

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

DRUG USE

“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 _____ ?”

Drug (Code)	Any Use?	# days used last 30	\$ Amt past last 30	# days last year	\$ Amt last year	Date of last use during assessment period	# Months Lifetime Use
5. Heroin (1401)	_____	_____	_____	_____	_____	____/____/____	_____
6. Methadone (242.01)	_____	_____	_____	_____	_____	____/____/____	_____
7. Other Opiates (1400’s) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
8. Barbiturates/Tranquilizer (1100’s) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
9. Other sedatives (1100’s) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
10. Cocaine/ Crack (1500’s) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
11. Amphetamine/Stimulant (1300’s) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
12. Cannabis/Marijuana (1200’s) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____

Subject ID _____

Date: _____

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Drug (Code)	Lifetime Use?	# days used past 30	\$ Amt past 30	# days year	\$ Amt year	Date of last use during assessment period	# Months Lifetime Use
13. Hallucinogens (1600's) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
14. Inhalants/ Solvents (1700's) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
15. Other psychotropics (100-200's) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
16. Other drugs (1800's) Describe _____	_____	_____	_____	_____	_____	____/____/____	_____
17. Polysubstance Describe _____	_____	_____	_____	_____	_____	____/____/____	_____

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 in 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

“On 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?