

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 have you used.....?

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.

	(# of days) Past 30 Days	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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	(# of days) Past 30 Days	Route of Admin
*H9. Amphetamines	_____	_____
*H10. Marijuana/Cannabis	_____	_____
*H11. Hallucinogens	_____	_____
*H12. Inhalants	_____	_____
*H13. More than 1 substance per day (may include alcohol)	_____	_____

H15. How many times in the last 6 months/since we last met 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 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 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 33)

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 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)