

TOOL 1: QUESTIONS BY ASAM DIMENSIONS

The following tool highlights specific questions that should be asked of the patient for each ASAM dimension.

Name _____ Date of Birth _____ Date of Interview _____

Address _____

Referred By: _____

Dimension 1: Acute Intoxication and/or Withdrawal Potential

a. Drug Use History

| Substance | Age of first use | Method of delivery (most recent) | History of use (how often, how much) | Date of last use (how much) | Patients desire to discontinue use (0-10) |
|----------------------------------|------------------|----------------------------------|--------------------------------------|-----------------------------|---|
| Nicotine | | | | | |
| Alcohol | | | | | |
| Cannabis | | | | | |
| Synthetic Cannabis | | | | | |
| Cocaine | | | | | |
| Amphetamines | | | | | |
| Opiates | | | | | |
| Benzodiazepines/ Barbiturates | | | | | |
| Hallucinogens | | | | | |
| MDMA | | | | | |
| Bath salts | | | | | |
| Club Drugs | | | | | |
| Inhalants | | | | | |
| Over the Counter | | | | | |

b. Treatment History

| Treatment | Length of time | Completed? Continuing care? | Did you find the treatment helpful? Any abstinence? |
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| Are you currently experiencing any symptoms of withdrawal? What are the symptoms? | |
| Have you experienced any withdrawal symptoms in the past? If so what were they? | |
| What have you done in the past to manage withdrawal? Has it worked? | |
| Have you ever been treated medically for withdrawal? | |
| Any history of seizures either related or unrelated to withdrawal? | |
| What kind of supports do you have to help you manage withdrawal? | |
| Is your PCP aware of your substance use disorder? Are they willing to help you manage withdrawal? | |

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| How confident are you that you can manage withdrawal without using (1-10)? | |
| What strengths or resources do you have to help you manage withdrawal if needed? | |

For clinician:

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| Is the patient exhibiting any visual signs of withdrawal? If so what are they? | |
| What is the CIWA or COWS score? | |
| What is your assessment based on? Patient strengths? What is the lowest level of care that the patient needs in order to manage withdrawal without returning to active use? | |
| Are there any medical conditions that could complicate the Patients withdrawal management (seizure, history, dehydration, pregnancy)? | |
| In dimension 6, is there sufficient support in the patient's life for ambulatory detox? | |
| What is the Severity Rating (0-4)? | |
| Based on the assessment, what is the treatment plan? | |

Will problems in this dimension interfere with patient's ability to participate in treatment?

Dimension 2: Biomedical Conditions and Complications

How would you rate your current state of health (1-10)? What made you choose that number?

Tell me about your eating habits, what does a typical days diet look like?

Do you get any regular exercise?

Are you experiencing any sleep difficulties?

Patient medical history?

Any chronic medical conditions?

Any chronic pain issues?

Will problems in this dimension interfere with patient's ability to participate in treatment?

Patient Medications:

| Medication | Dose/Frequency |
|------------|----------------|
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| Are you or is there any chance you could be pregnant at this time? | YES | NO |
| Do you have a current PCP? | Last visit? | |
| For females, Do you have an OB/GYN provider? | Last visit? | |
| Do you have any difficulty accessing your doctor? | YES | NO |
| Tell me about any medical concerns that may interfere in your treatment. | | |
| Do you have any concerns in this area of your life, if so what are they? | | |

For clinicians:

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| Does the patient have any medical concerns that will interfere with treatment? | |
| Are there medical concerns for the patient that will influence LOC placement? | |
| Does the patient have resources in order to seek any necessary medical care (child care, transportation, etc.)? | |
| What is the patient's severity rating in this area? | |
| What is the likelihood that these medical concerns could interfere with treatment? | |

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| What are the patient's barriers to addressing any concerns in this area? | |
| Based on the assessment, what is the treatment plan? | |

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

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| Are you currently experiencing any feelings of depression (feelings of helplessness, hopeless, trouble with mood trouble with energy, appetite disturbances, sleep disturbances, exaggerated sense of guilt)? How severe (1-10)? | |
| Have you had problems with depression in the past? When did it begin? | |
| Are you currently experiencing any symptoms of anxiety (UNREASONABLE worry, trouble feeling relaxed, racing thoughts, inability to focus)? How severe (1-10)? | |
| Have you had problems with anxiety in the past? When did it begin? | |
| Have you ever had any trouble controlling violent behavior? | |
| Do you have any History of eating disorder? | |
| Have you ever experienced any hallucination (saw things, heard things that were not there)? | |

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| <p>Have you ever had any difficulty concentrating, understanding or remembering?</p> | |
| <p>Have you experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror?</p> | |
| <p>Have you ever experienced any emotional physical or sexual abuse?</p> | |
| <p>Have you ever experienced any kind of brain injury?</p> | |
| <p>Are you having any current thoughts about harming yourself or others?</p> | |
| <p>Have you ever had thoughts about harming yourself? Have you ever attempted suicide?</p> | |
| <p>What are you doing now to manage any psychiatric problems you are having?</p> | |
| <p>Do you have a psychiatric provider at this time? How often do you see them?</p> | <p style="text-align: center;">YES NO</p> |
| <p>Have you ever been diagnosed with a psychiatric disorder? If so, what was the diagnosis and by whom?</p> | |
| <p>What influence does your use of alcohol or other drugs have on any psychiatric problems you have experienced?</p> | |

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| Do you consider yourself impulsive? | |
| What are some ways that you deal with uncomfortable emotions? | |
| Tell me about times when you feel things were going well in your life: What were you doing, what strengths or resources were you utilizing? | |
| What helps you find meaning in your life? | |
| Do you have any spiritual beliefs or practices that help you? | |

For clinicians:

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| What were the results of any mental status exams? | |
| How does the patient present? | |
| Are there any signs of self-care negligence? | |
| Are there any concerns regarding dangerousness or lethality? | |

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| Is the patient's impulsivity a risk for harm to self or others? | |
| Are the patient's symptoms severe enough that they will interfere with treatment? | |
| To what degree is the patient's social functioning impacted by any mental health problems? | |
| Is the patient able to care for themselves? | |
| What is the likelihood that the patient's mental health symptoms will improve with abstinence? | |
| What is the likelihood they could become more symptomatic? | |
| What is the severity rating (0-4)? | |
| Based on the assessment, what is the treatment plan? | |

Dimension 4: Readiness to Change

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| What made you decide to seek treatment? | |
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| Why now? | |
| What do you hope to gain from treatment? | |
| On a scale from 1-10, how important is it for you to seek treatment at this time? | |
| Why not a (lower number) __? What makes it more important? | |
| What would need to happen to make it a __ (higher number)? | |
| On a scale from 1-10, how confident are you that you can make changes in your life? | |
| Why not a __ (lower number)? What makes it more important? | |
| What would need to happen to make it a __ (higher number)? | |
| On a scale from 1-10, how willing are you to take action to make changes? | |
| Why not a __ (lower number)? What makes you more willing? | |

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| <p>What would need to happen to make it a __ (higher number)?</p> | |
| <p>Are there others in your life that are concerned about your substance use?</p> | |
| <p>Tell me about any impact your substance use has had on problems in your life.</p> | |
| <p>What area in your life do you feel like you need the most focus at this time?</p> | |

For clinicians:

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| <p>Does the patient see a connection between problem areas and substance use?</p> | |
| <p>Are they in different stages of change for different problems? Substances?</p> | |
| <p>Is the patient having any distortive thinking around life problems that effects judgment?</p> | |
| <p>What is the patient's insight into their illness?</p> | |
| <p>What stage of change do you see this patient in regarding their use?</p> | |

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| Is the patient's internal or external motivation enough to instigate change? | |
| Given the assessment of the other dimensions, is the patient's motivation sufficient enough to keep them engaged in treatment? | |
| Is the patient's dangerousness and lethality low and any ambivalence can be resolved in an outpatient setting or is it such that the patient needs close monitoring while resolving any ambivalence? | |
| Based on the assessment, what motivational enhancement strategies can be utilized? | |
| What is the severity rating (0-4)? | |
| Based on the assessment, what is the treatment plan? | |

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

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| Are you currently having cravings to use? | YES | NO |
| If so, on a scale from 1-10, how severe? | | |
| What are you doing to help get through these cravings? | | |

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| How often do they occur? | |
| What was your longest period of abstinence from substances? What was helpful for you? | |
| If you continue to use, what is the likelihood that you will continue to have problems? | |
| What do you enjoy about using? What does it do for you? | |
| How do you feel when you aren't using? | |
| What do you dislike about using? | |
| Have there been times that you have wanted to use and did not? Please describe. | |
| Are you aware of anything that causes you cravings? | |
| If you decided to stop using, how would your life be different? | |
| What do you think would be helpful for you to stop? | |

Tell me about your substance use in relation to stress?

For clinicians:

What is the chronicity of use?

What has the patient done in the past?

What strengths does the patient have and how can they be utilized?

Have they done previous treatment?
How have they responded?

How reactive are they to cues/triggers?

How reactive are they to stress?

To what extent does the patient tend to pursue risk taking thrill seeking or novelty behavior?

What is the likelihood that this patient is going to experience continued problems related to their use?

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| What are the driving factors in there use? Are they using to cope with uncomfortable emotions or are they seeking pleasure? | |
| Can they identify and process of thought prior to using? Is there any resistance to the impulse? | |
| What is the severity rating? | |
| Based on the assessment, what is the treatment plan? | |

Dimension 6: Recovery/ Living Environment

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| Where are you currently living? Who do you live with? | |
| What are the substance use habits of the people you live with? | |
| What does support look like to you? What do you consider "supportive"? | |
| Who in your life could help support you in making lifestyle changes? | |
| Based on your definition of support, can you tell me about people in your life who you don't feel are supportive? | |

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| <p>Based on your definition of support, can you tell me about people in your life who you feel are supportive?</p> | |
| <p>What forms of transportation are you able to utilize? Do you have a car and a license?</p> | |
| <p>Are you currently employed?</p> | |
| <p>If not do you consider yourself able to work?</p> | |
| <p>Tell me about your educational history.</p> | |
| <p>Tell me about any current financial difficulties you are having.</p> | |
| <p>Are you currently in a relationship? Do you think your partner would be supportive if you decided to stop using?</p> | |
| <p>Do you have family members that help support you and if so, in what way?</p> | |

Family History/Social History:

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| <p>Are you currently engaged with any community support resources?</p> | |
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| <p>Are you currently on Parole or Probation? If so what is your relationship with your PO like?</p> | |
| <p>Tell me about any hobbies or special interests that you have?</p> | |
| <p>Are you currently engaged in any mutual support groups?</p> | |
| <p>How many children do you have?</p> | |
| <p>Do you have anyone in your life that helps with childcare?</p> | |
| <p>Tell me about some things that you would find helpful in your life if you decided to make a change?</p> | |

For clinicians:

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| <p>Based on a 6 dimensional assessment, was the patient a .5 or higher?</p> | |
| <p>Based on your assessment, is the patient's definition of support congruent with the clinicians?</p> | |
| <p>If the patient is engaged in mutual support, how are they utilizing support?</p> | |

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| <p>Based on your assessment does the patient seem interested in broadening the utilization of this support?</p> | |
| <p>If they are not engaged, would they be willing to explore this further?</p> | |
| <p>What are the resources available in the patient's area?</p> | |
| <p>Will they need assertive case management in order to utilize resources?</p> | |
| <p>What aspects of their environment are supportive?</p> | |
| <p>Are there aspects that could be detrimental?</p> | |
| <p>What is the likelihood that the patient will be able to remain sober in their current environment?</p> | |
| <p>What is the severity rating?</p> | |
| <p>Based on the assessment, what is the treatment plan?</p> | |