_\_\_\_\_
- 8 How many boy/girlfriends have you had in the past year? \_\_\_\_\_
- 9 Does your current boy/girlfriend regularly use:  
alcohol? \_\_\_\_\_  
marijuana? \_\_\_\_\_  
cocaine? \_\_\_\_\_  
other illicit drugs? \_\_\_\_\_
- 10 Total number of serious conflicts/arguments with all boy/ girlfriend(s) in past month. \_\_\_\_\_
- 11 In the past three months? \_\_\_\_\_

## **COMMENTS**

**USE THE PATIENT'S RATING SCALE for 12**

---

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

12 How satisfied are you with the quality of these boy/girlfriend relationships? \_\_\_\_\_

13 With whom do you spend most of your free time? \_\_\_\_\_

1 = family

2 = friends

3 = gang

4 = boy/girlfriend

5 = alone

**USE THE PATIENT'S RATING SCALE for 14 & 15**

---

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

14 How troubled or bothered have you been in the past month by problems with friends? \_\_\_\_\_

15 How important to you now is treatment or counseling for problems with friends? \_\_\_\_\_

**INTERVIEW SEVERITY RATING**

0= no real problem, tx not indicated

1=slight problem tx probably not necessary

2=moderate problem some tx indicated

3=considerable problem, tx necessary

4=extreme problem tx absolutely

necessary

16 How would you rate the patient's need for relationship counseling? \_\_\_\_\_

**CONFIDENCE RATINGS**

Is the above information significantly distorted by: n= no y= yes

17 patient's misrepresentation? \_\_\_\_\_

18 patient's inability to understand? \_\_\_\_\_

**COMMENTS**



## **LEGAL STATUS**

1

Was this admission prompted by or suggested by the criminal justice system judge probation/parole officer, etc.)? \_\_\_\_\_ n= no y= yes

2

Are you on probation or parole? \_\_\_\_\_ n= no y= yes

\* 3

How many times in your life have you been stopped and/or arrested with any criminal offenses? \_\_\_\_

OFFENSE	AGE (yr/mo)

\* 4

How many of these charges resulted in convictions? \_\_\_\_\_

5

How many months of your life were you incarcerated, placed in a youth detention center, or placed in a court ordered arrangement? \_\_\_\_\_

6

How long was your last incarceration? \_\_\_\_\_

7

What was it for? \_\_\_\_\_  
(If multiple charges, code most severe.)

8

Are you presently awaiting charges, trial, or sentence? \_\_\_\_\_ n= no y= yes

9

What was it for? \_\_\_\_\_  
(If multiple charges, code most severe.)

## **COMMENTS**

10 How many days in the past month were you detained or incarcerated? \_\_\_\_\_

11 How many days in the past month have you engaged in illegal activities for profit? \_\_\_\_\_

**USE THE PATIENT'S RATING SCALE for 12 & 13**

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

12 How serious do you feel your present legal problems are (exclude civil problems)? \_\_\_\_\_

13 How important to you now is counseling or referral for these legal problems? \_\_\_\_\_

**INTERVIEW SEVERITY RATING**

0=no real problem, tx not indicated

1=slight problem, tx probably not necessary

2=moderate problem, some tx indicated

3=considerable problem, tx necessary

4=extreme problem tx absolutely  
necessary

14 How would you rate the patient's need for legal services or counseling? \_\_\_\_\_

**CONFIDENCE RATINGS**

Is the above information significantly distorted by: n = no y = yes

15 patient's misrepresentation?

16 patient's inability to understand?

**COMMENTS**

## **PSYCHIATRIC STATUS**

\* 1 How many times have you been treated for any psychological or emotional problems in the hospital (as an inpatient)? \_\_\_\_\_  
as an outpatient or private patient? \_\_\_\_\_  
Total \_\_\_\_\_

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you:  
n = no  
y = yes

2 experienced serious depression? \_\_\_\_\_

3 experienced serious anxiety or tension? \_\_\_\_\_

4 experienced delusions? \_\_\_\_\_

5 experienced hallucinations? \_\_\_\_\_

6 experienced trouble understanding, concentrating, or remembering? \_\_\_\_\_

7 experienced trouble controlling violent behavior? \_\_\_\_\_

8 experienced serious thoughts of suicide? \_\_\_\_\_

9 attempted suicide? \_\_\_\_\_

10 Have you taken prescribed medication for any psychological/emotional problem? \_\_\_\_\_

11 How many days in the past month have you experienced these psychological or emotional problems? \_\_\_\_\_

## **USE THE PATIENT'S RATING SCALE for 12 & 13**

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

12 How much have you been troubled or bothered by these psychological or emotional problems in the past month? \_\_\_\_\_

13 How important to you now is treatment for these psychological problems? \_\_\_\_\_

## **COMMENTS**

## **THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER**

At the time of the interview, is the patient: n = no y = yes

14

obviously depressed/withdrawn? \_\_\_\_\_

15

obviously hostile? \_\_\_\_\_

16

obviously anxious/nervous? \_\_\_\_\_

17

having trouble with reality testing, thought disorders, paranoid thinking? \_\_\_\_\_

18

having trouble comprehending, concentrating, remembering? \_\_\_\_\_

19

having suicidal thoughts? \_\_\_\_\_

## **INTERVIEW SEVERITY RATING**

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

20

How would you rate the patient's need for psychiatric/psychological treatment?

## **CONFIDENCE RATINGS**

Is the above information significantly distorted by: n = no y = yes

21

patients misrepresentation?

22

patient's inability to understand?

## **COMMENTS**

## CHEMICAL LIST

### Stimulants

cocaine  
crack  
amphetamines  
other

### Opiates

heroin  
methadone  
others

### Barbiturates

### Sed/Hyp/Tranq

benzodiazepines  
others

### Hallucinogens

LSD  
PCP  
mushrooms  
others

### Inhalants

nitrates  
solvents

### Alcohol

### Cannabis

### Tobacco

### Proprietary Drugs

stimulants  
depressants

## OFFENSES UST

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

---

0  
not at all

1  
a little

2  
fair amount

3  
very much

4  
extremely/always