

YOUTH ASSESSMENT INDEX ver. 4.0c

(Sponsored by: QuickStart Systems, Inc.)

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Remember: This is an interview, not a test.

Call QuickStart Systems at (214)342-9020 for:

- Free copies of the Youth Assessment Index
- Free copies of the Clinical/Training ASI
- The Easy-YAI software, and
- Other Treatment Tracking Software.

INTRODUCING THE YAI:

Eight potential problem areas:

Current living situation, Legal, Medical, Family Relationships, Education/Work, Drug/Alcohol, Psycho/Social Adjustment, and Personal Relationships. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

- 0 - Has never occurred
- 1 - Occurred more than 30 days ago
- 2 - Occurred the last 30 days
- 3 - Occurred during and before the last 30 days

Client Input:

Client input is important. For each area, I will ask you to let me know how bothered you have been by any problems in each section. I will also ask you how important counseling is to you for the area being discussed. The response to these questions will be a yes or no.

If you are uncomfortable giving an answer, then don't answer. *Please do not give inaccurate information! Remember: This is an interview, not a test.*

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this YAI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.
4. N = Question not applicable.
5. Privately interview the youth about drug and alcohol use and personal relationships unless parents are reluctant or unwilling to leave.

HALF TIME RULE: If a question is interested in the number of months, round up periods of 14 days or more to 1 month. If the question is only interested in the number of years, round up 6 months or more to 1 year.

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- > 30 day questions only require the number of days used.
- > Lifetime use is asked to determine extended periods of use.
- > How to ask these questions:
 - > How many days in the past 30 have you used...?
 - > How many years in your life have you regularly used...?
- > Use 99 percent to represent number of times used is one hundred or more

01 = Family /Friend
05 = Self Referral
06 = Employer
07 = School
09 = Technician Alternatives to Street Crime (TASC)
32 = Physician
33 = Council on alcohol and Drug Abuse
34 = Employee Assistance Program (EAP)
37 = Clergy
38 = Texas Rehabilitation Commission (TRC)
39 = Court Commitment
40 = Texas Dept. of Human Services (DPW, DHR)
41 = Substitute for Foster Care
50 = State Hospital Outreach Program
51 = AA, NA, Alanon, Alateen, Other Peer Support
52 = Community MHMR Center
53 = Other Non-Residential Program
60 = State Hospital
61 = Other Hospital
62 = Halfway House - Intermediate Care
63 = Long Term Care
64 = Non-Hospital Detox Facility
65 = Other Residential Program
70 = Police
71 = Probation (non-DWI)
72 = Probation (DWI)
73 = Parole
74 = Other Law Enforcement
75 = Texas Youth Commission
76 = TDJC/ID
77 = TAIP
78 = City/County Jail
80 = Other Individual
81 = Other Community Agency(not treatment, not law enforcement)

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine	Cocaine Crystal, Free-Base Cocaine or "Crack", and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal, Marijuana, Hashish
Cannabis:	LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Hallucinogens:	LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
Just note if these are used:	Antidepressants, Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventoline Inhaler, Theodor Other meds = Antipsychotics, Lithium

Source or referral:

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Section I: General Information

Interview site _____

Date: ____/____/____

Case #:

Interviewer:

Initial/Follow-up: I=Initial F=Follow-up

1. _____
First Name Middle Last Name

2. _____
Address Line 1

_____ Address Line 2

_____ City State Zip Code County

(____) _____ - _____ Home Phone Number

(____) _____ - _____ Ext. _____ Work Phone number

3. Sex : 1=Male 2=Female

4. Race:

- 1. White(not Hisp.)
- 2. African American (not Hisp.)
- 3. Hispanic-Mexican American
- 4. Hispanic-Mexican National
- 5. Hispanic-Puerto Rican
- 6. Hispanic-Cuban
- 7. Hispanic-Other
- 8. Alaskan Native
- 9. Asian/Pacific
- 0. Other
- x. Unknown

5. Date of Birth: ____/____/____ Age: YEARS

6.a. Your (youth's) Marital Status:
0=Never Married 1=Married 2=Divorced 3=Separated

b. Have you had any children (yes/no)? 0=No 1=Yes

c. Are you currently responsible for the care of any children(yes/no)? 0=No 1=Yes

General Information Comments:

(Include the question number with your notes)

Section II: Current Living Situation

7. SSN: - -

8. Health Insurance type:

- 0=No health insurance
- 1=Blue Cross/Blue Shield WITHOUT Substance Abuse Coverage
- 2=Other private insurance WITHOUT Substance Abuse Coverage
- 3=Blue Cross/Blue shield WITH Substance Abuse Coverage
- 4=Other private insurance WITH Substance Abuse Coverage
- 5=Medicaid
- 6=Medicare
- 7=CHAMPUS
- 8=Other Public Funds For Health Care
- X=Unknown

9. _____ Insurance Provider Name

10. Ins. Policy #:

11. _____ Insurance Provider Address Line 1

_____ Insurance Provider Address Line 2

_____ Insurance Provider's City State Zip

12. Source of referral: (see cover page)

If referred by probation/parole (or if currently on probation /parole) :

13. _____ Probation/Parole Officer Name:

14. (____) _____ - _____ Ext: _____ Probation /Parole Officer Phone Number

15. _____ Judge Name

16. Case Number

17. Charge Code

18. _____ Charge Description

19. Other available documents on file (check all that apply):

- a.) _____ Drug and Alcohol Assessment
- b.) _____ School/Employment
- c.) _____ Police
- d.) _____ Psychological
- e.) _____ Other _____

20. Does adolescent:

- 1=Understand and agree with the reason for the interview?
- 2=Agree?
- 3=understand?
- 4=Neither understand nor agree.

1. Have you been in a controlled environment in the past 30 days? #DAYS

- 1. No
- 4. Residential Treatment

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- 2. Group Home
- 3. Prison

5. Hospital-Based Program

- 2=Divorced
- 3=Separated (married, not living together nor incarcerated)

6=Mother Deceased

2. With whom do you live (current caretakers)?

1=Both Parents	7=Institution
2=Mother Only	8=Alone
3=Father Only	9=other
4=Mother & Stepfather	0=Other Relatives
5=Father & Stepmother	A=Friends
6=Substitute or Foster Care	

3b. If either parent(s) is (are) Mother
 deceased, how old were Father
 you at the time of their death:

3a. Current marital status of natural parents:

0=Never Married	4=Both Deceased
1=Married and living together	5=Father Deceased

3c. Who has custody if parents are divorced/separated?

N=N/A, Not divorced/separated	3=Mother	6=Other
1=N/A, Youth is over 18	4=Other Individual	
2=Father	5=Institution	

4. HEAD OF HOUSEHOLD:

a. Name: _____
 b. Relationship: _____
 c. Address: _____

 City State Zip County
 d. Phone: (____)____-____
 e. Date of Birth: ____/____/____
 f. Social Security #:
 g. Current employment Status:

1=Unemployed, has not sought employment in the last 30 days	
2=Unemployed, has sought employment in last 30 days	
3=Part-Time (less than 35 hours/week)	
4=Full-Time (35 or more hours/week)	

c. Address: _____

 City State Zip County
 d. Phone: (____)____-____
 e. Date of Birth: ____/____/____
 f. Social Security #:
 g. Current employment Status:

1=Unemployed, has not sought employment in the last 30 days	
2=Unemployed, has sought employment in last 30 days	
3=Part-Time (less than 35 hours/week)	
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<<if working>>

h. Occupation: _____
 i. Employer: _____
 j. Address: _____

 (city) (state) (zip) (county)
 k. (____)____-____ Hours: ____:____-____:____
 Work Phone From To

<<if working>>

h. Occupation: _____
 i. Employer: _____
 j. Address: _____

 (city) (state) (zip) (county)
 k. (____)____-____ Hours: ____:____-____:____
 Work Phone From To

<<if not working>>

l. Primary reason for no paid employment

0=Cannot find a job	5=Not interested in working
1=Unable to work for health reasons	6=Lack of transportation
2=unable to keep job due to substance abuse problems	7=Lack of job skills
3=Needed at home to work or take care of other family members	8=Retired
4=Attending School	9=Other
	N=Not applicable (employed)

<<if not working>>

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m. Income:

Employment: \$ _____	Pension: \$ _____
Public Assistance: \$ _____	Family: \$ _____
Disability: \$ _____	Illegal: \$ _____

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Employment: \$ _____	Pension: \$ _____
Public Assistance: \$ _____	Family: \$ _____
Disability: \$ _____	Illegal: \$ _____

n. Marital status of Head of Household:

0=Never Married	3=Separated(married, not living together nor incarcerated)
1=Married and living together	4=Deceased
2=Divorced	

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o. Highest Grade Completed:

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5. OTHER PRIMARY CARETAKER:

a. Name: _____
 b. Relationship: _____

6. OTHER INVOLVED ADULTS:

a. _____
 Name
 b. _____
 Relationship
 c. _____

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<p>1. Have you ever had a serious relationship (boyfriend or girlfriend)?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>2. Are you currently involved in a serious relationship?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>a. If yes, are you unhappy or dissatisfied with this relationship?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>3. Have you ever had sex? <<If no, skip to question#11>></p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>4. How old were you when you first had sex?</p>	<p>YEARS</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<p>5. How many sexual partners have you had in the last six months?</p>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<p>6. Have you ever had sex without using precautions?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>7. How about in the last six months?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>8. What methods of protection do you currently use:</p>			
<p>a. Nothing</p>	<p>0=SOME 1=EVERY</p>	<input type="checkbox"/>	<p>e. Condom</p>
<p>b. Withdrawal</p>	<p>0=SOME 1=EVERY</p>	<input type="checkbox"/>	<p>f. Implant</p>
<p>c. Diaphragm</p>	<p>0=SOME 1=EVERY</p>	<input type="checkbox"/>	<p>g. Other</p>
<p>d. B. C. Pill</p>	<p>0=SOME 1=EVERY</p>	<input type="checkbox"/>	<p>(Specify in comments)</p>
<p>9. Have you ever had a sexually transmitted disease (like gonorrhea, clap, VD, etc.)</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>10. a. <FEMALE>Have you ever been pregnant?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>b. <MALE>Have you ever gotten somebody pregnant?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>11. Have you been taught about avoiding HIV/AIDS? Can you tell me how someone can avoid getting AIDS? (Specify in comments)</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>12. Have you ever been abused:</p>			
<p>a. Physically?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>b. Sexually?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>c. If yes, was the incident investigated?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>d. Have you ever physically or sexually abused someone else?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>13. Have you ever seriously considered calling the police because of the way members of your household were acting? (If yes, specify in comments).</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>14. Have you ever been forced/pressured into having sex?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>a. If no, have you ever been touched in a way that you did not like?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>b. Have you ever forced/pressured someone into having sex?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>15. If 12, 13, 14 or 14a is YES, are you currently in a relationship where this is happening?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>16. Do you need help/counseling on the above subjects?</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	
<p>17. Interviewer Severity Rating:</p>	<p>0=No Need 1=Minor 2=Moderate 3=Urgent</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>18. Confidence Rating</p>	<p>0=NO 1=YES</p>	<input type="checkbox"/>	

Comments on Personal Relationships:
(Include the question number with your notes)

