

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 the last six months/since the last time we met.

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? _____ 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 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 past 30 days? *(Restrict response to problem days of Question 3.)* _____ (0-4)

*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.)