COSTRAN, Inc.
Alcohol & Drug Services
211 W. Martin Street - Raleigh: (919) 836-9021
315 N. Academy Street - Cary: (919) 388-0310
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ADDICTIONS SEVERITY INDEX ASSESSMENT QUESTIONNAIRE

OPTIONAL QUESTIONS ARE FOUND UNDER COMMENTS AFTER EACH SECTION. THESE QUESTIONS AND/OR ANY OTHERS QUESTIONS THAT WOULD AID ASSESSOR IN EVLAUATING CLIENT ARE PERMISABLE TO ASK OF CLIENT. HOWEVER, ASKING THESE QUESTIONS IS NOT REQUIRIED. IF YOU HAVE ESTABLISHED CHARACTERISTIC TRAITS THEN MOVE ON TO NEXT SECTION.

Severity Score Table

0-1 No problem, treatment not necessary
2-3 Slight problem, treatment probably not necessary
4-5 moderate problem, treatment probably necessary
6-7 considerable problem, treatment necessary
8-9 extreme problem, treatment absolutely necessary

1. When do you need this assessment by? _____ (ex. Court Date)
2. . Why are you receiving this assessment? (Circle one)

   1-OWI or DWI 2-Court ordered 3-Attorney recommended 4-other criminal arrest 5-Self Interest 6-Other

   BAC RESULT: _____ Client Weight: _____ at time of arrest.
3. If court ordered, by whom? 1-Judge 2-Probation 3-Presentence 4-Parole
4. If other criminal arrest or other, specify?

   _____
5. Date of interview? _____. Class? 1-Intake 2-Assessment Interviewer's Initials? _____
6. Client's Gender? (Circle one) Male Female
7. Client's Name: . Date of birth? _____

_____
First Middle Last

_____(___)_____
Address Town State Zip Tel. #

8. How long have you lived at this address? ____ Years _____ Months
9. Is this residence owned by you or your family? ☐ yes ☐no
10. Race: 1-Wht 2-Blck 3-Ntve Amrcn 4-Alskn Ntv 5-Asn 6-Pcfc Islndr 7-Mxcn 8-Prto Rcn 9-Cbn 10-Hspnc
11. Religious preference? 1-Protestant 2-Catholic 3-Jewish 4-Islamic 5-Other.. _____6-None
12. Have you been in a controlled environment in the past 30 days: ☐ yes ☐ no

    If yes circle one: 1-NO 2-Jail 3-Alcohol/Drug TX. 4-Medical TX. 5-Psych TX. 6-Other

    If Other specify: _____
13. How many days of the past 30 days were you in a controlled environment? _____
14. Presenting Problem: _____

_____

_____

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MEDICAL STATUS

15. How many times have you been hospitalized for medical problems? _____ (excluding substance abuse TX. & detox.)

16. How long ago was your last hospitalization for a physical problem? ____ years ____ months ____ weeks ____ days

17. What was it for? _____

18. Do you have any chronic medical problems which continue to interfere with your life? ☐ yes ☐ no

    Specify: _____

19. Are you taking any prescription medication on a regular basis for a phy. problem? ☐ yes ☐ no

    What is it? _____

    What is it for? _____

20. Do you receive a pension for a physical disability (exclude psych. disability)? ☐ yes ☐ no

    Specify: _____

21. How many days have you experienced medical problems in the past 30 days? _____

22. What types of problems have you experienced? _____

_____

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

23. How troubled or bothered have you been by these medical problem in the past 30 days? ___

24. How important to you now is treatment for these medical problem? ____

---------- INTERVIEWER ONLY ----------

Severity Score: 1 2 3 4 5 6 7 8 9; CLIENT'S MISREPRESENTATION: ☐ yes ☐ no; CLIENT'S INABILITY TO UNDERSTAND: ☐ yes ☐ no

COMMENTS FOR MEDICAL AREA: _____

_____

You may want to ask the client some of these optional questions:

25. Have you ever experienced injuries from: falls, fights, motor vehicle accidents? ☐ yes ☐ no

If yes, explain: _____

_____

26. Have you ever been to the Emergency Room? ☐ yes ☐ no

27. When was your last physical exam? _____

28. Has a Physician ever suggested that you cut down or stop drinking? ☐ yes ☐ no

29. Have you ever told a physician how much you were or were not drinking? ☐ yes ☐ no

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EMPLOYMENT STATUS

30. Education completed (GED = 12 years)? _____

31. Training or technical education completed? _____ (month(s))

32. Do you have a profession, trade or skill? ☐ yes ☐ no Specify _____

33. Do you have a valid driver's License☐ yes ☐ no

34. Do you have an automobile available for your use? ☐ yes ☐ no (answer is no if no valid driver's license)

35. How long was your longest full-time job? _____

36. Usual or last occupation? _____

37. Does someone contribute to your support in any way? ☐ yes ☐ no

Who or what? _____ Does this constitute the majority of your support? _____

38. What was your usual employment pattern over the past 3 years? (circle one)

1. Full-time (40 hrs/wk) 4. Part-time (reg.hrs) 7. Part-time (irreg.hrs.)
2. Student 5. Service (Branch_____) 8. Retired (How Long: _____)
3. Disability 6. Unemployed 9. In a controlled environment

39. How many days were you paid for working in the past 30 days? **(include under the table work)** _____

40. How much money did you receive from the following sources in the past 30 days?

Employment	☐ yes ☐ no	$_____	Compensation	☐ yes ☐ no	$_____	Pension	☐ yes ☐ no	$_____
Unemployment	☐ yes ☐ no	$_____	Disability	☐ yes ☐ no	$_____	Benefits	☐ yes ☐ no	$_____
Social Security	☐ yes ☐ no	$_____	Spouse/Mate	☐ yes ☐ no	$_____	Family	☐ yes ☐ no	$_____
Friends	☐ yes ☐ no	$_____	Welfare (DPA)	☐ yes ☐ no	$_____	Illegal	☐ yes ☐ no	$_____

41. What was your gross income for last year? _____

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

43. How many days have you experienced employment problems in the past 30 days? _____

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

44. How troubled or bothered have you been by these employment problems in the past 30 days? _____

45. How important to you is counseling for these employment problems? _____

---------- INTERVIEWER ONLY ----------

Severity Score: 1 2 3 4 5 6 7 8 9; CLIENT'S MISREPRESENTATION: ☐ yes ☐ no; CLIENT'S INABILITY TO UNDERSTAND: ☐ yes ☐ no

COMMENTS FOR Employment AREA: _____

_____

_____

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EMPLOYMENT STATUS -continued

You may want to ask the client some of these optional questions:

46. What are your normal work hours? From: _____ To: _____

47. Would you say your job is
No Stress ☐ yes ☐ no Moderate Stress ☐ yes ☐ no
Minimal Stress ☐ yes ☐ no High Stress ☐ yes ☐ no

48. How do you handle the stress? _____

49. Do you or have you taken a drink to relax or unwind? ☐ rarely ☐ occasionally ☐ often ☐ never

50. Have you ever been fired from a job because of alcohol use? ☐ yes ☐ no;

51. Quit a job b/c of alcohol use? ☐ yes ☐ no

52. Is there a current threat of job loss? ☐ yes ☐ no explain: _____

_____

53. How long have you been at your current job? _____

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DRUG/ALCOHOL USE

54. Number of Drinks on Day of DWI Arrest? _____ Time of BAC? _____

55. What age did you first try alcohol or drugs? _____ What was it? _____

56. Route of Administration

Substance	Oral	Nasal	Smoking	IV Injection	Past 30 Days	Last Use
Alcohol	☐	☐	☐	☐	#____ NA	__/__/__ NA
Marijuana	☐	☐	☐	☐	#____ NA	__/__/__ NA
Cocaine/Crack	☐	☐	☐	☐	#____ NA	__/__/__ NA
Opiates/Opiods/Methadone	☐	☐	☐	☐	#____ NA	__/__/__ NA
Barbiturates	☐	☐	☐	☐	#____ NA	__/__/__ NA
Amphetamines/Stimulants	☐	☐	☐	☐	#____ NA	__/__/__ NA
Tranquilizers	☐	☐	☐	☐	#____ NA	__/__/__ NA
Hallucinogens	☐	☐	☐	☐	#____ NA	__/__/__ NA
Inhalants	☐	☐	☐	☐	#____ NA	__/__/__ NA

57. Have you used more than 1 substance a day? ☐ yes ☐ no: What? _____

58. Have you ever used a needle to administer any of these drugs? ☐ yes ☐ no

59. Which substance(s) is the major problem?

[00-No Problem]	01-ETOH any use]	[02-ETOH to intox]	[03-Heroin]	[04-Methadone]	[05-Opiates]
[06-analgesics]	[07-Barbiturates]	[08-sedatives]	[09-hypnotics]	[10-tranquilizers	[11-Cocaine]
[12-Amphetamines]	[13-Hallucinogens]	[14-Inhalants]	[15-Alcohol & drug]	[16-Polydrug]	[17-Cannabis]

How long? _____

60. How long was your last period of **voluntary** abstinence from your major substance? _____ month(s) (0-never abstinent)

61. . How many months ago did this abstinence end? _____ (still abstinent)

62. . How many times have you: had alcohol DT's? _____ overdosed on drugs? _____

63. Which of these have you had [question may need to be rephrased and repeated]: (circle one) shakes, blackouts, Hallucinations, cramps, diarrhea, Headaches, seizures, Delirium Tremens, body aches, cold sweats, dry heaves, etc.?)

56. How many times in your life have you been treated for: Alcohol? _____ Drugs? _____

57. How many of these were detox only for: Alcohol? _____ Drugs? _____

58. How long ago were you last in treatment? _____

59. Name of center? _____

60. Address? _____

61. What type of treatment was it? 1-Inpatient 2-outpatient

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62. How long did it last? _____ (days)
63. Did you complete it successfully? ☐ yes ☐ no
64. Have you ever been evaluated for alcohol or drugs before today? ☐ yes ☐ no

    Where? _____

    When? _____

65. How much would you say you spent in the past 30 days on: Alcohol? _____ Drugs? _____
66. How many days have you been treated in an outpatient setting for past 30 days (including AA & NA)? _____
67. How many days in the past 30 have you experienced: Alcohol problems? _____ Drug problems? _____

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

68. How troubled or bothered have you been in the past 30 days by: Alcohol problems? ____ Drug problems? _____
69. How important to you now is treatment for these: Alcohol problems? _____ Drug problems? _____

---------- INTERVIEWER ONLY ----------

Severity Score: 1 2 3 4 5 6 7 8 9; CLIENT'S MISREPRESENTATION: ☐ yes ☐ no; CLIENT'S INABILITY TO UNDERSTAND: ☐ yes ☐ no

COMMENTS FOR Drug & Alcohol AREA: _____

_____

_____

ADDITIONAL QUESTIONS FOR ALCOHOL & DRUG AREA

A. During your first 1-2 years of use, how many drinks did it take for you to feel:

(a)an affect _____ (by affect -- beer buzz/moderate intoxication-not knee-crawling-drunk) (b) severe intoxication_____

B. What's the most you have drank within a 24-hour period? In Lifetime _____; In past Year _____

C. Currently, How many drinks does it take for you to feel:

(a)an affect _____ (by affect -- beer buzz/moderate intoxication-not knee-crawling-drunk) (b) severe intoxication_____

D. Do you look forward to certain time or day of the week to drink alcohol? ☐rarely ☐ occasionally ☐ often ☐ never

E. Have you passed out from alcohol use? ☐ yes ☐ no #____

F. Have you experienced a memory lapse due to alcohol use? ☐ yes ☐ no #_____

G. Have you ever taken a morning eye opener? ☐rarely ☐ occasionally ☐ often ☐ never *

H. Do you think you drink about the same as most other people? ☐rarely ☐ occasionally ☐ often ☐ never

A. Do you drink now without eating anything? ☐rarely ☐ occasionally ☐ often ☐ never

J. Have you ever gulped your drinks to get feel it quickly? ☐rarely ☐ occasionally ☐ often ☐ never

K. Have you ever regretted using alcohol or felt guilty about your drinking? ☐rarely ☐ occasionally ☐ often ☐ never

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LEGAL STATUS

70. How many times in your life have you been arrested and charged with the following:

Arrest/Charge	Under the Influence	# of Times	Conviction	Arrest/Charge	Under the Influence	# of Times	Conviction		Under the Influence	# of Times	Conviction
Parole/probation violation	☐ yes ☐ no	_____	☐ yes ☐ no	Drug charges	☐ yes ☐ no	_____	☐ yes ☐ no	Breaking & Entering	☐ yes ☐ no	_____	☐ yes ☐ no
Shoplifting	☐ yes ☐ no	_____	☐ yes ☐ no	Theft	☐ yes ☐ no	_____	☐ yes ☐ no	Robbery	☐ yes ☐ no	_____	☐ yes ☐ no
Arson	☐ yes ☐ no	_____	☐ yes ☐ no	Sex related crimes	☐ yes ☐ no	_____	☐ yes ☐ no	Prostitution	☐ yes ☐ no	_____	☐ yes ☐ no
Forgery	☐ yes ☐ no	_____	☐ yes ☐ no	Weapons offense	☐ yes ☐ no	_____	☐ yes ☐ no	Assault	☐ yes ☐ no	_____	☐ yes ☐ no
vandalism	☐ yes ☐ no	_____	☐ yes ☐ no	Burglary	☐ yes ☐ no	_____	☐ yes ☐ no	Larceny	☐ yes ☐ no	_____	☐ yes ☐ no
Rape	☐ yes ☐ no	_____	☐ yes ☐ no	Homicide/manslaughter	☐ yes ☐ no	_____	☐ yes ☐ no	Contempt of court	☐ yes ☐ no	_____	☐ yes ☐ no
Disorderly Conduct	☐ yes ☐ no	_____	☐ yes ☐ no	Driving While Intoxicated	☐ yes ☐ no	_____	☐ yes ☐ no	Reckless Driving	☐ yes ☐ no	_____	☐ yes ☐ no
Driving While License Revoked	☐ yes ☐ no	_____	☐ yes ☐ no	Speeding	☐ yes ☐ no	_____	☐ yes ☐ no	No Operator's License	☐ yes ☐ no	_____	☐ yes ☐ no
Vagrancy	☐ yes ☐ no	_____	☐ yes ☐ no	Public Intoxication	☐ yes ☐ no	_____	☐ yes ☐ no	Poss. by Minor DrinkingUnder 21	☐ yes ☐ no	_____	☐ yes ☐ no

71. Are you on probation or parole? O-Neither 1-Probation 2-Parole?

72. How many days in the past 30 were you detained or incarcerated? _____

73. How many month(s) were you incarcerated in your life? _____

74. How long was your last incarceration? _____ (month(s))

75. What was your last incarceration for? _____

01-Not applicable	07-Burglary	13-Rape/sex related crimes
02-Shoplifting/vandalism/theft	08-Larceny	14-Homicide/manslaughter
03-Parole/probation violation	09-Breaking &Entering	15-Prostitution, contempt of court other
04-Drug charges	10-Robbery	16-Disorderly conduct, vagrancy, public intox.
05-Forgery	11-Assault	17-Driving While Intoxicated
06-Weapons offense	12-Arson	18-Major driving violations

76. Are you presently awaiting charges, trial or sentencing? ☐ yes ☐ no explain

_____

77. Have you engaged in illegal activities for profit in the past 30 days? for ☐ yes ☐ no explain

_____

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

78. How serious do you feel your present legal problems are? _____ (Exclude civil problems)

79. How important to you now is counseling or referral for these legal problems? _____

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---------- INTERVIEWER ONLY ----------

Severity Score: 1 2 3 4 5 6 7 8 9; CLIENT'S MISREPRESENTATION: ☐ yes ☐ no; CLIENT'S INABILITY TO UNDERSTAND: ☐ yes ☐ no

COMMENTS FOR Legal Status AREA: _____

_____

_____

ADDITIONAL QUESTIONS FOR LEGAL STATUS AREA

A. Why did officer say you were stopped? _____

B. How did you feel your hand-eye coordination was when you got into the car to drive: (circle one)

1 (Not at all) **2** **3** **4** **5** **6** **7** **8** **9** **10** (Severely intoxicated)

C. How did you do on the FIELD SOBRIETY TEST: POOR FAIR GOOD EXCELLENT

D. Have you drank any thing at all and driven since DWI arrest? ☐ yes ☐ no # _____

E. Have you drank any alcohol at all and driven any distance? ☐rarely ☐ occasionally ☐ often ☐ never @ # ____

F. Number of Drinks Actually Consumed by Client

Client weight arrest date: _____ Time of 1st drink: _____ ☐am ☐pm Time BAC given at police station: _____ ☐am ☐pm

Number of hours between 1st Drink & BAC Test _____ X .015 = _____ + ._____ = _____
Actual BAC @ # consumed

G. # of Drinks Indicated by Formula = ___ # of Drinks Reported by Client =___ Client under reporting by: ___

USE BAC WHEEL TO DETERMINE THIS INFORMATION

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FAMILY HISTORY

80. Have any of your relatives had what you would call a significant drinking, drug use or psychological problem-one that did or should have led to treatment?

Geneology	ETOH	Drugs	Psych	Other	Explanation:
Father	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Grandfather	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Grandmother	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Uncle(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Aunt(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Cousin(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Mother	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Grandfather	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Grandmother	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Uncle(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Aunt(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Cousin(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Brother(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	
Sister(s)	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	

81. How many siblings do you have? Brothers: _____ Sisters: _____

COMMENTS FOR Family History AREA: _____

FAMILY/SOCIAL RELATIONSHIPS

82. Marital status? (circle one) Married -- Remarried -- Widowed -- Separated -- Divorced -- Not married

83. How long have you been in this marital status? _____

84. Are you satisfied with this situation? O-Not satisfied 1-Indifferent 2-Satisfied

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85. How many children do you have? _____

86. Usual living arrangements for past 3 years? (circle one)

Sex Partner & Children	Sex Partner Alone	Children Alone	Parents	Family
Friends	Alone	Controlled Environment	No Stable Arrangements	

87. How long have you lived in these arrangements? _____

88. Are you satisfied with these living arrangements? (circle one): Not satisfied -- Indifferent -- Satisfied

89. Do you live with anyone who: Has a current alcohol problem? _____ Uses nonprescription drugs? _____

90. With whom do you spend most of your free time? (circle one): Family -- Friends -- Alone

91. Are you satisfied with spending your free time this way? (circle one): Not satisfied -- Indifferent -- Satisfied

92. How many close friends do you have? _____

93. Would you say you have had close, long lasting, personal relationships with the following people in your life?

		Explanation
Mother	☐ yes ☐ no	_____
Father	☐ yes ☐ no	_____
Brothers	☐ yes ☐ no	_____
Sisters	☐ yes ☐ no	_____
Sexual Partner Spouse	☐ yes ☐ no	_____
Children	☐ yes ☐ no	_____
Friends	☐ yes ☐ no	_____

94. Have you had significant periods in which you have experienced serious problems with any of the following people in your life? (NR = NO RESPONSE NA = NOT APPLICABLE)

	Past 30 Days	Lifetime	AOD Affected		Past 30 Days	Lifetime	AOD Affected
Mother	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	Children	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na
Father	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	Other Family Member	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na
Brothers	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	Close Friends	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na
Sisters	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	Neighbors	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na

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Sex Partner Spouse	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	Co-Workers	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na

95. Did any of these people abuse you?

	Past 30 Days	Lifetime	AOD Affected	Type of Abuse		Past 30 Days	Lifetime	AOD Affected	Type of Abuse
Mother	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically	Children	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically
Father	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically	Other Family Member	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically
Brothers	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically	Close Friends	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically
Sisters	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically	Neighbors	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically
Sex Partner Spouse	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically	Co-Workers	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ yes ☐ no ☐ nr/na	☐ emotionally ☐ sexually ☐ physically

☐ Yes, but does not know who, or chooses not to identify the person

96. How many days in the past 30 have you had serious conflicts: with your family? _____ with other people? _____

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

97. How troubled / bothered have you been in the past 30 days by: Family problems? ____ Social problems? ____

98. How important to you now is treatment or counseling for: Family problems? _____ Social problems? _____

---------- INTERVIEWER ONLY ----------

Severity Score: 1 2 3 4 5 6 7 8 9; CLIENT'S MISREPRESENTATION: ☐ yes ☐ no; CLIENT'S INABILITY TO UNDERSTAND: ☐ yes ☐ no

COMMENTS FOR Family/Social Relationships AREA: _____

_____

_____

ADDITIONAL QUESTIONS FOR LEGAL STATUS AREA

A. Are you or other people ever concerned or worried about your drinking &/or drug use?
☐rarely ☐ occasionally ☐ often ☐ never

B. Have other people tried to get you to stop drinking? ☐rarely ☐ occasionally ☐ often ☐ never

C. After having drank heavily, have you ever experienced any of the following feelings?
☐disappointment, ☐angry, ☐frustrated, ☐lonely, ☐bored, ☐agitated

D. Has your partner, a family member, or a stranger ever: ☐hit, ☐punched, ☐slapped ☐kicked, or ☐bitten you.

E. Does or has alcohol strained relations with your family or friends? ☐rarely ☐ occasionally ☐ often ☐ never

F. Does drinking create an atmosphere of tension or cause other to talk about you?
☐rarely ☐ occasionally ☐ often ☐ never

G. Do you avoid your family when you are drinking/high? ☐rarely ☐ occasionally ☐ often ☐ never

COSTRAN, Inc.
Alcohol & Drug Services
211 W. Martin Street - Raleigh: (919) 836-9021
315 N. Academy Street - Cary: (919) 388-0310
311 E. Main Street - Durham: (919) 667-1880
Fax: (919) 836-1837

PSYCHIATRIC STATUS

99. How many times have you been treated for any psy/emotional problems:
In a hospital? _____ outpatient/ private patient? ____

100. Do you receive a pension for a psychiatric disability? ☐ yes ☐ no

101. Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:

	Past 30 Days	Lifetime		Past 30 Days	Lifetime
Experienced serious depression?	☐ yes ☐ no	☐ yes ☐ no	Experienced hallucinations?	☐ yes ☐ no	☐ yes ☐ no
Experienced serious anxiety or tension?	☐ yes ☐ no	☐ yes ☐ no	Experienced trouble understanding, concentrating, or remembering?	☐ yes ☐ no	☐ yes ☐ no
Experienced trouble controlling violent behavior?	☐ yes ☐ no	☐ yes ☐ no	Experienced serious thoughts of suicide?	☐ yes ☐ no	☐ yes ☐ no
Been prescribed meds. for any psychiatric, or emotional problem?	☐ yes ☐ no	☐ yes ☐ no	Attempted suicide?	☐ yes ☐ no	☐ yes ☐ no

102. How many days in the past 30 have you experienced these psychological or emotional problems? _____

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY 3-CONSIDERABLY 4-EXTREMELY

103. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

104. How important to you now 3.s treatment for these psychological problem-?

---------- INTERVIEWER ONLY ----------

Severity Score: 1 2 3 4 5 6 7 8 9; CLIENT'S MISREPRESENTATION: ☐ yes ☐ no; CLIENT'S INABILITY TO UNDERSTAND: ☐ yes ☐ no

Observed Dependency? _____Observed-Hostility? _____Observed Anxiety? _____Reality Testing? _____Concrete Remembrance? _____Suicidal Thoughts? _____

COMMENTS FOR Psychiatric Status AREA: _____

_____

_____

ADDITIONAL QUESTIONS FOR PSYCHIATRIC STATUS AREA

A. Do you tend to drink more when you feel under a great deal of pressure? ☐ rarely ☐ occasionally ☐ often ☐ never

DIAGNOSIS & DIAGNOSTIC IMPRESSION

	Code	Disorder	Specifier
Axis I	_____	_____	_____
Axis II	_____	_____	_____
Axis III	_____	_____	_____
Axis IV	_____	_____	_____
Axis V	_____	Past Year GAF: _____ Current GAF: _____	_____

_____

_____

_____

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RECOMMENDATION FOR TREATMENT

PLACEMENT CRITERIA FOR ASSESSED DWI CLIENTS

_____ ADETS (10-12 Hours in not less than 30 Days):

(A) the assessment did not identify a Substance Abuse Handicap;

(B) the person has no previous DWI conviction; and

(C) the person had an alcohol concentration of 0.14% or less at the time of the arrest.

_____ SHORT-term Outpatient Treatment (20 Hours in not less than 30 Days):

(A) the assessment outcome suggest Diagnosis of psychoactive substance abuse only;

(B) the client does not fit all aspects of the diagnosis, but, under certain circumstances, the clinical picture provides reason to conclude that a treatment setting would be more appropriate than ADETS.

Some of these circumstances include, but are not limited to:

(i) alcohol concentration is .15 or higher; (ii) refusal of breath test at time of arrest; (iii) problems relating to family history;

(iv) other problems which seem to be a contributing factor to DWI behavior, such as grief, loss, etc.; and

(v) the client meets the criteria for Level I of the ASAM Placement Criteria.

_____ INTERMEDIATE-term Outpatient Treatment (40 Hours in not less than 60 Days):

(A) when a client minimal conditions for the diagnosis of psychoactive substance dependence; and

(B) the criteria for Level I of the ASAM placement is met.

_____ INTENSIVE Outpatient or Day Treatment (90 Hours in not less than 90 Days):

(A) the assessment confirms a diagnosis of psychoactive substance dependence

(B) the ASAM placement criteria for Level II Outpatient Treatment is met;

(C) program: (i) includes an educational component which addresses at least the minimal subject content, as defined in Rule .0313 of this Section; (ii) offers additional continuing care, urging voluntary participation of the client and significant others; and

(iii) requires a minimum of 90 contact hours and participation of the client over a period of at least 90 days, for any client referred under G.S. 20-179(m) or (c)(6); and

(D) program may be preceded by a brief inpatient stay for detoxification or stabilization of a medical or psychiatric condition.

_____ INPATIENT RESIDENTIAL TREATMENT SERVICES (Inpatient and aftercare done in not less than a 90 Day Period):

(A) the level of care requires that the client the meet diagnostic criteria as Day Treatment, as defined in this Rule, (dependence is moderate or severe);

(B) outpatient treatment of other associated problems has not been successful;

(C) the client meets the placement criteria for Levels III or IV (Inpatient) of the ASAM placement Criteria with regard to the following, six patient problems areas as set forth in ASAM Patient Placement Criteria, Adult Crosswalk:

(i) withdrawal risk; (ii) need for medical monitoring; (iii) emotional and behavioral problems requiring a structured setting;

(iv) high resistance to treatment; (v) inability to abstain; and (vi) lives in a negative and destructive environment; and

(D) in order for the client to meet the required 90-day time frame for treatment, the client, upon discharge, shall enroll in an approved continuing care or other outpatient program.

LITSAC
LATINOS IN TRANSITION
SUBSTANCE ABUSE CHECKLIST
(Spanish)

***Este cuestionario (LITSAC) se examine los riesgos del uso de alcohol o drogas con consideraciones culturales para los Latinos.*

*Nombre:*_____ *Fecha :*_____

	DURANTE LOS ULTIMOS 12 MESES:	MARQUE:	SI	NO
1.	Fue mandado a nuestra agencia por el uso de alcohol o drogas?		____	____
2.	El abuso de alcohol o drogas le causaria problemas en su pais?		____	_____
3.	La falta de ingles y costumbres Americanas, le da razon para tomar?		____	____
4.	Las dificultades para conseguir trabajo o vivienda le hace mas propenso a tomar o usar las drogas?		____	____
5.	Tiene algun problema de salud fisica relacionado a su uso de alcohol o drogas?		____	____
6.	Las dificultades a conseguir servicios medicos le impulsa a tomar?		____	____
7.	Usa alcohol o drogas para manejar sus problemas y tensiones		____	____
8.	Cuando se siente triste, usa el alcohol o drogas?		____	____
9.	Le incomoda a participar en actividades sociales sin alcohol o drogas		____	____
10.	Le ha dicho algun familiar que ellos se preocupan por su uso de alcohol o drogas		____	____
11.	Se siente impulsado a tomar o usar drogas cuando se siente solo?		____	____
12.	La falta de familia le impulsa a tomar o usar drogas?		____	____
13.	Ha tenido discusiones serias con familiares estando tomado?		____	____
14.	Ha tenido problemas en el trabajo a causa de alcohol o drogas?		____	____
15.	La falta de comprension del sistema legal es una razon para tomar?		____	____
16.	Ha usado alcohol o drogas en los ultimos 30 dias?		____	____
17.	Usa alcohol o drogas para escaparse de relaciones personales?		____	____
18.	Ha conducido su auto despues de usar alcohol o drogas en los ultimos 12 meses?		____	____

19. Usa el alcohol o drogas para aliviarse de preocupaciones o estres? ____ ____

20. Ha sufrido malas consequencias por el uso de alcohol o drogas? ____ ____

21. Ha lastimado emocionalmente a la familia por su uso de alcohol y drogas? ____ ____

22. Ha sufrido la familia por su uso de alcohol o drogas? ____ ____

23. Tiene otros arrestos relacionados a uso de alcohol o drogas? ____ ____

24. Ha recibido tratamiento o consejeria por problemas de alcohol o drogas? ____ ____

INSTRUCTIONS: The Latinos In Transition Substance Abuse Checklist (LITSAC) was designed for the Latino community who are referred to Costran for a Substance Abuse Assessment or a DWI Assessment. The LITSAC is not a comprehensive assessment – but a checklist for high risk substance abuse factors and a supplemental tool in the assessment process. The LITSAC Substance Abuse Checklist may reveal the need for additional substance abuse assessment and diagnosis. The LITSAC also takes into account acculturation and transiition difficulties as a risk factor for Latinos referred for substance abuse concerns. The LITSAC comprises 24 questions of potential risk factors and it is scored with a -1- ("yes" – indicating a risk factor) when a question is answered "yes". If a question is answered "yes" – (an identified risk factor), then the client is considered for additional substance abuse assessment and referred appropriately.

1. ____
2. ____
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20. ____
21. ____
22. ____
23. ____
24. ____

Total Score:___ Score Range: 0 – 24

Results: ___ Indicates Additional Assessment
___ No Additional Assessment Indicated

19. Usa el alcohol o drogas para aliviarse de preocupaciones o estres? ____ ____

20. Ha sufrido malas consequencias por el uso de alcohol o drogas? ____ ____

21. Ha lastimado emocionalmente a la familia por su uso de alcohol y drogas? ____ ____

22. Ha sufrido la familia por su uso de alcohol o drogas? ____ ____

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21. ____
22. ____
23. ____
24. ____

Total Score:___ Score Range: 0 – 24

Results: ___ Indicates Additional Assessment
___ No Additional Assessment Indicated