

**SECTION H
DRUG/ALCOHOL USE - ASI**

This next section will focus on questions about your alcohol and/or drug use.

Directions: How many days in the past 30 before detox., have you used.....?
How many years in your life have you regularly used.....? (3x/week or more)
How do you use it?

Route of Administration Types:

- 0. Not applicable
- 1. Oral
- 2. Nasal
- 3. Smoking
- 4. Non-IV Injection
- 5. IV

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.

	<i>ask 1st</i> (# of days) Past 30 Days	≥ 3x/week (# of years) Lifetime	Route of Admin
✓ *H1. Alcohol (any use at all)	_____	_____	_____
✓ *H2. Alcohol (to intoxication) (3 or more &/or 'feel the effects') (regular use can = 2 day binges/week)	_____	_____	_____
✓ *H3. Heroin	_____	_____	_____
*H4. Methadone	_____	_____	_____
*H5. Other Opiates/Analgesics	_____	_____	_____
*H6. Barbiturates	_____	_____	_____
*H7. Sedatives/Hypnotics/Tranquilizers	_____	_____	_____
✓ *H8. Cocaine (regular use can = 2 day binges/week)	_____	_____	_____

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How many years in your life have you regularly used.....? (3x/week or more)
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	<i>ask 1st (# of days) Past 30 Days</i>	<i>≥ 3x/week (# of years) Lifetime</i>	<i>Route of Admin</i>
*H9. Amphetamines	_____	_____	_____
*H10. Marijuana/Cannabis	_____	_____	_____
*H11. Hallucinogens	_____	_____	_____
*H12. Inhalants	_____	_____	_____
*H13. More than 1 substance per day (may include alcohol)	_____	_____	_____

H14. According to the interviewer, which substance is the major problem? _____ (00-16)
(Interviewer should determine the major drug of abuse. Code the number next to the drug in questions 01-12, "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug. Ask patient when not clear.)

H15. How many times have you had:

H15a. Alcohol DT's? _____ times
H15b. Overdosed on Drugs? _____ times

(Delirium Tremens (DT's): occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations: They usually require medical attention.)

(Overdoses (OD) : Requires intervention by someone to recover, not simply sleeping it off. Include suicide attempts by OD.)

*H16. How much money would you say you spent during the past 30 days (before detox.) on:

H16a. Alcohol? \$ _____
H16b. Drugs? \$ _____

(Only count actual money spent. What is the financial burden caused by drugs/alcohol?)

*H17. How many days in the past 30 (before detox.) have you experienced:

H17a. Alcohol Problems? _____ (0-30)
H17b. Drug Problems? _____ (0-30)

(Include only: craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.)

For questions H18 and H19, ask the patient to use the Patient Rating Scale. The patient is rating the need for additional substance abuse treatment.

(Show Card 16)

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

*H18. How troubled or bothered have you been in the past 30 days (before detox.) by these:

H18a. Alcohol Problems? _____ (0-4)
H18b. Drug Problems? _____ (0-4)

*H19. How important to you now is treatment for these:

H19a. Alcohol Problems? _____ (0-4)
H19b. Drug Problems? _____ (0-4)