

KENTUCKY DRUG COURT

Adolescent Intake Assessment



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Version 2.0

The KDC-AIA was adapted from Brown, E., Frank, D., & Friedman, A. (1997). Supplementary Administration Manual for the Expanded Female Version of the Addiction Severity Index (ASI) Instrument The ASI-F. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. DHHS Publication Number 96-8056. Kaminer, Y. Bukstein, O., & Tarter, R. (1991) The Teen-Addiction Severity Index (T-ASI): Rationale and reliability. International Journal of Addictions, 26, 219-226. Kaminer, Y., Wagner, E., Plummer, B., & Seifer, R. (1993). Validation of the Teen-Addiction Severity Index (T-ASI): Preliminary findings. American Journal of the Addictions, 2, 250-254. McLellan, A., Luborsky, L., O'Brien, C., & Woody, G. (1980) An improved diagnostic instrument for substance abuse patients: The addiction severity index. Journal of Nervous and Mental Diseases, 168, 26-33. McLellan, A., Kushner, H., Metzger, D., Peters, F., Smith, I., Grissom, G., Pettinati, H., & Argeriou, M. (1992). The fifth edition of the addiction severity index. Journal of Substance Abuse Treatment, 9, 199-213. Rahdert, E. (Ed.). (1991). The Adolescent Assessment/Referral System Manual. DHHS Pub. NO. (ADM) 91-1735. Rockville, MD. National Institute on Drug Abuse.

Created by Dr. TK Logan, Center on Drug And Alcohol Research, University of Kentucky, 1151 Red Mile Road, Suite 1-A, Lexington, KY 40504-2645, (859) 257-8248 and Mr. Jeb Messer, Messer Technology LLC, 2020 Armstrong Mill #632, Lexington, KY 40515, (859) 321-7536

Kentucky Drug Court Adolescent Intake Assessment

(KDC-AIA) Paper Version

Date of Assessment ___ / ___ / ___

Time assessment begun ___ : ___ 1=a.m. 2= p.m.

Interviewer: _____

Drug Court Site: _____

Section 1: Locator Information

The first section asks about your contact information.

1. Client name _____, _____ MI
Last name First name

2. What is your permanent address? _____
Street address

_____ City State Zip Code

3. How long have you lived at this address? _____ Years

4. Is your current residence owned by you or your family? 0=NO 1=YES

5. What is your best mailing address? _____
Street address

_____ City, State, Zip code

6a. What is the best phone number to reach you? (_____) _____

6a1. Who else might answer that phone?

Full name: _____ Relationship _____

Full name: _____ Relationship _____

6b. Is there another number that you may be reached at? (_____) _____

6b1. Who else might answer that phone?

Full name: _____ Relationship _____

Full name: _____ Relationship _____

6c. Do you have a cell phone number you can be reached at? (_____) _____

6c1. Do your parents have a cell phone number they can be reached at?
(_____) _____

6c2. Do you have an e-mail address you can be reached at? _____

6c3. Do you have a pager number you can be reached at? _____

7. Do you currently work or know where you plan to work in the near future?

0=NO → ***If NO, Skip to Question # 10***

1=YES

8. What is the name of the place you work or plan to work? _____

8a. What is your work phone number? (_____) _____

9. Work address _____
Street address

City, State, Zip code

10. Are you currently in school?

0= NO

1=YES → ***If YES, Skip to Question # 13***

11. If not in school, when did you leave? _____
MM/YYYY

12. Why did you leave school?

0=Graduated

1=Just did not want to attend any more

2=Suspended

3=Expelled

4=Other

13. Where do you go to school? (*ask where the client attended school last if they are not still in school*)

School Name	
City	County

14. Are you in the correct grade? 0=NO 1=YES

15. What is (*was*) your guidance counselor's name

16. What is usual current custody status?

- | | | |
|-----------------------|---------------------|---------------------------|
| 0=Biological mother | 1=Biological father | 2=Both biological parents |
| 3=Grandparent(s) | 4=Aunt/uncle | 5=Older sibling |
| 6=Other family member | 7=Family friend | 8= Step parent |
| 9= Adoptive parents | 10= Foster care | 11=Institution |
| 12=Other: _____ | | |

17. What is your current custody status?

- | | | |
|-----------------------|---------------------|---------------------------|
| 0=Biological mother | 1=Biological father | 2=Both biological parents |
| 3=Grandparent(s) | 4=Aunt/uncle | 5=Older sibling |
| 6=Other family member | 7=Family friend | 8= Step parent |
| 9= Adoptive parents | 10= Foster care | 11=Institution |
| 12=Other: _____ | | |

18. How many siblings do you currently live with? _____ **(if they have siblings continue to question 18 A)**

18A.

Names of Siblings (youngest to oldest)	Age (record in years)	Gender 0=Male 1=Female	Biological Sibling 0=NO 1=YES	Step- Sibling 0=NO 1=YES	Half- Sibling 0=NO 1=YES	Currently live with sibling 0=NO 1=YES
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1
		0 1	0 1	0 1	0 1	0 1

19. Please state the name of your primary legal guardian(s):

A) Full name: _____
First name
Middle
Last name

Address: _____
Street
City
ST
Zip

Phone: (_____)_____ Relationship _____

➔ If No Other Guardians, Skip to Question # 19

B) Full name: _____
 First name Middle Last name

Address: _____
 Street City ST Zip

Phone: (_____)_____ Relationship _____

C) Full name: _____
 First name Middle Last name

Address: _____
 Street City ST Zip

Phone: (_____)_____ Relationship _____

D) Full name: _____
 First name Middle Last name

Address: _____
 Street City ST Zip

Phone: (_____)_____ Relationship _____

20. Do you have any other relatives or friends who usually know how to reach you?

Full name: _____
 First name Middle Last

Address: _____
 Street City St Zip

Phone(_____)_____ Relationship _____

21. Interviewer comments on client contact information:

Section 2: Demographic Information

This section asks about your demographic information and about your child(ren) if you have any.

1. What is your birth date? / /
MM DD YYYY

2. What is your Social Security Number? (*Interviewer, if possible verify this number with a social security card. This number needs to be accurate!*)

3. What is the client's gender? 1=Male 2=Female

4. In what country were you born?
1=US → ***If BORN IN U.S., Skip to Question # 5***
2=Non-US born
4a. How many years have you lived in the U.S.? _____ years

5. What race do you consider yourself to be?
1=White (not of Hispanic origin) 2=Black
3=Bi-Racial 4=Native American
5=Alaskan Native 6=Asian or Pacific Islander
7=Hispanic-Mexican 8=Hispanic-Dominican
9=Hispanic-Puerto Rican 10=Hispanic-Cuban
11=Other Hispanic 12=Other

6. Who is the major wage earner in your household?
1=Spouse/Partner 2=Parent 3=Grandparent
4=Other Relative 5=Other (specify)_____

7. What is your [*Insert answer from # 6 here*] occupation? (*circle one*)
01 **Professional and technical** (accountant, architect, engineer, lawyer or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer, draftsman)
02 **Manager and administrator** (office manager, sales manager, school administrator, government official, small business owner)
03 **Sales** (sales representative, insurance agent, real estate broker, bond sales person, sales clerk or other sales people, cashier)
04 **Clerical or office worker** (bank teller, bookkeeper, secretary, file clerk, typist, postal clerk or carrier, ticket agent)

- 05 **Craft and kindred** (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)
- 06 **Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry and dry-cleaning operator, miner, welder, garage worker).
- 07 **Transportation equipment operative** (bus or cab driver, chauffeur, truck driver, delivery person)
- 08 **Non-farm laborer** (construction, freight handler, sanitation worker, car washer, yard worker, odd-job person)
- 09 **Private household worker** (maid, butler, cook)
- 10 **Service worker** (cook, waiter, barber, janitor, practical nurse, caretaker for children, day care worker, beautician, police officer, firefighter)
- 11 **Farmer or Farm Manager**
- 12 **Farm laborer (field boss, picker)**
- 13 **Military service**
- 14 **Other**
- 99 **Never had a job**

8. Have you been in a controlled environment in the past year like a hospital or detention center?

0=NO → ***If NO, Skip to Question # 9***

1=YES

8a. *If yes*, please tell me which controlled environment(s) you have been in the past year, the past 30 days, and how many days you have spent in that environment in the previous 30 days:

WHICH CONTROLLED ENVIRONMENT(S)	PAST YEAR		PAST 30 DAYS		# DAYS PAST 30
	0=NO	1=YES	0=NO	1=YES	
Detention	0	1	0	1	
Alcohol or Drug Treatment	0	1	0	1	
Group home	0	1	0	1	
Medical Treatment	0	1	0	1	
Psychiatric Treatment	0	1	0	1	
Other (specify):	0	1	0	1	

9a. *If Female ask* “How many times have you been pregnant?”

_____ times → ***If 0, Skip to Question # 13***

9b. *If Male ask* “How many pregnancies have you been responsible for?”

_____ pregnancies → ***If 0, Skip to Question # 13***

10. How many of those pregnancies resulted in a live birth?

_____pregnancies → ***If 0, Skip to Question # 13***

11. How old were you when the first baby was born? _____years old

12. How many children do you have? _____children

13. *Interviewer comments on client demographic and child(ren) information:*

Section 3: Medical Health Information

The following questions ask about your medical health history.

1. How many times in your life have you been hospitalized for medical problems?
(Include ODs and DTs; Exclude birth of a child)

_____times → ***If 0, Skip to Question # 3***

2. How long ago was your last hospitalization for a medical problem?
(Exclude birth of a child)

- 1=less than six months 2=6-12 months ago
- 3=1-2 years ago 4=2-3 years ago
- 5=more than 3 years 6=Never

3. Do you have any chronic medical problems that continue to interfere with your life?

0=NO

1=YES; ***IF YES***, what? _____
(If there are multiple answers please separate by commas)

4. Have you ever had any of the following medical health problems?

HEALTH PROBLEMS	0=NO 1=YES	
Hepatitis (B, C)	0	1
Chlamydia (NGU)	0	1
Syphillis	0	1

Gonorrhea (GC, clap, dose)	0	1
Pelvic Inflammatory Disease (PID)	0	1
Genital Warts (HPV, venereal warts)	0	1
HIV+	0	1
AIDS	0	1

5. Have you ever had a fit or seizure? 0=NO 1=YES

6. Are you taking any prescribed medication on a regular basis for a physical problem? *WHAT?*

0=NO 1=YES; ***IF YES***, what? _____
(If there are multiple answers please separate by commas)

7. Do you smoke cigarettes?

0=NO → ***If NO, Skip to Question # 9***

1=YES

8. On average, about how many cigarettes did you smoke a day in the last 30 days you were on the street and not in a controlled environment?

_____ cigarettes

9. Do you currently have any type of health insurance, including Medicaid/Medicare?

0=NO → ***If NO, Skip to Question # 11***

1=YES

10. Which of the following best describes the type(s) of health insurance or health programs your family are/were covered by? *(Will need to ask the parents or confirm with parents)*

TYPE OF INSURANCE	0=NO	1=YES
- Parent Employer provided Health insurance	0	1
- Private health insurance	0	1
- MEDICAID (a public assistance program that pays for medical care)	0	1
- MEDICARE (a public health insurance program for person 65 and older and for certain disabled persons)	0	1
- VA/CHAMPUS (a series of public health programs for active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors)	0	1
- Other insurance, specify:	0	1

11. How many days have you experienced medical problems in the past 30? (*Not pregnancy related*)

_____ days

Interviewer Ratings for Medical Health Information

12. How would you (interviewer) rate the client's need for medical treatment? (*Circle one number next to your response*)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

13. Interviewer comments on medical health information:

Section 4: Education/School Information

The following questions ask about your education and employment history.

1. Have you completed any training or technical education? 0=NO 1=YES
2. What is the highest grade you completed? (GED=12 years) _____ years
3. How many different schools have you attended in the past school year (or the last year you were in school)?

_____ Schools
4. What was your grade average, or which grade letter is closest to your grade average, on your last report card?

0=F 1=D 2=C 3=B 4=A
5. What was your grade average, or which grade letter is closest to your grade average, for the last year (*or the last year you were in school*)?

0=F 1=D 2=C 3=B 4=A

6. Please answer the following questions about school (*If not currently in school or if it is summer refer to the last month and three months the adolescent was in school*).

	EVER 0=NO 1=YES	PAST 3 MONTHS 0=NO 1=YES	# DAYS	PAST 30 DAYS 0=NO 1=YES	# DAYS
6a. Have you been late to school?	0 1	0 1		0 1	
6b. Have you missed any school days for reasons other than skipping?	0 1	0 1		0 1	
6c. Have you cut school for a whole day?	0 1	0 1		0 1	
6d. Have you spent time in detention or any other measures taken for disciplinary reasons (like the principal's office or a school counselor's office)?	0 1	0 1		0 1	
6e. Were you suspended from school?	0 1	0 1		0 1	

Interviewer Ratings for Education Information

7. How would you (interviewer) rate the client's need for school counseling? (Circle one number next to your response)
 0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
 6 – 7 =Considerable problem 8 – 9 =Extreme problem

8. Interviewer comments on education information:

Section 5: Employment Information

The following questions ask about your education and employment history.

1. Do you have a valid driver's license?

0=NO; **IF NO**, Why Not? _____

1=YES: **IF YES**, what is your driver license number? _____
(Please verify)

2. Do you have an automobile available for use? 0=NO 1=YES

3. Have you ever held a job? 0=NO 1=YES

4. Are you currently employed? 0=NO 1=YES

4a. If NOT currently employed, how long was your last job?

_____ years _____ months

4b. If currently working, how long have you worked at your current job?

_____ years _____ months

5. Is (*was*) this job:

1=Full time 2=Part-time 3=Other

6. Are (were) you frequently absent or late to work? 0=NO 1=YES

7. Have you ever been fired from a job? 0=NO 1=YES

8. How many different jobs have you had in the past year? _____ jobs

9. How many days were you paid for working in the past 30 days?

_____ days

10. Is it important to you now to find or keep a satisfactory job? 0=NO 1=YES

Interviewer Ratings for Employment Information

11. How would you (interviewer) rate the client's need for employment support counseling? (Circle one number next to your response)

0 – 1 = No real problem 2 – 3 = Slight problem 4 – 5 = Moderate problem
 6 – 7 = Considerable problem 8 – 9 = Extreme problem

12. Interviewer comments on employment information:

Section 6: Drug and Alcohol Information

The following questions ask about your substance use history.

1. Please indicate:

- A. Have you ever used [insert substance]? (Circle one) 0=NO 1=YES
- B. How old were you the first time you used [insert substance]? (record age)
- C. How many days have you used in the past 30 days on the street? (record # days)
- D. How many years have you used [insert substance] regularly in your lifetime? (record # years)
- E. Write any substance specific comments on the next page.

DRUG/ALCOHOL INFORMATION	A EVER USED 0=NO 1=YES	B AGE 1 ST USE	C # DAYS USED IN PAST 30 ON THE STRT	D #YEARS USED IN LIFETIM E
1.1 Alcohol , any use	0 1			
1.2. Marijuana (pot, weed, dope, grass, herb, joint, reefer, spliff, sinsemillia, doobie, cannabis, hashish, ganja, Colombian)	0 1			

1.3. Cocaine (coke, base, dusts, freebase, snow, lady)	0	1			
1.4. Crack Cocaine (rock)	0	1			
1.5. Amphetamine (uppers) (crank, diet pills, bennies, black beauties, dexies, ice, white crosses, methamphetamine)	0	1			
1.6. Barbiturates (downers) or Other sedatives/hypnotics/tranq (sleeping pills, Valium, Librium, Xanax, Quaaludes, Seconal, Amytal, goofballs, reds, Yellowjackets)	0	1			
1.7. Opiates/analgesics painkillers (Percodan, Dilaudid, opium, orphine, codeine, opium, Demerol, Talwin, Darvon)	0	1			
1.8. Ecstasy	0	1			
1.9. OxyContin	0	1			
1.10. Hallucinogens (psychedelics, to trip, to drop) (LSD, acid, tabs, microdots, blotter, mescaline, psilocybin, mushrooms, peyote, buttons, DMT, XTC, PCP, angel dust, Adam, STP)	0	1			
1.11. Inhalants (glue, gas, paint, nitrous oxide—whip-its, laughing gas, balloons, etc)	0	1			
1.12. Heroin (junk, scag, smack, horse, boy, China white)	0	1			
1.13. Methadone , illegal	0	1			
1.14. <u>More than one substance per day</u> (<i>including alcohol</i>)	0	1			

DRUG/ALCOHOL INFORMATION	E COMMENTS
1.1. <u>Alcohol</u>	
1.2. <u>Marijuana</u>	
1.3. <u>Cocaine</u>	
1.4. <u>Crack Cocaine</u>	
1.5. <u>Amphetamine</u>	

1.6. <u>Barbiturates or Other sedatives/hypnotics/tranq</u>	
1.7. <u>Opiates/analgesics painkillers</u>	
1.8. <u>Ecstasy</u>	
1.9. <u>OxyContin</u>	
1.10. <u>Hallucinogens</u>	
1.11. <u>Inhalants</u>	
1.12. <u>Heroin</u>	
1.13. <u>Methadone, illegal</u>	
1.14. <u>More than one substance per day (including alcohol)</u>	

2. The next set of questions ask about your drug and alcohol use:

	0-NO	1-YES
2a. Do you get into trouble because you use drugs or alcohol at school?	0	1
2b. Have you accidentally hurt yourself or someone else while high on drugs or alcohol?	0	1
2c. Do you miss out on activities because you spend too much money on drugs or alcohol?	0	1
2d. Do you ever feel you are addicted to alcohol or drugs?	0	1
2e. Have you started using more drugs or alcohol to get the effect you want?	0	1
2f. Do you ever leave a party because there is no alcohol or drugs?	0	1
2g. Do you have a constant desire for alcohol or drugs?	0	1
2h. During the past month have you driven a car while you were drunk or high?	0	1
2i. Have you had a car accident while high on drugs or alcohol?	0	1
2j. Do you forget things you did while drinking or using drugs?	0	1
2k. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	0	1
2l. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	0	1

2m. Do you have serious arguments with friends or family members because of your drinking or drug use?	0	1
2n. Does your alcohol or drug use ever make you do something you would not normally do: like breaking rules, missing curfew, breaking the law, or having sex with someone?	0	1
2o. Do you miss school or arrive late because of your alcohol or drug use?	0	1
2p. Do you have trouble getting along with any of your friends because of your alcohol or drug use?	0	1
2q. Do you ever feel you can't control your drug use?	0	1

3. Have you ever been treated for drug or alcohol abuse, not including AA/NA?

0=NO → ***If NO, Skip to Question # 5***

1=YES

4. How many times, not including AA/NA, you have been treated for drug or alcohol abuse:

	LIFETIME	PAST YEAR	# DAYS PAST 30 DAYS
How many times were you treated for drug and alcohol abuse in a residential setting?			
How many of times in detox only?			
How many times in outpatient treatment program?			

5. Have you ever attended AA/NA meetings?

0=NO → ***If NO, Skip to Question # 8***

1=YES

6. Have you attended AA/NA in the past year?

0=NO → ***If NO, Skip to Question # 8***

1=YES

7. How many days have you attended AA/ NA meetings in the past 30 days?

_____ days

Interviewer Ratings for Drug and Alcohol Information

8. How would you (interviewer) rate the client's need for alcohol treatment? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

9. How would you (interviewer) rate the client's need for drug treatment? (Circle one number next to your response)
- 0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
 6 – 7 =Considerable problem 8 – 9 =Extreme problem

10. Interviewer comments on drug and alcohol information:

Section 7: Criminal Justice History Information

The following questions ask about your criminal justice history.

1. Are you on probation or conditional release now? 0=NO 1=YES

2. How many times have you been in detention or incarcerated in your life?

_____ times **→ If 0 months, Skip to Question # 6**

3. In all, how much time have you spent in detention or incarcerated in your life?

1=1 month or less 2=2 months 3=3 months
 4=4 months 5=5 months 6=6 or more months

4. How long was your last detention or incarceration?

1=1 month or less 2=2 months 3=3 months
 4=4 months 5=5 months 6=6 or more months

5. Reason for last detention or incarceration?

CHARGE	0=NO	1=YES
Shoplifting	0	1
Vandalism	0	1
Truancy	0	1

Trespassing	0	1
Beyond Parental Control	0	1
Unauthorized Use of a motor vehicle	0	1
Parole/Probation violation	0	1
Drug charges	0	1
Disorderly conduct	0	1
Driving while intoxicated	0	1
Other major driving violations such as reckless driving, speeding, etc	0	1
Assault or other charges related to domestic violence	0	1
Assault not related to domestic violence	0	1
Forgery	0	1
Weapons offense	0	1
Burglary, larceny, B & E	0	1
Robbery	0	1
Arson	0	1
Sex Offenses	0	1
Homicide/manslaughter	0	1
Prostitution	0	1
Contempt of Court	0	1
Other (specify, separate answers with a comma):	0	1

6. Are you presently awaiting charges, trial, or sentence?

0=NO → ***If NO, Skip to Question # 8***

1=YES

7. Reason for awaiting charges?

CHARGE	0=NO	1=YES
Shoplifting	0	1
Vandalism	0	1
Truancy	0	1
Trespassing	0	1
Beyond Parental Control	0	1
Unauthorized Use of a motor vehicle	0	1
Parole/Probation violation	0	1
Drug charges	0	1
Disorderly conduct, vagrancy, public intoxication	0	1
Driving while intoxicated	0	1
Other major driving violations such as reckless driving, speeding, no license, etc	0	1
Assault or other charges related to domestic violence	0	1

Assault not related to domestic violence	0	1
Forgery	0	1
Weapons offense	0	1
Burglary, larceny, B & E	0	1
Robbery	0	1
Arson	0	1
Sex Offenses	0	1
Homicide/manslaughter	0	1
Prostitution	0	1
Contempt of Court	0	1
Other (specify, separate answers with a comma):	0	1

8. How many days in the past 30 were you engaged in illegal activities for profit?

_____ days

Interviewer Ratings for Criminal Justice Involvement Information

9. How would you (interviewer) rate the client's need for legal services or counseling?

(Circle one number next to your response)

0 – 1 = No real problem 2 – 3 = Slight problem 4 – 5 = Moderate problem

6 – 7 = Considerable problem 8 – 9 = Extreme problem

10. Interviewer comments on criminal justice involvement information:

Section 8: Family Information

The following questions ask about your family history.

- Have any of your relatives had what you would call a significant drinking (ALC), drug use (DRG), or psychiatric (PSY) problem – one that did or should have led to treatment? (*Interviewer, record a 0, 1, 2, or 3 in each space corresponding the tabled question*)

0=NO

1=YES

2=Uncertain

3=No relative from that category

MOTHER'S SIDE				FATHER'S SIDE				SIBLINGS			
	ALC	DRG	PSY		ALC	DRG	PSY		ALC	DRG	PSY
Grand mother				Grand Mother				Brother #1			
Grand father				Grand Father				Brother #2			
Mother				Father				Sister #1			
Aunt				Aunt				Sister #2			
Uncle				Uncle							

- What are your current living arrangements?

0=Alone

1=With both parents

2=With single parent-Mother

3=With single parent--father

4=With other family members

5=With boyfriend/girlfriend/spouse

6=With friends

7=Foster care

8=In a controlled environment

9=No stable arrangements (*include shelter*)

- How long have you lived in these living arrangements?

_____ years _____ months

- Are you satisfied with these living arrangements, with the people you are living with?

0=NO

1= YES

2=Indifferent

5. Please rate how well you get along with the following individuals:

	NOT AT ALL 0	SOMEWHAT 1	PRETTY GOOD 2	GREAT 3
Biological mother	0	1	2	3
Biological father	0	1	2	3
Step mother	0	1	2	3
Step father	0	1	2	3
Siblings	0	1	2	3
Sexual partner/marital partner	0	1	2	3
Other individuals you currently live with (specify):	0	1	2	3

6. How many days in the past 30 have you had serious conflicts (problems which threaten your relationship):

a. With family members? _____ days

b. With other people (excluding family)? _____ days

7. Do you live with anyone that has a drug and/or alcohol problem?

0=NO 1=YES

8. How many different places have you lived in the past 12 months?

_____ places

9. Please answer the following questions about your home life:

	0=NO	1=YES
9a. Do your parents or guardians argue a lot?	0	1
9b. Do your parents or guardians refuse to talk to you when they are mad at you?	0	1
9c. Do your parents or guardians usually know where you are and what you are doing?	0	1
9d. Do your parents or guardians and you do lots of things together?	0	1
9e. Do your parents or guardians pay attention when you talk with them?	0	1
9f. Do your parents or guardians have rules about what you can and cannot do?	0	1
9g. Do your parents or guardians know what you really think or feel?	0	1
9h. Do you and your parents or guardians have frequent arguments which involve yelling or screaming?	0	1
9i. Do your parents or guardians like talking with you and being with you?	0	1
9j. Do your parents or guardians have a pretty good idea of your interests?	0	1
9k. Do your parents or guardians usually agree about how to handle you?	0	1

10. Please answer the following questions about discipline in your home:

	EVER	PAST YEAR	PAST MONTH	# DAYS IN PAST MONTH
10a. Have you ever broken your curfew or stayed out later than you were supposed to?	0 1	0 1	0 1	
10b. Have you ever disobeyed and/or talked back to your guardian(s)	0 1	0 1	0 1	
10c. Have you ever been disciplined by your guardians?	0 1	0 1	0 1	

11. The next question asks about abuse, I need to let you know that if indicate you have been or are being abused in any way I will have to report your family to child protective services. Have any family members or any others such as strangers, acquaintances, intimate partners ever abused you:

ABUSE TYPE	0=NO	1=YES
11a. Emotionally (made to feel bad through harsh words, humiliation, manipulation)? <i>(Do not include verbal abuse by strangers)</i>	0	1
11b. Physically (cause or threaten to cause physical harm such as: slapping, punching, kicking, hitting with an object, assaulting with a knife or other weapon, etc.)?	0	1
11c. Sexually (rape, forced sexual advances or non-consensual sexual acts)?	0	1
11d. Has anyone ever sexually harassed you (inappropriate physical contact, stalking, using threats to secure sexual contact, etc.)?	0	1

Interviewer Ratings for Family Information

12. How would you (interviewer) rate the client's need for family counseling? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

13. How would you (interviewer) rate the other family member's need for counseling? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

14. Interviewer comments on family information:

Section 9: Social Information

The following questions ask about your social history.

1. How many close friends do you have?

_____ friends

2. Do any of your friends, not including boyfriend, girlfriend or spouse, regularly use:

	0=NO	1=YES
Alcohol	0	1
Marijuana	0	1
Cocaine	0	1
Other illicit drug	0	1

3. Please answer the following questions about your social life:

	0=NO	1=YES
3a. Is it hard for you to ask for help?	0	1
3b. Are most of your friends older than you?	0	1
3c. Do your friends get bored at parties when there is no alcohol served?	0	1
3d. Do you feel alone most of the time?	0	1
3e. Do you have friends who damage or destroy things on purpose?	0	1
3f. Do your friends bring drugs to parties?	0	1
3g. Do you usually think about how your actions will affect others?	0	1
3h. Do people your own age like and respect you?	0	1
3i. Are most of your friends younger than you are?	0	1
3j. Do you have friends who have hit or threatened to hit someone without any real reason?	0	1
3k. Do your friends cut school a lot?	0	1
3l. Do you have any friends who have stolen things?	0	1
3m. Are you usually pleased with how well you do in activities with your friends?	0	1
3n. Do your parents or guardians approve of your friends?	0	1
3o. Do you rush into things without thinking what could happen?	0	1
3p. Do you enjoy doing things with people your own age?	0	1

3q. Are you good at talking your way out of trouble?	0	1
3r. Are you able to make friends easily in a new group?	0	1
3s. Do you think it's a bad idea to trust other people?	0	1
3t. Do you often act on the spur of the moment?	0	1

4. Do you have a boyfriend/girlfriend/spouse? 0=NO 1=YES

5. How many months has this person been a boyfriend/girlfriend/spouse?
_____ months

6. How many boyfriends/girlfriends/spouse have you had in the past year?
_____ boyfriends/girlfriends/spouse total

7. Does your boyfriend/girlfriend/spouse regularly use

	0=NO	1=YES
Alcohol	0	1
Marijuana	0	1
Cocaine	0	1
Other illicit drug	0	1

8. How many serious conflicts or arguments with all boyfriends/girlfriends/spouse would you say you have had:

In the past month? _____ arguments

In the past 3 months? _____ arguments

9. How satisfied are you with your relationship with your boyfriend/girlfriend/spouse?

0=Not at all 1=A little 2=Fair amount

3=Very much 4=Extremely

10. With whom do you spend most of your free time? (*Circle all that apply*)

0=No one 1=Family 2= Friends

3=Boy/girlfriend 4=Gang 5=Other

Interviewer Ratings for Social Information

11. How would you (interviewer) rate the client's need for social counseling? (Circle one number next to your response)
- 0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

12. Interviewer comments on social information:

Section 10: Mental Health Information

The next set of questions ask about your mental health.

1. Have you ever been treated as an outpatient for psychological or emotional problems?

0=NO

1=YES

2. How many times have you ever been treated for any psychological or emotional problems in a hospital?

_____ times

3. Have you ever been prescribed medication for any psychological or emotional problems?

0=NO

1=YES; ***IF YES***, What? _____
(If there are multiple answers please separate by commas)

4. Have you been prescribed medication (or taken any prescription medication) for any psychological emotional problem in the past 30 days?

0=NO

1=YES; **IF YES**, What? _____
(If there are multiple answers please separate by commas)

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

	PAST 30 DAYS 0=NO 1=YES		IN LIFETIME 0=NO 1=YES	
Experienced serious depression?	0	1	0	1
Experienced serious anxiety or tension?	0	1	0	1
Experienced hallucinations?	0	1	0	1
Experienced trouble understanding, concentrating, or remembering?	0	1	0	1
Experienced trouble controlling violent behavior?	0	1	0	1
Experienced thoughts of suicide?	0	1	0	1
Attempted suicide?	0	1	0	1
Experienced anorexia, bulimia, or other eating disorders?	0	1	0	1

6. In the past 30 days, to what degree have you been bothered by past experiences involving:

	0=Not at all	1=A little	2=Somewhat	3=A lot
Emotional abuse	0	1	2	3
Physical abuse	0	1	2	3
Sexual abuse/rape	0	1	2	3
Sexual harassment	0	1	2	3

7. How many days in the past 30 have you experienced psychological problems?

_____ Days

8. Have you ever been diagnosed or told by a school counselor, a doctor, or some other kind of mental health professional that you had:

	0=NO 1=YES	COMMENT
Attention Deficit Hyperactivity Disorder (ADHD)	0 1	
Attention Deficit Disorder (ADD)	0 1	
Learning Disability (e.g., dyslexia, etc)	0 1	

A serious mental health condition such as depression, obsessive compulsive disorder (OCD), Phobia, Anxiety or other? Specify (separate answers with a comma):	0 1	
Other behavioral disorder? Specify (separate answers with a comma):	0 1	
Other? Specify (separate answers with a comma):	0 1	

9. Please answer the following questions:

	0=NO 1=YES
9a. Do you get frustrated easily?	0 1
9b. Do you threaten to hurt people?	0 1
9c. Are you restless and can't sit still?	0 1
9d. Do you feel nervous most of the time?	0 1
9e. Have you ever been told you are hyperactive?	0 1
9f. Have you stolen things?	0 1
9g. Do you feel people are against you?	0 1
9h. Do you get into fights a lot?	0 1
9i. Do you have a hot temper?	0 1
9j. Are you stubborn?	0 1
9k. Do you have trouble getting your mind off things?	0 1
9l. Have you ever threatened anyone with a weapon?	0 1
9m. Do you have trouble concentrating?	0 1
9n. Have you ever intentionally damaged someone else's property?	0 1
9o. Have you ever spent the night away from home when your parents didn't know where you were?	0 1
9p. Are you suspicious of other people?	0 1
9q. Do you feel sad most of the time?	0 1
9r. Do you have trouble sleeping?	0 1
9s. Do you feel you lose control and get into fights?	0 1
9t. Do you have a hard time following directions?	0 1
9u. Do you worry a lot?	0 1

Interviewer Ratings for Mental Health Information

10. How would you (interviewer) rate the client's need for mental health counseling/treatment? (Circle one number next to your response)
- 0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
- 6 – 7 =Considerable problem 8 – 9 =Extreme problem

11. Interviewer comments on mental health information:

Section 11: Strengths Assessment

This section will be used to end the interview on a more positive note; and to assess strengths that may be useful in developing an individual program plan or goals.

1. Please list three things you like about yourself:

- 1a. _____
- 1b. _____
- 1c. _____

2. Please list three things you did last month that you are proud of:

- 2a. _____
- 2b. _____
- 2c. _____

- 3. Please tell me anything else you would like to say about your strengths (e.g., positive aspects of yourself, accomplishments, other things you are proud of).**

A large, empty rectangular box with a thick black border, intended for the respondent to write their answer to question 3.

Section 12: Interviewer Ratings

1. Time assessment ended ___ __: ___ __ 1=a.m. 2=p.m.

2. Please rate the client interview on each of the questions:

<i>AT THE TIME OF THE INTERVIEW, CLIENT WAS:</i>	<i>0=NO</i>	<i>1=YES</i>
<i>Obviously depressed/withdrawn.</i>	<i>0</i>	<i>1</i>
<i>Obviously hostile.</i>	<i>0</i>	<i>1</i>
<i>Obviously anxious/nervous.</i>	<i>0</i>	<i>1</i>
<i>Having trouble with reality testing, thought disorders, paranoid thinking.</i>	<i>0</i>	<i>1</i>
<i>Having trouble comprehending, concentrating, or remembering.</i>	<i>0</i>	<i>1</i>
<i>Having suicidal thoughts.</i>	<i>0</i>	<i>1</i>
<i>Do you believe any of the client answers were significantly distorted by misrepresentation?</i>	<i>0</i>	<i>1</i>
<i>Do you believe any of the client answers were significantly distorted because the client did not understand the questions?</i>	<i>0</i>	<i>1</i>

3. Please record any final comments you have about this client and/or this client's Interview.