

Form 90-AI
Drinking Assessment Interview - Intake

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
<small>F9A000- Revised 5/15/00 11 Pages</small>	

BAC: .___/___/___

1. For period from ___/___/___ through ___/___/___

2. Number of days in this assessment period: ___/___/___

3. This is: (0) Intake

4. __ (1) Male __ (2) Female

5. Current body weight in pounds: ___/___/___

6. Weight was obtained by: __ (1) weighing or __ (2) self-report

7. This interview was conducted:

- (1) on site (2) by telephone
- (3) home visit (4) other location

"I'd like to begin by reminding you that whatever you say here is confidential. I am going to be asking you some specific questions about the period of time from about three months before your last drink up until (yesterday/the day of your admission). [Place calendar in front of client.] Here is a calendar to help you remember this period of time. First of all, when was your last drink? [Count back 89 days from the day of last drink, and cross out with Xs the days preceding this period.] So the period I'm going to be asking you about is from [beginning date, 89 days prior to last drink] up through [end date]."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. Notice that a few events are already printed in the calendar. [Point out some specific events already printed on the calendar.] Were there any particularly memorable things that happened during this time - any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?" [Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through _____. I'll be asking you about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

TREATMENT/INCARCERATION/LIVING EXPERIENCES

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?" [Mark days on calendar]

- Hm total number of hospital days for medical problems 8. _____**
- Htox total number of hospital days for detoxification 9. _____**
- Rtox total number of non-hospital residential detox days: 10. _____**
total number of ambulatory detox treatment days: 11. _____
- Ra total number of residential days alcohol treatment 12. _____**
- Rd total number of residential days for other drug problems 13. _____**
- Rp total residential days for emotional/psych problems 14. _____**
- Total days in residential treatment during this period:
[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11] 15. _____**

"During this period, did you spend any time in jail or prison?"
[Mark days on calendar]

- In total days incarcerated during period 16. _____**
- Total days in institutions [add 15 + 16] 17. _____**

"During this period, where did you live? How many days did you live in:" [Do not record on calendar unless useful as memory aids.]

- Total number of days in own house, apartment, room: 18. _____**
- Total number of days living with others (no rent): 19. _____**
- Total number of days living in halfway house: 20. _____**
- Total number of days homeless (shelters, etc.): 21. _____**

Lines 17 + 18 + 19 + 20 + 21 must equal Line 2

"During this period, how many days were there [not including hospital or detox days] when you saw a doctor, nurse, nurse-practitioner, or physician's assistant for any kind of medical care?" [Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 22. _____

"During this period, on how many days did you have a session with a counselor or therapist?" [Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems** 23. _____

Total number of days for other drug problems** 24. _____

Total days for emotional/psychological problems 25. _____

If treatment was received, describe briefly here

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another Twelve-Step meeting?" [Do not record on calendar unless useful as memory aids.]

**total number of days attending 12-step meetings:
[enter 0 if none]** 26. _____

OTHER ACTIVITIES

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

WORK: "How many days have you been paid for working during this period?" WORK days 27. _____

EDUCATION: "How many days have you been in school or training during this period?" EDUCATION days 28. _____

RELIGIOUS ATTENDANCE: "On how many days during this time did you attend a worship service or other religious celebration?"

RELIGIOUS ATTENDANCE days 29. _____

MEDICATIONS

"During this period, on how many days did you take any medications prescribed by a physician?" [Do not enter medication days on the calendar unless they appear to be of memory value.]

to treat a medical problem 30. _____
specify:

to prevent you from drinking (Antabuse only) 31. _____

to help you detoxify/come off alcohol or another drug 32. _____
specify:

to help you stabilize or change your use of drugs other than alcohol

maintaining/stabilizing drugs (e.g., methadone) 33. _____
specify:

drug antagonists/blockers 34. _____
specify:

for psychological or emotional problems 35. _____
specify:

PERIODS OF ABSTINENCE

"Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there any periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar.]

36. Date of first drink during period: ____/____/____

37. Date of last drink during period: ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to page 8. If YES, continue to complete page 6 and, if appropriate, page 7.]

"Could you describe for me a usual or typical week of drinking. In a typical week, let's start with weekdays - Monday through Friday - what did you normally drink in the morning, from the time you got up until about lunchtime?" [Record]

For each drinking period, obtain time estimates to allow BAC calculation. For example:

"About what time did you normally have your first drink? . . . And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time - what did you normally drink on weekday afternoons, Monday through Friday?" [Record]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?" [Record]

Repeat same instructions for weekend days.

P1 STEADY PATTERN CHART 1

Morning	Afternoon	Evening	TOTAL SECs
M O N			____.____
T U E			____.____
W E D			____.____
T H U			____.____
F R I			____.____
S A T			____.____
S U N			____.____

Total number of Standard Drinks (SECs) per week: 38. _____.

Estimated BAC peak for Steady Pattern week (mg%) 39. ____/____/____

Enter all days of this pattern on calendar as P1.

If the above pattern does not describe all drinking weeks, ask:
"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?" If YES, complete page 7. If NO, proceed to page 8.

P2 STEADY PATTERN CHART 2

Morning	Afternoon	Evening	TOTAL SECs
M O N			____.____
T U E			____.____
W E D			____.____
T H U			____.____
F R I			____.____
S A T			____.____
S U N			____.____

Total number of Standard Drinks (SECs) per week: 40. _____.

Estimated BAC peak for Steady Pattern week (mg%) 41. ____/____/____

Enter all days of this pattern on calendar as P2.

Proceed to Page 8

EPISODIC PATTERN CHARTS

INSTRUCTIONS WHEN PAGE 6 (or 6 and 7) HAS BEEN COMPLETED:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

INSTRUCTIONS WHEN PAGE 6 AND 7 HAVE BEEN SKIPPED (NO REGULAR PATTERN):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

FOLLOW-THROUGH FOR ALL CLIENTS:

[When a particular episode is identified:]

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as Episode Type 1 below, and continue:]

"Now, using the calendar, which were the days when your drinking was about like that?" [Record E-1 in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E-2 and E-3 days]

If no repeated episode types can be identified, proceed to fill in the calendar day by day.

E1 Episode Type 1

Beverages and amounts:

Total SECs 42. _____.

Time to consume: _____

Estimated Peak BAC for Episode Type 1 (mg%): 43. _____/_____/_____
Record on calendar as E1

E2 Episode Type 2

Beverages and amounts:

Total SECs 44. _____.

Time to consume: _____

Estimated Peak BAC for Episode Type 2 (mg%): 45. _____/_____/_____
Record on calendar as E2

E3 Episode Type 3

Beverages and amounts:

Total SECs 46. _____.

Time to consume: _____

Estimated Peak BAC for Episode Type 3 (mg%): 47. _____/_____/_____
Record on calendar as E3

Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the THREE HEAVIEST DRINKING DAYS in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.

OTHER DRUG USE

"Now I'm going to show you this set of cards. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In a pile on the left [indicate position] I'd like you to place those cards that name a kind of drug that you have tried at least once in your life. In the pile on the right [indicate position], place the cards that name types of drugs that you have never tried at all."

[Give cards to client IN NUMERICAL ORDER - with tobacco on top, marijuana next, and so on. Use the header cards that are provided ("Drugs I have used at least once" and "Drugs I have not used") to mark where the two piles are to be placed. Emphasize at intake that you are asking about drug use ever in the client's lifetime. When the sorting has been completed, take the NO (Never Used) pile, and check all these categories as "NO" in the LIFETIME USE column on page 10. Then continue with the YES pile.]

"Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I will want to know is: during how many weeks during your lifetime have you used each type of drug at least once. Let's start with _____ [use tobacco, or first YES card from numerical sequence]. How many weeks, during your lifetime, would you say that you used _____ at least once?"

[Record response. It may be recorded in months or years, but must always be converted into weeks. Repeat for each YES drug card. Then give YES pile back to client.]

"Now I'd like you to sort these again, to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. If you used the drug at least once during this time, put it in a pile here (indicate "Drugs I have used at least once" pile), and if you never used it at all during this period, put it here (indicate "Drugs I have not used" pile)." [Alternatively, if there are few cards, simply ask: "Which of these have you used at least once during this period we've been talking about . . ."] Be clear that you are now asking about recent use during a specified calendar period.

[For each of the YES cards, specify the specific drug(s) and route(s) of administration during this period, and ask:] "During this period, on how many days would you say you used _____?" [Record on page 11 and repeat for all YES cards.]

	LIFETIME USE?	WEEKLY USE Year=52 Month=4	CURRENT PERIOD
48. Nicotine specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days Cigarettes per day in current period: ____/____/____ number per day
49. Cannabis/Marijuana specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
50. Sedatives/Tranquilizers specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
51. Hypnotics (Downers) specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
52. Steroids specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
53. Amphetamines (Uppers) specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
54. Cocaine specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
55. Hallucinogens specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
56. Inhaled Toxicants specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
57. Opiates specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days
58. Other Drugs specify:	___(0)No ___(1)Yes	Lifetime weeks: ____/____/____/____	____/____/____ Days