**SCREENING-ADULTS (PAPER VERSION)**

Based on the American Society of Addiction Medicine (ASAM) Criteria Multidimensional Assessment; 3rd Edition

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| **Demographic information** | | |
| **Name:** | | **Phone Number:**  **Okay to leave voicemail?** ☐ Yes ☐ No |
| **Address:** | |  |
| **DOB:** | **Age:** | **Gender:** |
| **Ethnicity:** | **Preferred Language:** | **Participant ID #:** |
| **Insurance Type:** ☐None☐Medicare ☐Medi-Cal☐Private ☐Other (specify): | | |
| **Living Arrangement:** | **Are there children under 18 in the home?** ☐ Yes ☐ No | |
| **Referred By:** |  | |

**Brief explanation of why client is currently seeking treatment:**

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| **Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential** |

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| 1. In the past 30 days, have you used: |
| Alcohol: ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Marijuana: ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cocaine: ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Heroin: ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*If client is abusing heroin, consider referral to Opioid Treatment Program or provider of Medication-Assisted Treatment* |
| Methamphetamine ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prescription Drugs: ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Benzodiazepines/Hypnotics/Sleeping Medication ☐ Opioid Pain Medication ☐ Stimulants ☐ Over the Counter☐ Other  *\*If client is abusing opioid medications, consider referral to Opioid Treatment Program or provider of Medication-Assisted Treatment* |
| Inhalants: ☐ Yes ☐ No Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount/Frequency:\_\_\_\_\_\_\_\_\_\_\_ Duration? \_\_\_\_\_\_\_\_\_\_\_ Route? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Do you find yourself using more alcohol or other drugs to get the same high or buzz? ☐ Yes ☐ No |
| 3. Have you had difficulty abstaining from alcohol or drugs? ☐ Yes ☐ No |
| 4. Do you feel physically sick or become ill when you stop using alcohol or drugs? ☐ Yes ☐ No |
| 5. Do you find yourself using larger amounts of alcohol or drugs, or using for a longer period of time than you intend to? ☐ Yes ☐ No |
| 6. Are you currently experiencing withdrawal symptoms when you stop using alcohol and/or other drugs, such as tremors/shaking, excessive  sweating, anxiety, nausea, and/or vomiting? ☐ Yes ☐ No |
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| 7. Do you have any serious medical problems that would be a potential danger during withdrawal management (aka: detox)? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Have you ever experienced alcohol-related seizures? ☐ Yes ☐ No  If yes, how many times and describe the circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Are you interested in medication-assisted treatment, such as buprenorphine, methadone, or naltrexone to help with your treatment? ☐ Yes ☐ No |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Severity Rating- Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential) | | | | |
| 0 | 1 | 2 | 3 | 4 |
| None | Mild | Moderate | Severe | Very Severe |
| No signs of withdrawal/intoxication present | Mild/moderate intoxication, interferers with daily functioning. Minimal risk of severe withdrawal. No danger to self/others. | May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others. | Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal. | Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life. |

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| Dimension 2: Biomedical Condition and Complications |
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| 10. Do you have any active or serious medical problems that you are aware of? ☐ Yes ☐ No |
| If yes, do you have any medical problems that require immediate attention? ☐ Yes ☐ No  Briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. Do you currently have any open sores or abscesses that require medical treatment?  ☐ Yes ☐ No (if yes, may need to refer for medical treatment prior to entering SUD treatment) |
| 12. Do you have a tuberculosis infection? ☐ Yes ☐ No  If yes, is it being treated or has it been fully treated in the past? ☐ Yes ☐ No |
| 13. If Female: Are you pregnant? ☐ Yes ☐ No (if pregnant and using opioids, refer to OTP provider) |
| 14. In the past 30 days, have you experienced any medical problems or been to the emergency room for any medical problems? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15. Are you currently taking medications for any medical conditions? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 16. When was the last time you followed up with your medical doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 17. (Question to be answered by interviewer): Does the client report any symptoms that would be considered life-  threatening or an emergency? ☐ Yes ☐ No (if yes, consider immediate referral to emergency room) |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Severity Rating- Dimension 2 (Biomedical Condition and Complications)** | | | | | |
| 0 | 1 | 2 | | 3 | 4 |
| None | Mild | Moderate | | Severe | Very Severe |
| Fully functional/ able to cope with discomfort or pain. | Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort. | | Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected. | Serious medical problems neglected during outpatient treatment. Severe medical problems present but stable. Poor ability to come with physical problems. | Incapacitated with severe medical problems. |

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| **Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications** |

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| 18. Do you ever hear or see things that others do not? ☐ Yes ☐ No  If yes, briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19. Do you have any cognitive or emotional problems that may interfere with your substance use treatment? ☐ Yes ☐ No  If yes, briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20. If you have any cognitive or emotional problems, do they occur mostly when using or withdrawing from alcohol and/or  other drugs? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 21. In the past 30 days, how much have you been troubled or bothered by the previously discussed cognitive or emotional conditions?  ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely |
| 22. Do you currently have thoughts of hurting yourself or someone else? ☐ Yes ☐ No (if yes, consider transport to emergency room, or  calling 9-1-1) |
| Have you ever acted on these feelings to hurt yourself? ☐ Yes ☐ No  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 23. Are you currently taking any medications for your psychological or emotional health? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 24. Are you currently taking any medications for your psychological or emotional health? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

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| Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC]) | | | | | |
| 0 | 1 | 2 | 3 | | 4 |
| None | Mild | Moderate | Severe | | Very Severe |
| Good impulse control and coping skills. No dangerousness, good social functioning, self-care, and no interference with recovery. | Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment. | Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning. | | Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting. | Severe EBC. Requires acute level of care. Severe and acute life-threatening symptoms (i.e. danger to self/others). |

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| **Dimension 4: Readiness to Change** |

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| 25. How often have you missed important social, occupational or recreational activities as a result of your alcohol or drug use?  ☐ Never ☐ Sometimes ☐ Regularly ☐ All the time |
| 26. Have you continued to use alcohol or drugs despite experiencing problems at work or with your relationships?  ☐ Yes ☐ No |
| 27. Do you feel there is something holding you back from receiving treatment? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 28. How important is it for you to receive treatment for alcohol or drug problems:  ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely |
| 29. How ready are you to change your alcohol or drug use?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | ☐ Not Ready | ☐ Getting Ready | ☐ Ready | ☐ In progress of changing | ☐ Sustained change | | (Pre contemplation) | (Contemplation) | (Preparation) | (Action) | (Maintenance) | |
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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Severity Rating- Dimension 4 (Readiness to Change) | | | | |
| 0 | 1 | 2 | 3 | 4 |
| None | Mild | Moderate | Severe | Very Severe |
| Willing to engage in treatment. | Ambivalent to change, but willing to enter treatment. | Low commitment to change substance use. Reluctant to agree to treatment. Passive engagement in treatment. | Unaware of need to change. Unwilling or partial follow up on treatment recommendations. | Not willing to change. Unwilling/unable to follow through with treatment recommendations. |

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| **Dimension 5: Relapse, Continued Use, or Continued Problem Potential** |

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| 30. What might cause you to relapse in the future?  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31. How strong are your urges to use alcohol or drugs?  ☐ None ☐ Slight urge ☐ Moderate urge ☐ Considerable urge ☐ Extreme urge |
| 32. How likely do you think it is you might relapse because of cravings for alcohol and/or other drugs?  ☐ Not at all likely ☐ Slightly likely ☐ Moderately likely ☐ Considerably likely ☐ Extremely likely |
| 33. Since your last use, do you find yourself spending more of your time searching for alcohol or drugs? ☐ Yes ☐ No |
| 34. Without immediate treatment, how likely do you think it is that you will relapse or continue to use alcohol or drugs?  ☐ Not at all likely ☐ Slightly likely ☐ Moderately likely ☐ Considerably likely ☐ Extremely likely |
| 35. Have you been able to remain sober or decrease your alcohol or drug use for any period of time in the past? ☐ Yes ☐ No  If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| Severity Rating- Dimension 5 (Relapse, Continued Use, or Continued Problem Potential) | | | | |
| 0 | 1 | 2 | 3 | 4 |
| None | Mild | Moderate | Severe | Very Severe |
| Low/no potential for relapse. Good ability to cope. | Minimal relapse potential. Some risk, but fair coping and relapse prevention skills. | Impaired recognition of risk for relapse. Able to self-manage with prompting. | Little recognition of risk for relapse, poor skills to cope with relapse. | No coping skills for relapse/ addiction problems. Behavior places self/other in imminent danger. |

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| **Dimension 6: Recovery/Living Environment** |

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| 36. Do you currently have someone who you would consider as a social support, or someone you can rely on for  support with needed? ☐ Yes ☐ No |
| 37. How supportive are your friends/family of you receiving help for your alcohol or drug use?  ☐ Not supportive ☐ Slightly supportive ☐ Moderately supportive ☐ Considerably supportive ☐ Extremely supportive |
| 38. Do you currently live in an environment where others are using are using alcohol and/or other drugs? ☐ Yes ☐ No |
| 39. How stable is your current living situation?  ☐ Not stable ☐ Slightly stable ☐ Moderately stable ☐ Considerably stable ☐ Extremely stable |
| 40. How likely is it that you could be hurt or victimized in your current living environment?  ☐ Not at all likely ☐ Slightly likely ☐ Moderately likely ☐ Considerably likely ☐ Extremely likely |
| 41. Are you currently involved with the legal system (e.g., on probation or parole)? ☐ Yes ☐ No  If yes, specify: ☐Parole ☐Probation: ☐DCSF ☐Court Mandated Treatment  ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Severity Rating- Dimension 6 (Recovery/Living Environment) | | | | | |
| 0 | 1 | 2 | | 3 | 4 |
| None | Mild | Moderate | | Severe | Very Severe |
| Able to cope in environment/ supportive. | Passive/disinterested social support, but still able to cope. | | Unsupportive environment, but able to cope with clinical structure most of the time. | Unsupportive environment, difficulty coping even with clinical structure. | Environment toxic/hostile to recovery. Unable to cope and the environment may pose a threat to safety. |
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| **Summary of Multidimensional Screener** |

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| **Dimension** | **Severity Rating** (Based on rating above) | | | | **Rationale** |
| **Dimension 1**  Substance Use, Acute Intoxication, Withdrawal Potential | **☐**  0 | **☐**  1 | **☐**  2 | **☐**  3-4 |  |
| None | Mild | Moderate | Severe |
| **Dimension 2**  Biomedical Condition and Complications | **☐**  0 | **☐**  1 | **☐**  2 | **☐**  3-4 |  |
| None | Mild | Moderate | Severe |
| **Dimension 3**  Emotional, Behavioral, or Cognitive Condition and Complications | **☐**  0 | **☐**  1 | **☐**  2 | **☐**  3-4 |  |
| None | Mild | Moderate | Severe |
| **Dimension 4**  Readiness to Change | **☐**  0 | **☐**  1 | **☐**  2 | **☐**  3-4 |  |
| None | Mild | Moderate | Severe |
| **Dimension 5**  Relapse, Continued Use, or Continued Problem Potential | **☐**  0 | **☐**  1 | **☐**  2 | **☐**  3-4 |  |
| None | Mild | Moderate | Severe |
| **Dimension 6**  Recovery/Living Environment | **☐**  0 | **☐**  1 | **☐**  2 | **☐**  3-4 |  |
| None | Mild | Moderate | Severe |

**ASAM LEVEL OF CARE DETERMINATION TOOL**

**Instructions:** For each dimension, indicate the least intensive level consistent with sound clinical judgment, based on the client’s severity/functioning and service needs.

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| **ASAM Criteria Level of Care- Withdrawal Management** | **ASAM Level** | **Dimension 1:** Substance Use, Acute Intoxication, Withdrawal Potential | | | | **Dimension 2**  Biomedical Condition and Complications | | | | **Dimension 3**  Emotional, Behavioral, or Cognitive Condition and Complications | | | **Dimension 4**  Readiness to Change | | | **Dimension 5**  Relapse, Continued Use, or Continued Problem Potential | | | | | **Dimension 6**  Recovery/Living Environment | | | |
| **Severity / Impairment Rating**  **\*Mild or None** | | **Mild\*** | **Mod** | | **Sev** | **Mild\*** | | **Mod** | **Sev** | **Mild\*** | **Mod** | **Sev** | **Mild\*** | **Mod** | **Sev** | **Mild\*** | | **Mod** | | **Sev** | **Mild\*** | **Mod** | | **Sev** |
| Ambulatory Withdrawal Management without Extended On-Site Monitoring | 1-WM |  |  | |  |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |
| Ambulatory Withdrawal Management with Extended On-Site Monitoring | 2-WM |  |  | |  |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |
| Clinically Managed Residential Withdrawal Management | 3.2-WM |  |  | |  |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |
| Medically Monitored Inpatient Withdrawal Management | 3.7-WM |  |  | |  |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |
| Medically Managed Intensive Inpatient Withdrawal Management | 4-WM |  |  | |  |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |
| **ASAM Criteria Level of Care- Other Treatment and Recovery Services** |  | | | | | | | | | | | | | | | | | | | | | | | |
| Early Intervention | 0.5 |  |  |  | |  |  | |  |  |  | **Consider referral to mental health facility** |  |  |  |  |  | |  | |  |  |  | |
| Outpatient Services | 1 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Intensive Outpatient Services | 2.1 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Partial Hospitalization Services | 2.5 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Clinically Managed Low-Intensity Residential Services | 3.1 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Clinically Managed Population-Specific High-Intensity Residential Services | 3.3 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Clinically Managed High-Intensity Residential Services | 3.5 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Medically Monitored Intensive Inpatient Services | 3.7 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Medically Managed Intensive Inpatient Services | 4 |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |
| Opioid Treatment Program | OTP |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  |  | |

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| --- |
| **PLACEMENT SUMMARY** |

**Level of Care/Service Indicated**: Enter the ASAM level of care number that offers the most appropriate level of care/service intensity given the client’s functioning/severity:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Level of Care/Service Provided**: If the most appropriate level of care/service intensity was not utilized, enter the most appropriate ASAM level of care that is available and circle the reason for this discrepancy (below):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Reason for Discrepancy:**

☐ Not applicable ☐ Service not available ☐ Provider judgment

☐ Client preference ☐ Client on waiting list for more appropriate level ☐Family responsibility

☐Service available, but no payment source ☐ Geographic accessibility

☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designated Treatment Location and Provider Name:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

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| --- |
| **Staff/Clinician Name Signature Date** |

**Supervisor Name Signature Date**