Write in periods of drug use (by drug), alcohol use and abstinence in subject’s life during each four-week segment of the vertical calendar below. The segments can be modified to represent different time periods. For example, to assess for a 4-month time period, the bottom four segments can be used to represent one month each. To assess for a year, each segment can represent a two-month time period. Use only as a general outline; record details in the body of the SAHI.

_______________________________________________________________________  ___/___/___
Date
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Date
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Date
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Date
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_______________________________________________________________________  ___/___/___
Date
_______________________________________________________________________  ___/___/___
Date
_______________________________________________________________________  ___/___/___
Date
_______________________________________________________________________  ___/___/___
Yesterday’s Date
1. _____ What is your current weight? (IN POUNDS)

PERIODS OF ABSTINENCE

“Now I’d like to ask you about your drug use during the past year / since your last assessment. The things already recorded on the calendar page here may help you to remember better (Mark abstinent days on calendar.)

2. _____/_____/_____ First Day of ANY DRUG use during assessment period

3. _____/_____/_____ Date of last DRUG use during assessment period

4. _____ Total number of DRUG-abstinent days during assessment period

Were there any periods of days when you had *neither* drugs *nor* alcohol?"

4a. _____ Total number of DRUG-AND-ALCOHOL abstinent days during assessment period

4b. _____ Total number of DRUG-AND-ALCOHOL abstinent days during past 30 days

*(Data Entry Note: Computer will calculate number of abstinent days since last use)*

Notes for Calculating 4, 4a (Use as needed.)

*First use period began:  ____/____/____*
*First use period ended:  ____/____/____*
*Total days in First Use Period: _______

*Second use period began:  ____/____/____*
*Second use period ended:  ____/____/____*
*Total days in Second Use Period:______

*Third use period began:  ____/____/____*
*Third use period ended:  ____/____/____*
*Total days in Third Use Period:______

To get total abstinent days (#4):  Add all Use Periods together and subtract from Number of Days in Assessment Period
“Now I’m going to show you a list of different kinds of drugs that people sometimes use. I’d like you to tell me which kinds of illegal drugs you have tried at least once since the last assessment or any kinds of psychotropic medications that you have misused. (Under “Any Use”, enter 1 if ever used/misused or 0 if never used. If 0, enter -8 in all other slots.)

**For Drugs ever used ask,** “Since your last assessment on how many days would you say you used _______ ?”

**Next ask,** “How much money did you spend on _______ Since your last assessment?”

**Then ask,** “When was the last time you used _______ in the Past year / Since your last assessment?”

**Finally ask,** “During your lifetime, how many months total would you say you have used _______ ?”

<table>
<thead>
<tr>
<th>Drug (Code)</th>
<th>Any Use?</th>
<th># days used last 30</th>
<th>$ Amt past last 30</th>
<th># days last year</th>
<th>$ Amt last year</th>
<th>Date of last use during assessment period</th>
<th># Months Lifetime Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Heroin (1401)</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
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<tr>
<td>6. Methadone (242.01)</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
</tr>
<tr>
<td>7. Other Opiates (1400’s)</td>
<td>Describe</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
</tr>
<tr>
<td>8. Barbiturates/Tranquilizer</td>
<td>Describe</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
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<tr>
<td>9. Other sedatives (1100’s)</td>
<td>Describe</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
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<tr>
<td>10. Cocaine/ Crack (1500’s)</td>
<td>Describe</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
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<tr>
<td>11. Amphetamine/Stimulant (1300’s)</td>
<td>Describe</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
</tr>
<tr>
<td>12. Cannabis/Marijuana (1200’s)</td>
<td>Describe</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
</tr>
<tr>
<td>Drug (Code)</td>
<td>Lifetime Use?</td>
<td># days used past 30</td>
<td>$ Amt past 30</td>
<td># days year</td>
<td>$ Amt year</td>
<td>Date of last use during assessment period</td>
<td># Months Lifetime Use</td>
</tr>
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<tr>
<td>13. Hallucinogens (1600’s)</td>
<td>Describe_______________________</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
</tr>
<tr>
<td>14. Inhalants/ Solvents (1700’s)</td>
<td>Describe_______________________</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
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<tr>
<td>15. Other psychotropics (100-200’s)</td>
<td>Describe_______________________</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>16. Other drugs (1800’s)</td>
<td>Describe_______________________</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
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<tr>
<td>17. Polysubstance</td>
<td>Describe_______________________</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td><em><strong>/</strong></em>/___</td>
<td>___</td>
</tr>
</tbody>
</table>

**RATING OF DRUG USE FROM THE ASI INTERVIEW**

- **ASID17b._____** How many times have you overdosed on drugs [ACCIDENTALLY]?
- **ASID22b._____** How many days in the past 30 have you experienced drug problems?

*For Questions ASID23 and ASID24, please ask subject to use the Patient’s Rating Scale.*

- **ASID23b._____** How troubled or bothered have you been in the past 30 days by these drug problems?
- **ASID24b._____** How important to you now is treatment or counseling for these drug problems?
ALCOHOL USE

18. _____ Have you consumed any alcohol at all during the past year/ since your last assessment? (0=No, 1 = Yes)

IF 18 = 0, SKIP TO 23.

19. _____ How many days in the past 30 have you consumed alcohol at all?

20. _____ How many days in the past 30 have you consumed alcohol to the point of intoxication?

21. _____ How many days during the past year/ since your last assessment have you consumed alcohol at all?

22. _____ How many days during the past year/ since your last assessment have you consumed alcohol to the point of intoxication?

23. _____ years _____ months How many years and months during your life time have you consumed alcohol at all?

24. _____ years _____ months How many years and months during your life time have you consumed alcohol to the point of intoxication?

IF 24 = 0, SKIP TO ASI QUESTIONS

“Now I’d like to ask you about your use of alcohol during the period we’ve been discussing. During this time, on a day when you drank alcohol, what would you usually have to drink?”

(Use probes to determine typical drinking day consumption and record below. Then convert into standard drink units: 1 UNIT = 12 OZ. BEER OR 4 OZ. WINE OR COOLER OR 1 OZ HARD LIQUOR OR 1 STANDARD COCKTAIL.) Describe:

25. _____ Standard drinks on typical drinking day

“On an average day, over hour many hours did you have those drinks?”

26. _____ Hours of drinking
“Next think of the one day during this period when you had the most to drink and tell me what you drank on that day.” **Describe:**

27. _____ Standard drinks on heaviest drinking day

“Oh that same day, over how many hours did you have those drinks?”

28. _____ Hours of drinking

**RATING OF DRUG/ALCOHOL USE FROM THE ASI INTERVIEW**

ASID14._____ Which substance is the major problem? Describe___________ (CODE ACCORDING TO ABOVE LIST IN QUESTION 5-16, 17 = POLYDRUG, 0 = No problem, 18 = ALCOHOL, 19 = ALCOHOL AND DRUG)

ASID15._____ How long was you last period of voluntary abstinence from this major substance? (IN MONTHS, 0 = NEVER ABSTINENT)

ASID16._____ How many months ago did this abstinence end? (IN MONTHS, 0=STILL ABSTINENT, -8 = NEVER ABSTINENT)

ASID17a._____ How many times have you had alcohol d.t.’s?

ASID20a._____ How much (money) would you say you spent on alcohol in the past 30 days?

ASID22a._____ How many days in the past 30 have you experienced alcohol problems?

*For Questions ASID23 and ASID24, please ask subject to use the Patient’s Rating Scale.*

ASID23a._____ How troubled or bothered have you been in the past 30 days by these alcohol problems?

ASID24a._____ How important to you now is treatment or counseling for these alcohol problems?