

SECTION D
MEDICAL STATUS - ASI

Now I would like to ask you general questions about medical care and medical problems that you may have had in your lifetime.

D1. How many times in your life have you been hospitalized for medical problems? _____ times
(include O.D's, D.T.'s, exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.)

D2. Are you taking any prescribed medication on a regular basis for a physical problem? NO YES
0 1
(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.)

*D3. How many days have you experienced medical problems in the past 30 before _____ days
detox.?
(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 D4 & D5 ask the patient to use the Patient Rating Scale. (Show Card 10)

0. Not at All
1. Slightly
2. Moderately
3. Considerably
4. Extremely

*D4. How troubled or bothered have you been by these medical problems in the _____ (0-4)
past 30 days before detox.? (Restrict response to problem days of Question 3.)

*D5. How important to you now is treatment for these medical problems? _____ (0-4)
(Refers to the need for additional medical treatment by the patient.)