To Whom It May Concern:

This letter is to confirm that John Doe was administered a Substance Abuse Assessment and Behavioral Health Assessment by Hopedealers Worldwide on 6/7/2020. Nadine Psareas CADCII, ICADC – a Certified Alcohol and Drug Counselor-II, completed an in-depth assessment to evaluate the presence of symptoms associated with individuals with Probability of Substance Use Disorder and mental health disorders. To assess substance use and need for treatment, we administered the SASSI-4 which has a 94% overall accuracy for identifying individuals who have a high or low probability of having a substance dependence disorder.

Name: John Doe
Age: 31
DWI/DUI Arrests: 0
Total Arrests: 18
Prior Treatments: Inpatient
Employment Status: Full-Time
Family Members in Household: 1

Date: 6/7/2020
Sex: Male
Marital Status: Single
Client ID Number: 1098
Highest Grade Completed: 9

History: Presenting Problem from Self- Reporting:

John Doe received a Drug and Alcohol Evaluation on 6/7/2020, stating that he needs a Substance Use evaluation to satisfy a probation requirement in Gordon County. He presented himself with an extremely happy and joyous disposition, yet simultaneously homeless. He stated he has worked for 2 weeks at Apache Carpet Factory. His demeanor was so positive, grateful, respectful and sincere almost to the point that dissociation was evident as he shared with me his family history of his mother committing suicide and his father's mental health issues. He stated both mother and father and multiple extended family members have/had addiction and mental health history.

He reported being arrested 17 or 18 times mostly for public intoxication of alcohol. He stated only one time was he arrested for other issues such as shoplifting, criminal trespassing, and domestic disturbance. He stated that he felt guilty with shoplifting and immediately brought the money to the store to pay for the item. When I asked his why he thought he's continually dealing with arrests, he stated that he just doesn't think ahead of time and feels bad and "realizes" later. His legal issues have occurred in Gordon and Whitfield County in Georgia, and Whiting County in Illinois.

He states he likes to keep working steadily and stated "I do very well when I'm busy and working hard on a regular basis."

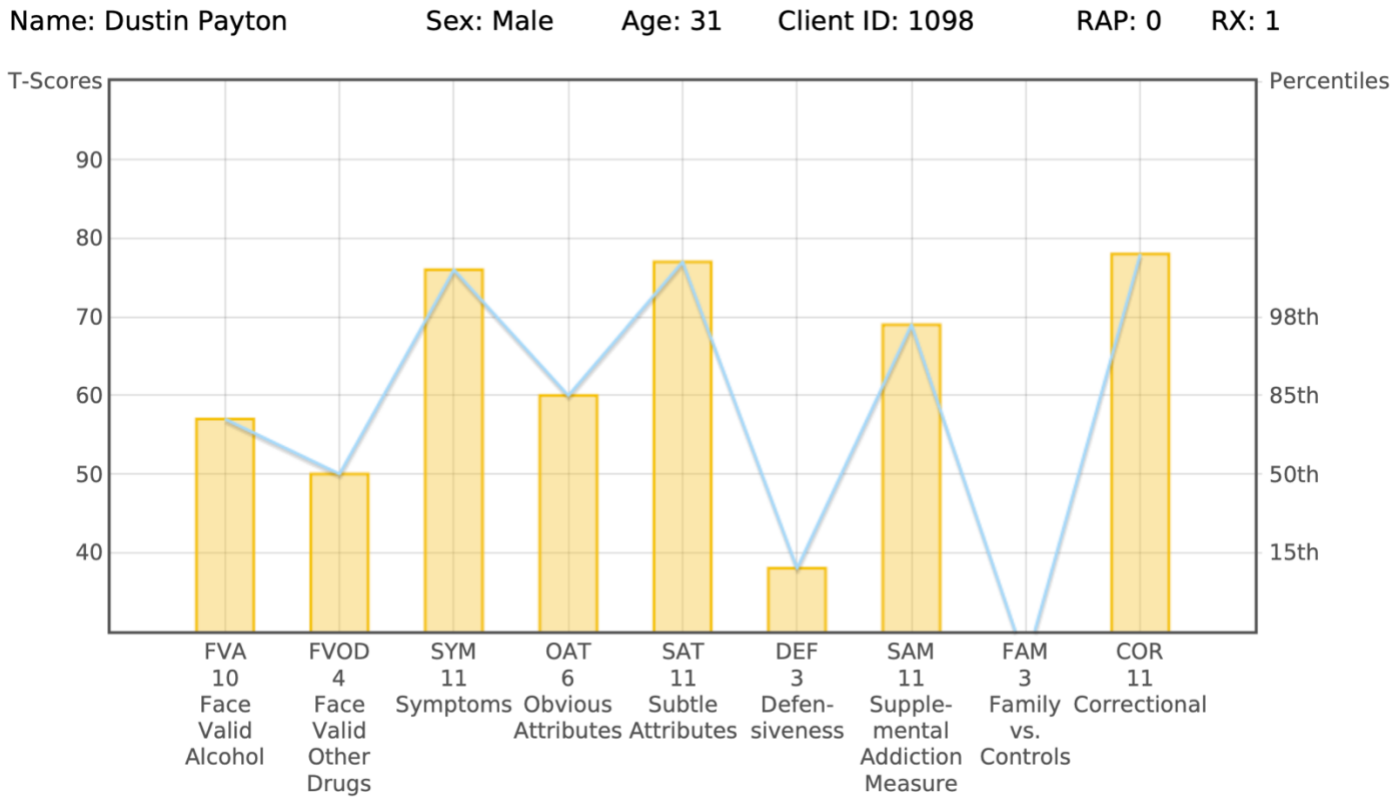
John concludes that he wants to get help from Highland Rivers so that he can get the meds that he needs for his diagnoses of schizophrenia and depression.

Name: John Doe Sex: Male Age: 31 Client ID: 1098 RAP: 0 RX: 1

SASSI-4 Screening Results Overview

Random Responding:	Results Indicate No Evidence of Random Responding
Alcohol and/or Other Drug Problem:	High Probability of Substance Use Disorder
Acting Out:	High Risk of a Problem
Defensiveness:	Results Indicate No Evidence of a Problem
Indication of Emotional Pain:	Results Indicate No Evidence of a Problem
Prescription Drug Abuse:	Results Indicate No Evidence of Risk

The alcohol and drug frequency responses are based on The Past Twelve Months.
Note: In addition to screening results, supplemental clinical information is required to meet the accepted standards for a DSM-5 clinical diagnosis of a Substance Use Disorder.



SASSI-4 RESULTS FOR THIS CLIENT: The decision rules classify him as having a High Probability of Substance Use Disorder.

This client shows marked similarity in response pattern to others who have substance use disorders on the basis of the following decision rules:
Decision Rule 2: SYM 7+. ("+" means "or more")
Decision Rule 4: SAT 7+.

Decision Rule 5: SYM 5+ and SAT 4+.
Decision Rule 6: SYM 6+ and (DEF or SAM 7+).

READING THE GRAPH: This client's actual scores are plotted on the graph in relation to a normative sample (i.e., individuals who were not being evaluated or treated for addictions or other clinical problems). For each scale, a T score of 50 on the graph above represents the average score for this normative sample. Any scale score can be compared to the normative sample by referring to the T scores on the left of the graph and the percentiles on the right. Only 15% of this normative population would score lower than a T of 40. Similarly, only 15% would score higher than a T of 60, and only 2% would score higher than a T of 70.

ABOUT THE SASSI-4 SCALES: FVA, FVOD, and SYM are "face valid" scales that are used in the decision rules to identify adults who are likely to have a substance use disorder. They measure acknowledged substance misuse and its consequences. OAT, SAT, DEF, and SAM are "subtle" scales that are part of the decision rules. OAT, SAT, and DEF can also be used to develop hypotheses about clinical issues - ability to acknowledge problematic behavior, insight into personal problems, defensiveness, low self-esteem. RAP is used to identify individuals who may not have responded to the SASSI in a meaningful way. COR and FAM are not part of the decision rules. COR provides an indication of the relative risk for having involvements with the legal/judicial system. FAM can be used to identify individuals who may have a tendency to focus on the needs of other people, while being relatively unable to identify and take care of their own needs. Please refer to the SASSI-4 Online User's Guide for more detailed information on the meaning of each scale and how to interpret report profiles.

HIGH PROBABILITY OF SUBSTANCE USE DISORDER

The scale scores meet criteria for classifying the client as having a high probability of having a substance use disorder. Compared to other clients in clinical settings, people with this type of profile may present with extensive symptoms of substance use disorder, extreme negative consequences resulting from alcohol and/or drug use, and/or exceptional difficulty recognizing the impact of substance misuse on their lives. These possibilities can be addressed by providing adequate support and structure to help the client initiate a program of recovery. Some treatment options to consider are: inpatient, intensive outpatient, structured group programs, family involvement, and participation in support groups. Relapse prevention should also be addressed as part of a comprehensive aftercare program.

ACTING OUT: HIGH RISK OF A PROBLEM

The client is at relatively high risk for legal problems and other types of norm violations. The problem is compounded by substance use. If the client is using psychoactive substances, there may be an increased risk of impulse control problems and poor judgment. It is therefore recommended that the substance use treatment be highly structured and provide adequate support for comprehensive behavioral change. Structured, didactic, cognitive-behavioral interventions for both substance use disorder and impulse control problems may be helpful.

Name: Dustin Payton Sex: Male Age: 31 Client ID: 1098 RAP: 0 RX: 1

PROFESSIONAL RECOMMENDATIONS: The following recommendations are based on client showing high probability for substance use disorder, continual repeated offenses, strong indication of possible mental/brain health issues, and notable dissociation of all emotional pain to the extreme of excessively joyous behavior. His behaviors show lack of impulse control, yet simultaneously feels great remorse. Because of these collective reasons, the client is recommended to have immediate treatment prioritized over incarceration. In these situations, where substance use disorder, repeated offenses, and the possibility of untreated psychiatric (brain health) issues are urgently evident, it is appropriate to recommend immediate treatment as the client shows repeated desire and a high probability to successfully respond to treatment and rehabilitation with structure and accountablility.

- Client referred to a psychiatrist for a complete evaluation of the following components using evidence-based research for the most accurate patient diagnosis ***and*** to fully rule out and/or treat any co-occurring conditions:
  1. Full bio, psycho, social, spiritual
  2. Clinical labs/bloodwork
  3. Brain SPECT imaging
  4. Psychological Web-Neuro Testing
  5. Tailored Targeted Treatment plan that includes strict accountability and supports for success.

- Client recommended a ***highly structured*** sober living residential environment for greater accountability and support that also allows him to work full-tiime.

- Client recommended weekly support group meeting (ex. AA) for 12 months minimum.

- Client is NOT recommended for incarceration as treatment carries greater urgency in this situation, contingent upon client having a comprehensive integrative treatment plan that includes a maximum level of accountability and supports by a treatment provider.

Thank you,

Nadine Blase Psareas

Nadine Blase Psareas, CADCII, ICADC, CAMS, ARBS, Certified Brain Health Specialist
#1369 ADACB-GA. Exp: 7/1/2021
#829596 ICRC Exp: 7/1/2021
NPI# 1356976930

Addiction Severity Index, 5th Edition

Clinical/Training Version

A. Thomas McLellan, Ph.D.
Deni Carise, Ph.D

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive the same standard interview. All information gathered is ***confidential***.

We will discuss two time periods:

1. The past 30 days
2. Lifetime data

Patient Rating Scale: Patient input is important. For each area,
I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you in the area being discussed.
The scale is: 0–Not at all
1–Slightly
2–Moderately
3–Considerably
4–Extremely

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 and include the question number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
3. X = Question not answered.
   N = Question not applicable.
4. Stop the interview if the client misrepresents two or more sections.
5. Tutorial and coding notes are preceded by •.

INTERVIEWER SCALE: 0–1 = No problem
2–3 = Slight problem
4–5 = Moderate problem
6–7 = Severe problem
8–9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

PROBE AND MAKE PLENTY OF COMMENTS!

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Painkillers = Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sedatives/ Hypnotics/ Tranquilizers	Benzodiazepines, Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown Chloral Hydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Freebase Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis	Marijuana, Hashish
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 Medications—Zantac, Tagamet
Asthma Medications—Ventoline Inhaler, Theo-Dur
Other Medications—Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:
This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30-day questions require only the *number* of days used.
- Lifetime use is asked to determine extended periods of *regular* use. It refers to the time prior to the past 30 days.
- Regular use = 3+ times per week, 2+ day binges, or problematic, irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk"; use the words "felt the effects," "got a buzz," "high," etc. instead of "intoxication." As a rule of thumb, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
  - ✓ How many days in the past 30 days have you used…?
  - ✓ How many years in your life have you *regularly* used…?

GENERAL INFORMATION

G1. ID No.: ☐☐☐☐☐☐☐☐☐

G2. Soc. Sec. No.: ☐☐☐ – ☐☐ – ☐☐☐☐

G4. Date of Admission: ☐☐ / ☐☐ / ☐☐☐☐
(Month/Day/Year)

G5. Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐
(Month/Day/Year)

G6. Time Begun: (Hour:Minutes) ☐☐ : ☐☐

G7. Time Ended: (Hour:Minutes) ☐☐ : ☐☐

G8. Class: 1. Intake 2. Follow-up ☐

G9. Contact Code: 1. In person 2. Telephone ☐
(Intake ASI must be in person)

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No./Initials: ☐☐☐

G12. Special: ☐
1. Patient terminated
2. Patient refused
3. Patient unable to respond
N. Not applicable

Name

Address 1

Address 2

City State Zip Code

G14. How long have you lived at this address? ☐☐ / ☐☐
(Years/Months)

G15. Is this residence owned by you or your family? ☐
0–No 1–Yes

G16. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐
(Month/Day/Year)

G17. Of what race do you consider yourself? ☐

1. White (not Hispanic)
2. Black (not Hispanic)
3. American Indian
4. Alaskan Native
5. Asian/Pacific Islander
6. Hispanic-Mexican
7. Hispanic-Puerto Rican
8. Hispanic-Cuban
9. Other Hispanic

G18. Do you have a religious preference? ☐
1. Protestant
2. Catholic
3. Jewish
4. Islamic
5. Other
6. None

G19. Have you been in a controlled environment in the past 30 days? ☐
1. No
2. Jail
3. Alcohol/Drug Treatment
4. Medical Treatment
5. Psychiatric Treatment
6. Other: _____
- A place, theoretically, without access to drugs/alcohol.

G20. How many days? ☐☐
- "NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

G21. _____ ☐☐☐

G22. _____ ☐☐☐

G23. _____ ☐☐☐

G24. _____ ☐☐☐

G25. _____ ☐☐☐

G26. _____ ☐☐☐

G27. _____ ☐☐☐

G28. _____ ☐☐☐

PROBLEMS	SEVERITY PROFILE 0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUPPORT										
ALCOHOL										
DRUGS										
LEGAL										
FAMILY/SOCIAL										
PSYCH.										

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? ☐☐
- Include ODs and DTs. Exclude detox, alcohol/drug, psychiatric treatment, and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem? ☐☐ / ☐☐ (Years/Months)
- If no hospitalizations in Question M1, then this should be "NN."

M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes ☐
- ***If Yes, specify in comments.***
- A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction), preventing full advantage of the person's abilities.

M15.<**OPTIONAL**> Number of months pregnant: ☐ (Months)
- "N" for males, "0" for not pregnant.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0–No 1–Yes ☐
- ***If Yes, specify in comments.***
- Medication prescribed by an M.D. for medical conditions; ***not psychiatric medicines***. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? 0–No 1–Yes ☐
- ***If Yes, specify in comments.***
- Include worker's compensation; exclude psychiatric disability.

M6. How many days have you experienced medical problems in the past 30 days? ☐☐
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles).

For Questions M7 & M8, ask the patient to use the Patient's Rating Scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐
(Restrict response to problem days of Question M6.)

M8. How important to you now is treatment for these medical problems? ☐
- If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.

Interviewer Severity Rating

M9. How would you rate the patient's need for medical treatment? ☐
- Refers to the patient's need for ***additional*** medical treatment.

Confidence Rating

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0–No 1–Yes ☐

M11. Patient's inability to understand? 0–No 1–Yes ☐

MEDICAL COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1. Education completed: ☐☐ / ☐☐ (Years/Months)
- GED = 12 years, note in comments.
- Include formal education only.

E2. Training or technical education completed: ☐☐ (Months)
- Formal/organized training only. For military training, include only training that can be used in civilian life (e.g., electronics, artillery).

E3. Do you have a profession, trade, or skill? 0–No 1–Yes ☐
- Employable, transferable skill acquired through training.
- If Yes, specify _____

E4. Do you have a valid driver's license? ☐
- Valid license; not suspended/revoked. 0–No 1–Yes

E5. Do you have an automobile available for use? ☐
- If answer to E4 is No, then E5 must be No. 0–No 1–Yes Does not require ownership, requires only availability on a regular basis.

E6. How long was your longest full-time job? ☐☐ / ☐☐ (Years/Months)
- Full time = 40+ hours weekly; does not necessarily mean most recent job.

E7. Usual (or last) occupation? ☐
(specify) _____
(Use Hollingshead Categories Reference Sheet)

E8. Does someone contribute to your support in any way? ☐
0–No 1–Yes
- Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.

E9. Does this constitute the majority of your support? ☐
0–No 1–Yes
- If E8 is No, then E9 is N.

E10. Usual employment pattern, past 3 years? ☐
1. Full time (40 hrs/week)
2. Part time (regular hours)
3. Part time (irregular hours)
4. Student
5. Service/Military
6. Retired/Disability
7. Unemployed
8. In controlled environment

- Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

EMPLOYMENT/SUPPORT COMMENTS
(Include question number with your notes)

E11. How many days were you paid for working in the past 30 days? ☐☐
- Include "under the table" work, paid sick days, and vacation.

For Questions E12–17:

How much money did you receive from the following sources in the past 30 days?

E12. Employment ☐☐☐☐
- Net or "take home" pay; include any "under the table" money.

E13. Unemployment compensation ☐☐☐☐

E14. Welfare ☐☐☐☐
- Include food stamps, transportation money provided by an agency to go to and from treatment.

E15. Pensions, benefits, or Social Security ☐☐☐☐
- Include disability, pensions, retirement, veteran's benefits, SSI, and worker's compensation.

E16. Mate, family, or friends ☐☐☐☐
- Money for personal expenses (e.g., clothing); include unreliable sources of income. Record ***cash*** payments only; include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.

E17. Illegal ☐☐☐☐
- Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.

E18. How many people depend on you for the majority of their food, shelter, etc.? ☐☐
- Must be regularly depending on patient; do include alimony/child support; do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30 days? ☐☐
- Include inability to find work, if actively looking for work, or problems with present job in which that job is jeopardized.

For Questions E20 & E21, ask the patient to use the Patient's Rating Scale.

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐
- If the patient has been incarcerated or detained during the past 30 days, he or she cannot have employment problems. In that case, an N response is indicated.

E21. How important to you now is counseling for these employment problems? ☐
- Stress help in finding or preparing for a job, not giving the patient a job.

Interviewer Severity Rating

E22. How would you rate the patient's need for employment counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

E23. Patient's misrepresentation? 0–No 1–Yes ☐

E24. Patient's inability to understand? 0–No 1–Yes ☐

EMPLOYMENT/SUPPORT COMMENTS (cont.)

(Include question number with your notes)

ALCOHOL/DRUGS

Route of administration:
1. Oral
2. Nasal
3. Smoking
4. Non-IV injection
5. IV injection

• *Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

	Past 30 Days	Years of Regular Use	Route of Admin.
D1. Alcohol (any use at all)			
D2. Alcohol (to intoxication)			
D3. Heroin			
D4. Methadone			
D5. Other Opiates/Analgesics			
D6. Barbiturates			
D7. Sedatives/Hypnotics/Tranquilizers			
D8. Cocaine			
D9. Amphetamines			
D10. Cannabis			
D11. Hallucinogens			
D12. Inhalants			
D13. More than one substance per day (including alcohol)			

D14. According to the interviewer, which substance(s) is/are the major problem?
- Interviewer should determine the major drug of abuse. Code the number next to the drug in Questions D1–12, or "00" = no problem, "15" = alcohol and one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance? (Months)
- Last attempt of at least 1 month, not necessarily the longest. Periods of hospitalization/incarceration ***do not count***. Periods of Antabuse, methadone, or naltrexone use during abstinence ***do count***.
- "00" = never abstinent

D16. How many months ago did this abstinence end?
- If D15 = "00," then D16 = "NN."
- "00" = still abstinent.

How many times have you:

D17. Had alcohol DTs?
- ***Delirium Tremens*** (DTs): Occur 24-48 hours after last drink or significant decrease in alcohol intake; includes shaking, severe disorientation, fever, hallucinations. DTs usually require medical attention.

D18. Overdosed on drugs?
- ***Overdoses*** (OD): Requires intervention by someone to recover, not simply sleeping it off; include suicide attempts by OD.

ALCOHOL/DRUGS COMMENTS
(Include question number with your notes)

How many times in your life have you been treated for:

D19. Alcohol abuse? ☐☐

D20. Drug abuse? ☐☐
- Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period).

How many of these were detox only?

D21. Alcohol ☐☐

D22. Drugs ☐☐
- If D19 = "00," then Question D21 is "NN."
  If D20 = "00," then Question D22 is "NN."

How much money would you say you spent during the past 30 days on:

D23. Alcohol? ☐☐☐☐

D24. Drugs? ☐☐☐☐
- Count only actual money spent. What is the financial burden caused by drugs/alcohol?

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? ☐☐
- Include AA/NA

D99. <**OPTIONAL**> How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days? ☐☐

How many days in the past 30 days have you experienced:

D26. Alcohol problems? ☐☐

D27. Drug problems? ☐☐
- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions D28-D31, ask the patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.

How troubled or bothered have you been in the past 30 days by these:

D28. Alcohol problems? ☐

D29. Drug problems? ☐

How important to you now is treatment for:

D30. Alcohol problems? ☐

D31. Drug problems? ☐

Interviewer Severity Rating

How would you rate the patient's need for treatment for:

D32. Alcohol problems? ☐

D33. Drug problems? ☐

Confidence Rating

Is the above information significantly distorted by:

D34. Patient's misrepresentation? 0–No 1–Yes ☐

D35. Patient's inability to understand? 0–No 1–Yes ☐

ALCOHOL/DRUGS COMMENTS (cont.)

(Include question number with your notes)

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0–No 1–Yes ☐
- Judge, probation/parole officer, etc.

L2. Are you on parole or probation? 0–No 1–Yes ☐
- Note duration and level in comments.

How many times in your life have you been arrested and charged with the following:

L3. Shoplifting/Vandalism	☐☐	L10. Assault	☐☐
L4. Parole/Probation Violations	☐☐	L11. Arson	☐☐
L5. Drug Charges	☐☐	L12. Rape	☐☐
L6. Forgery	☐☐	L13. Homicide/ Manslaughter	☐☐
L7. Weapons Offense	☐☐	L14. Prostitution	☐☐
L8. Burglary/Larceny/ Breaking and Entering	☐☐	L15. Contempt of Court	☐☐
L9. Robbery	☐☐	L16. Other: _____	☐☐

- Include total number of counts, not just convictions. Do not include juvenile (pre age 18) crimes, unless client was charged as an adult.
- Include formal charges only.

L17. How many of these charges resulted in convictions? ☐☐
- If L3–16 = 00, then question L17 = "NN."
- Do not include misdemeanor offenses from questions L18–20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication? ☐☐

L19. Driving while intoxicated? ☐☐

L20. Major driving violations? ☐☐
- Moving violations: speeding, reckless driving, no license, etc.

L21. How many months have you been incarcerated in your life? ☐☐
- If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

L22. How long was your *last* incarceration? ☐☐ (Months)
- Enter "NN" if never incarcerated.

L23. What was it for? ☐☐
- Use codes L3–16, L18–20. If multiple charges, choose the most severe. Enter "NN" if never incarcerated.

L24. Are you presently awaiting charges, trial, or sentencing? 0–No 1–Yes ☐

L25. What for? ☐☐
- Use the number of the type of crime committed: L3–16 and L18–20.
- Refers to Question L24. If more than one charge, choose the most severe.

L26. How many days in the past 30 days were you detained or incarcerated? ☐☐
- Include being arrested and released on the same day.

LEGAL COMMENTS
(Include question number with your notes)

LEGAL STATUS (cont.)

L27. How many days in the past 30 days have you engaged in illegal activities for profit? ☐☐
- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with Question E17 under Employment/Support Section.

For Questions L28-29, ask the patient to use the Patient's Rating Scale.

L28. How serious do you feel your present legal problems are? ☐
- Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems? ☐
- Patient is rating a need for ***additional*** referral to legal counsel for defense against criminal charges.

Interviewer Severity Rating

L30. How would you rate the patient's need for legal services or counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0–No 1–Yes ☐

L32. Patient's inability to understand? 0–No 1–Yes ☐

LEGAL COMMENTS (cont.)
(Include question number with your notes)

FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?

Mother's Side	Alcohol	Drug	Psych.
H1. Grandmother	☐	☐	☐
H2. Grandfather	☐	☐	☐
H3. Mother	☐	☐	☐
H4. Aunt	☐	☐	☐
H5. Uncle	☐	☐	☐

Father's Side	Alcohol	Drug	Psych.
H6. Grandmother	☐	☐	☐
H7. Grandfather	☐	☐	☐
H8. Father	☐	☐	☐
H9. Aunt	☐	☐	☐
H10. Uncle	☐	☐	☐

Siblings	Alcohol	Drug	Psych.
H11. Brother	☐	☐	☐
H12. Sister	☐	☐	☐

0 = Clearly No for any relatives in that category
1 = Clearly Yes for any relatives in that category
X = Uncertain or don't know
N = Never had a relative in that category

- In cases in which there is more than one person for a category, report the most severe. Accept the patient's judgment on these questions.

FAMILY HISTORY COMMENTS
(Include question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status: ☐
1–Married 3–Widowed 5–Divorced
2–Remarried 4–Separated 6–Never Married
• Code common-law marriage as "1" and specify in comments.

F2. How long have you been in this marital status (Question F1)? ☐☐/☐☐ (Years/Months)
• If never married, then since age 18.

F3. Are you satisfied with this situation? ☐
0–No 1–Indifferent 2–Yes
• Satisfied = generally liking the situation.
• Refers to Questions F1 and F2.

F4. Usual living arrangements (past 3 years): ☐
1–With sexual partner and children
2–With sexual partner alone
3–With children alone
4–With parents
5–With family
6–With friends
7–Alone
8–Controlled environment
9–No stable arrangement
• Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. How long have you lived in these arrangements? ☐☐/☐☐ (Years/Months)
• If with parents or family, since age 18.
• Code years and months living in arrangements from Question F4.

F6. Are you satisfied with these arrangements? ☐
0–No 1–Indifferent 2–Yes

Do you live with anyone who:

F7. Has a current alcohol problem? 0–No 1–Yes ☐

F8. Uses nonprescribed drugs, or abuses prescribed drugs? 0–No 1–Yes ☐

F9. With whom do you spend most of your free time? ☐
1–Family 2–Friends 3–Alone
• If a girlfriend/boyfriend is considered as family by patient, then the patient must refer to that person as "family" throughout this section, not as a friend.

F10. Are you satisfied with spending your free time this way? ☐
0–No 1–Indifferent 2–Yes
• A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.

F11. How many close friends do you have? ☐
• Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

Would you say you have had a close, long-lasting, personal relationship with any of the following people in your life:

F12. Mother ☐
F13. Father ☐
F14. Brothers/sisters ☐
F15. Sexual partner/spouse ☐
F16. Children ☐
F17. Friends ☐

0 = Clearly No for all in class
1 = Clearly Yes for any in class
X = Uncertain or "I don't know"
N = Never had a relative in category

FAMILY/SOCIAL COMMENTS
(Include question number with your notes)

Have you had significant periods in which you have experienced serious problems getting along with:

0–No 1–Yes	Past 30 days	In Your Life
F18. Mother	☐	☐
F19. Father	☐	☐
F20. Brother/sister	☐	☐
F21. Sexual partner/spouse	☐	☐
F22. Children	☐	☐
F23. Other significant family (specify) _____	☐	☐
F24. Close friends	☐	☐
F25. Neighbors	☐	☐
F26. Coworkers	☐	☐

- "Serious problems" mean those that endangered the relationship.
- A "problem" requires contact of some sort, either by telephone or in person.

Has anyone ever abused you? 0–No 1–Yes

	Past 30 days	In Your Life
F27. Emotionally	☐	☐
• Made you feel bad through harsh words.		
F28. Physically	☐	☐
• Caused you physical harm.		
F29. Sexually	☐	☐
• Forced sexual advances/acts.		

How many days in the past 30 days have you had serious conflicts with:

F30. Your family? ☐

F31. Other people (excluding family)? ☐

For Questions F32–35, ask the patient to use the Patient's Rating Scale.

How troubled or bothered have you been in the past 30 days by:

F32. Family problems? ☐

F33. Social problems? ☐

How important to you now is treatment or counseling for:

F34. Family problems ☐
- Patient is rating his or her need for counseling for family problems, not whether the patient would be willing to attend.

F35. Social problems ☐
- Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

Interviewer Severity Rating

F36. How would you rate the patient's need for family and/or social counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

F37. Patient's misrepresentation? 0–No 1–Yes ☐

F38. Patient's inability to understand? 0–No 1–Yes ☐

FAMILY/SOCIAL COMMENTS (cont.)

(Include question number with your notes)

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital or inpatient setting? ☐☐

P2. Outpatient/private patient? ☐☐
- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in comments if known.

P3. Do you receive a pension for a psychiatric disability? ☐
0–No 1–Yes

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: 0–No 1–Yes

	Past 30 days	In Your Life
P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?	☐	☐
P5. Experienced serious anxiety/tension—were uptight, unreasonably worried, unable to feel relaxed?	☐	☐
P6. Experienced hallucinations—saw things or heard voices that others didn't see/hear?	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering?	☐	☐
P8. Experienced trouble controlling violent behavior, including episodes of rage or violence? • Patient can be under the influence of alcohol/drugs.	☐	☐
P9. Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his or her life. Patient can be under the influence of alcohol/drugs.	☐	☐
P10. Attempted suicide? • Include actual suicidal gestures or attempts. • Patient can be under the influence of alcohol/drugs.	☐	☐
P11. Been prescribed medication for any psychological or emotional problems? • Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.	☐	☐

P12. How many days in the past 30 days have you experienced these psychological or emotional problems? ☐☐
- This refers to problems noted in Questions P4–P10.

For Questions P13–P14, ask the patient to use the Patient's Rating Scale.

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐
- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological or emotional problems? ☐

PSYCHIATRIC STATUS COMMENTS
(Include question number with your comments)

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient:_____ Date: _____ Time: _____ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute:_____ Blood pressure:_____

NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.
0 no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.
0 none
1 very mild itching, pins and needles, burning or numbness
2 mild itching, pins and needles, burning or numbness
3 moderate itching, pins and needles, burning or numbness
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

TREMOR -- Arms extended and fingers spread apart. Observation.
0 no tremor
1 not visible, but can be felt fingertip to fingertip
2
3
4 moderate, with patient's arms extended
5
6
7 severe, even with arms not extended

AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.
0 not present
1 very mild harshness or ability to frighten
2 mild harshness or ability to frighten
3 moderate harshness or ability to frighten
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

PAROXYSMAL SWEATS -- Observation.
0 no sweat visible
1 barely perceptible sweating, palms moist
2
3
4 beads of sweat obvious on forehead
5
6
7 drenching sweats

VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.
0 not present
1 very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

ANXIETY -- Ask "Do you feel nervous?" Observation.
0 no anxiety, at ease
1 mild anxious
2
3
4 moderately anxious, or guarded, so anxiety is inferred
5
6
7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
0 not present
1 very mild
2 mild
3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

AGITATION -- Observation.
0 normal activity
1 somewhat more than normal activity
2
3
4 moderately fidgety and restless
5
6
7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this? Where are you? Who am I?"
0 oriented and can do serial additions
1 cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place/or person

Total **CIWA-Ar** Score _____
Rater's Initials _____
Maximum Possible Score 67

 This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (**CIWA-Ar**). *British Journal of Addiction* 84:1353-1357, 1989.

Clinical Opiate Withdrawal Scale (COWS)

Flow-sheet for measuring symptoms for opiate withdrawals over a period of time.

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date: _____

Enter scores at time zero, 30min after first dose, 2 h after first dose, etc.

Times: _____ _____ _____ _____

Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
Sweating: *over past ½ hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				
Restlessness *Observation during assessmen*t 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds				
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				

GI Upset: *over last ½ hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting				
Tremor *observation of outstretched hands* 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching				
Yawning *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute				
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult				
Gooseflesh skin 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection				
Total scores **with observer's initials**				

Score:
5-12 = mild;
13-24 = moderate;
25-36 = moderately severe;
more than 36 = severe withdrawal

PSYCHIATRIC STATUS (cont.)

The following items are to be completed by the interviewer:

At the time of the interview, the patient was: 0–No 1–Yes

P15. Obviously depressed/withdrawn ☐

P16. Obviously hostile ☐

P17. Obviously anxious/nervous ☐

P18. Having trouble with reality testing, thought disorders, paranoid thinking ☐

P19. Having trouble comprehending, concentrating, remembering ☐

P20. Having suicidal thoughts ☐

Interviewer Severity Rating

P21. How would you rate the patient's need for psychiatric/psychological treatment? ☐

Confidence Rating

Is the above information significantly distorted by:

P22. Patient's misrepresentation? 0–No 1–Yes ☐

P23. Patient's inability to understand? 0–No 1–Yes ☐

PSYCHIATRIC STATUS COMMENTS (cont.)

(Include question number with your notes)

Print Form

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
OF THE SAN FERNANDO VALLEY

6640 Van Nuys Blvd., Suite C
Van Nuys, CA 91405-4617
818-997-0414
FAX 818-997-0851
www.ncadd-sfv.org

Michigan Alcohol Screening Test

NOTE: This test can be downloaded in PDF format, but Adobe Acrobat is required.

The MAST Test is a simple, self scoring test that helps assess if you have a drinking problem. Please answer YES or NO to the following questions:

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

			YES	NO	Points
	0.	Do you enjoy drinking now and then?	☐	☐	
*	1.	Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)	☐	☐	(2)
	2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	☐	☐	(2)
	3.	Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	☐	☐	(1)
*	4.	Can you stop drinking without a struggle after one or two drinks?	☐	☐	(2)
	5.	Do you ever feel guilty about your drinking?	☐	☐	(1)
*	6.	Do friends or relatives think you are a normal drinker?	☐	☐	(2)
*	7.	Are you able to stop drinking when you want to?	☐	☐	(2)
	8.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	☐	☐	(5)
	9.	Have you gotten into physical fights when drinking?	☐	☐	(1)
	10.	Has you drinking ever created problems between you and your wife, husband, a parent, or other relative?	☐	☐	(2)
	11.	Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	☐	☐	(2)
	12.	Have you ever lost friends because of your drinking?	☐	☐	(2)
	13.	Have you ever gotten into trouble at work or school because of drinking?	☐	☐	(2)
	14.	Have you ever lost a job because of drinking?	☐	☐	(2)
	15.	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	☐	☐	(2)
	16.	Do you drink before noon fairly often?	☐	☐	(1)
	17.	Have you ever been told you have liver trouble? Cirrhosis?	☐	☐	(2)
**	18.	After heavy drinking have you ever had Delirium Tremens (D.T.s) or severe shaking, or heard voices, or seen things that are really not there?	☐	☐	(2)
	19.	Have you ever gone to anyone for help about your drinking?	☐	☐	(5)
	20.	Have you ever been in a hospital because of drinking?	☐	☐	(5)

21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization? ☐ ☐ (2)

22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem? ☐ ☐ (2)

*** 23. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If YES, How many times? ☐) ☐ ☐ (2)

*** 24. Have you ever been arrested, or taken into custody even for a few hours, because of other drunk behavior? (If YES, How many times? ☐) ☐ ☐ (2)

* Alcoholic response is negative

** 5 points for Delirium Tremens

*** 2 points for each arrest

SCORING

Add up the points for every question you answered with YES, for Q23 and Q24 multiply the number of times by points ☐

0 - 3	No apparent problem
4	Early or middle problem drinker
5 or more	Problem drinker (Alcoholic)

Programs using the above scoring system find it very sensitive at the five point level an it tends to find more people alcoholic than anticipated. However, it is a screening test and should be sensitive at its lower levels.

References

Selzer, M.L., The Michigan Alcoholism Screening Test (MAST): The Quest for a New Diagnostic Instrument. American Journal of Psychiatry, 3:176-181, 1971.

Selzer, M.L., Vinokur, A., and van Rooijen, L., Self-Administered Short Version of the Michigan Alcoholism Screening Test (SMAST). Journal of Studies on Alcohol, 36:117-126, 1975

Print Form

ADMINISTRATIVE OFFICE
6640 Van Nuys Blvd., Suite C
Van Nuys, CA 91405-4617
818-997-0414

SANTA CLARITA VALLEY
24460 Lyons Avenue
Santa Clarita, CA 91321-2347
661-253-9400

PARTIALLY FOUNDED BY THE L.A. COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATION

Prediction of Alcohol Withdrawal Severity Scale (PAWSS)

Maldonado et al, 2015

Part A: Threshold Criteria:

("Y" or "N", no point)

Have you consumed any amount of alcohol (i.e., been drinking) within the last 30 days? OR did the patient have a "+" BAL on admission? _____

IF the answer to either is YES, proceed with test:

Part B: Based on patient interview:

(1 point each)

1. Have you been recently intoxicated/drunk, within the last 30 days? _____
2. Have you ever undergone alcohol use disorder rehabilitation treatment or treatment for alcoholism? _____
   (i.e., in-patient or out-patient treatment programs or AA attendance)
3. Have you ever experienced any previous episodes of alcohol withdrawal, regardless of severity? _____
4. Have you ever experienced blackouts? _____
5. Have you ever experienced alcohol withdrawal seizures? _____
6. Have you ever experienced delirium tremens or DT's? _____
7. Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, during the last 90 days? _____
8. Have you combined alcohol with any other substance of abuse, during the last 90 days? _____

Part C: Based on clinical evidence:

(1 point each)

9. Was the patient's blood alcohol level (BAL) on presentation ≥ 200? _____
10. Is there evidence of increased autonomic activity? _____
    (e.g., HR > 120 bpm, tremor, sweating, agitation, nausea)

Total Score: _____

Notes: Maximum score = 10. This instrument is intended as a SCREENING TOOL. The greater the number of positive findings, the higher the risk for the development of AWS.

A score of ≥ 4 suggests HIGH RISK for moderate to severe (complicated) AWS; prophylaxis and/or treatment may be indicated.

EAP CONSULTANTS, LLC

SUBSTANCE ABUSE ASSESSMENT FORM

Please make copies as needed and please type or print legibly.

Instructions for use: Complete this form and use these questions to guide the EAP client interview when conducting a formal substance abuse assessment to determine a client's treatment needs. Thank you.

Client's Name: _____

Client's Job Title or Position: _____

Client's Employer: _____

Counselor's Name: _____

Reason for the Client's Referral (include details that lead to a formal EAP referral by the employer if applicable):

_____

_____

_____

_____

_____

Substances used and history:

Alcohol:	____ Never used	____Currently using	____ Past use	____Age first used
Amphetamines	____ Never used	____Currently using	____ Past use	____Age first used
Anti-anxiety (e.g. Valium)	____ Never used	____Currently using	____ Past use	____Age first used
Barbiturates	____ Never used	____Currently using	____ Past use	____Age first used
Cocaine/crack:	____ Never used	____Currently using	____ Past use	____Age first used
Heroin/morphine:	____ Never used	____Currently using	____ Past use	____Age first used
LSD/acid	____ Never used	____Currently using	____ Past use	____Age first used
Marijuana/hash:	____ Never used	____Currently using	____ Past use	____Age first used
Meth/Crystal meth:	____ Never used	____Currently using	____ Past use	____Age first used
Painkillers (e.g., Oxycontin)	____ Never used	____Currently using	____ Past use	____Age first used
Other (specify)_____	____ Never used	____Currently using	____ Past use	____Age first used

Describe type, amount and frequency of use for each substance indicated above: _____

_____

_____

_____

Has client used drugs and/or alcohol in situations where it is physically dangerous, such as driving while impaired? ☐ Yes ☐ No

If Yes,describe:_____

_____

Has client been intoxicated, hungover, or in withdrawal at times when he/she is expected to fulfill important obligations, such as while at work? ☐ Yes ☐ No

If Yes, describe:

Has client given up occupational, social or recreational activities because of substance use? ☐ Yes ☐ No

If Yes, describe:

Has client used drugs and/or alcohol to ease difficulties with emotions, relationships, or as a stress reliever?

☐ Yes ☐ No

If Yes, describe:

Work problems:

☐ Violation of the Employer's substance abuse policy, example: a positive drug test.

☐ Absenteeism ☐ Tardiness ☐ Accidents

☐ Working while hung-over ☐ Trouble concentrating

☐ Decreased job performance ☐ Consumed substances while at work

☐ Lost job in past due to substance abuse ☐ No work problems

Comments:

Client's perception of substance use:

☐ Not a problem ☐ Unsure if problem ☐ Some problem

☐ Significant problem ☐ Severe problem ☐ Actively wants help

Family problems that are pre-existing, or are exacerbated by substance use:

☐ Quarrels ☐ Domestic Violence ☐ Family abuses alcohol/ drugs

☐ Child Abuse ☐ Child Neglect ☐ Family worried about client's use

☐ Separated ☐ Divorce ☐ None

Legal problems:

☐ DUI ☐ Public intoxication ☐ Other substance-related arrest ☐ None

Other (specify)_____

_____

Financial problems: ☐ Some ☐ Moderate ☐ Severe ☐ None

Describe:_____

_____

_____

Social problems: ☐ Some ☐ Moderate ☐ Severe ☐ None

Describe:_____

_____

_____

Mental health disorders that are pre-existing, or have been exacerbated by substance use:_____

_____

_____

_____

Physical or medical problems: ☐ Increased tolerance ☐ Hangovers ☐ Liver disease ☐ Stomach ailments

☐ Experiences withdrawal symptoms ☐ Heart ailments ☐ Blackouts ☐ Other medical problems

Comment: _____

_____

Medications currently being prescribed (specify):_____

_____

Evidence of psychological dependence to substances? ☐ Yes ☐ No

Comment: _____

_____

Has the client attempted to cut down or stop alcohol and drug use: ☐ Yes ☐ No

(Describe) _____

_____

_____

_____

Control over use:

☐	No loss of control	☐	Uses more than intends	☐	Getting worse
☐	Unpredictable	☐	Uses to get high	☐	Gets argumentative
☐	Increased tolerance				

History of suicide attempts (describe): _____

_____

_____

History of violent behavior (describe): _____

_____

_____

Previous treatment: ☐ None □ Yes

(Describe: date, type, setting, and outcome) _____

_____

_____

Reports from collateral contacts (spouses, family, friends) concerning the client's substance use: _____

_____

_____

_____

Additional Assessment Comments: _____

_____

_____

Multi-Axial DSM IV Diagnostic Impressions

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

_____

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Your recommendations for this client's treatment: (please check all that apply)

☐	Intensive outpatient substance abuse treatment program			Duration	_____
☐	Inpatient substance abuse treatment or detoxification			Duration	_____
☐	Self-help or 12 Step Groups	Frequency	_____	Duration	_____
☐	Random Drug Testing	Frequency	_____	Duration	_____
☐	Other outpatient treatment	Frequency	_____	Duration	_____

Additional comments about treatment recommendations, or if you conclude that no further EAP or treatment services are needed or recommended, please comment: _____

_____

Please specify the program, facility or counselor you are recommending to provide above services:

Name: _____

Location: _____

Telephone # if known: _____

Date the client agrees to begin treatment: _____

Additional comments: _____

_____

_____

Counselor Signature **Date**

Thank you.

PLEASE SUBMIT TO:
EAP CONSULTANTS, LLC
One Parkway Center
1850 Parkway Place, Suite 700
Marietta, GA 30067
678-384-3839 (Fax)
800-522-1073 (Telephone)

Eccentex

6101 W. Centinela Ave, Suite 110

Culver City, CA 90230

SUBSTANCE ABUSE ASSESSMENT

Client:	Test, Joe	**Date:**	12-SEP-2019
Site:	Eccentex	**Time In - Out:**	02:30 PM - 03:55 PM
Case Manager:	Psareas, Nadine	**Admission:**	12-SEP-19
Case ID:	29346	**Counselor:**	Psareas, Nadine
DOB:		**Primary Problem:**	
Program:	Substance Abuse Treatment	**Address:**	, , ,

Presenting problem / Primary complaint

PP1	What is the PRIMARY reason for your having this assessment or admission for treatment?	
PP2	Was this assessment because of a DUI/DWI?	○ Yes ○ No ○ Does Not Answer
PP3	If YES, what was your Blood-Alcohol (BAC) level?	
PP4	Who referred you to this Agency for this assessment or admission?	Referral Name: Referral Agency:
PP5	Where was this assessment completed?	Site: Eccentex
PP6	Have you been in a controlled environment in the past 30 days?	○ Yes ○ No ○ Does Not Answer
PP7	If Yes, how many days in the past 30 days?	1
PP8	Where was this controlled environment?	

Demographic information

DEMO1	What is your marital status?	NA
DEMO2	Are you satisfied with this situation?	○ Yes ○ No ○ Does Not Answer
DEMO3	Of what race do you consider yourself	None selected
DEMO4	Client gender	
DEMO5	What is your Date of Birth? (MM/DD/YYYY)	
DEMO6	What is your current age?	
DEMO7	Where were you born? (City/State/Country)	
DEMO8	Where were you mostly raised? (City/State/Country)	
DEMO9	What is your religious preference?	None
DEMO10	How long have you lived at the address you provided us?	Years: Months:
DEMO11	Is this residence owned by you or your family?	○ Yes ○ No ○ Does Not Answer
DEMO12	If answer is "Yes" please specify who is owner?	○ Family ○ Self
DEMO12	If answer is "No" please specify:	○ Rent ○ Dormitory ○ Other

Medical History

M1	Please rate your health	○ Poor ○ Fair ○ Good ○ Excellent
M2	How many times in your life time have you been in a medical hospital overnight?	0
M3	When was your most recent hospitalization? YYYY	
M4	What was the reason for this hospitalization?	
M5	Do you have any medical conditions, including communicable diseases (TB, STD, and Hepatitis) that interfere or impact your life?	○ Yes ○ No ○ Does Not Answer
M6	If yes, what diseases do you have?	
M7	Are you taking any prescribed medication for a medical (not psychiatric) problem?	○ Yes ○ No ○ Does Not Answer
M8	If yes, specify	
M9	Have you been tested for HIV/AIDS?	○ Yes ○ No ○ Does Not Answer
M10	Do you have the result of the HIV/AIDS test?	○ Yes ○ No ○ Does Not Answer
M11	If yes, specify date YYYY	

M12	Who is your Primary Care Physician or Family Doctor?	
M13	Approximately when was your last physical exam? (format mm/yyyy)	
M14	(For woman) Are you currently pregnant?	○ Yes ○ No
M15	How many days in the past 30 days have you experienced any medical problems?	0
M16	If you have experienced medical problems, what was the nature of these problems?	
M17	Do you receive any pension or disability payments for a physical disability	○ Yes ○ No ○ Does Not Answer
M18	If yes, specify	$
M19	How worried or bothered have you been about physical health problems in the past 30 days?	Not at all
M20	How important is it for you to receive additional treatment for any physical health problems?	Not at all

Education, Employment and Military History

ED1	Highest Grade Completed	GED
ED2	What was the name of your High School	
ED3	What year did you graduate?	
ED4	List the names of colleges and trade/technical schools attended and the year graduated (YYYY), e.g., City College 2001; State College 2003	Graduation Year / College Name / Degree / Major
ED5	Do you have any professional skills and/or trade?	○ Yes ○ No ○ Does Not Answer
ED6	If yes, specify	
ED7	Employment Status	Unemployed-Not Looking for Work
ED8	Where are you employed?	
ED9	What is your position or job title there?	
ED10	What has been your usual employment status for the majority of the past 3 years?	Unemployed-Not Looking for Work
ED11a	How long was your longest full time employment?	
ED11b	Where was this employment?	
ED12	What was your position or job title there?	
ED13	What was your gross income for the past calendar year?	$
ED14	How many days were you paid for working in the past 30 days?	
ED15	What was your net income for the past 30 days?	$
	How much have you received from these other sources?	
ED16a	Family, friends or significant other?	$
ED16b	Illegal sources?	$
ED16c	Social Security, pension, or disability benefits?	$
ED16d	Unemployment Compensation?	$
ED16e	Welfare?	$
ED17	Does anyone contribute to your support in any way?	○ Yes ○ No ○ Does Not Answer
ED18	If yes, who helps support you?	
ED19	Does this constitute the majority of your support?	○ Yes ○ No ○ Does Not Answer
ED20	How many people depend on you for the majority of their food, shelter, etc ?	0
ED21	Do you have valid driver's license?	○ Yes ○ No ○ Does Not Answer
ED22	Do you have an automobile available for you to use?	○ Yes ○ No
ED23	**Are you or were you a member of the Armed Forces?**	○ Yes ○ No
ED24	If yes, specify Branch	
ED25	Length of service in years and months	Years: Months:
ED26	Date discharged (YYYY)	
ED27	Type of discharged	N/A
ED28	Were you incarcerated while in the Armed Forcees	○ Yes ○ No
ED29	If Yes, Offense	
ED30	Are you currently under treatment for any diseases incurred during military service?	○ Yes ○ No
	If yes, please indicate the disease, type of treatment and the treating physician.?	
ED31a	Please indicate the type of disease.	
ED31b	If yes, what is the type of treatment.	
ED31c	If yes, who is treating you.	
ED32	How many days in the past 30 days have you experienced any employment problems or issues?	0
ED33	How worried or bothered have you been about any employment problems or issues in the past 30 days?	Not at all
ED34	How important is it for you to receive counseling for any employment problems or issues?	Not at all

Drug and Alcohol History

		What age did you first use this drug?	When did you last use	Drug of Choice	Use Past 30 days	Lifetime Yrs.	Route of Administration	Have you used this drug before, during or after sex
DA1	Alcohol			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA2	Alcohol to intoxication			○ Primary ○ Secondary ○ Third ○ None				
DA3	Amphetamine (including meth)			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA4	Barbiturates			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA5	Cannabis			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA6	Cocaine			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA7	Ecstasy			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA8	Hallucinogens			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA9	Heroin/Morphine			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA10	Inhalants			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA11	Methadone			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA12	Other Opioids (list)			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No

DA13	Sedative/ Hypnotic Tranquilizers/Anxiolytics			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA (a)	Other substance			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No
DA14	More than one substance in a day			○ Primary ○ Secondary ○ Third ○ None				○ Yes ○ No

DA15	Have you ever been voluntarily abstinent from your primary drug of choice?	○ Yes ○ No ○ Does not answer
DA16	How long ago did your last period of abstinent end?	Years: Months:
DA17	How long was your last period of voluntary abstinent from your primary drug of choice?	
DA18	How much money would you say you have spent on alcohol during the past 30 days?	$
DA19	How many times have you had alcohol DTs?	
DA20	How many times have you had treatment for Substance Abuse?	
DA21	How many of these were for Detox only?	
DA22	How many days have you attended AA or had any sort of treatment for alcohol problems in the past 30 days?	0
DA23	How much money would you say you have spent on drugs during the past 30 days?	$
DA24	How many times have you overdosed on drugs?	
DA25	Have you ever used needles to administer drugs?	○ Yes ○ No ○ Does Not Answer
DA26	If yes, when was the last time you did this?	
DA27	How many days have you attended NA or had any sort of treatment for drug problems in the past 30 days?	0
DA28	If you have received treatment for alcohol or drug abuse, in the past, where and when were these treatments; and what type of treatment was it? e.g., Sunset Center, 1999, Residential	Where: Date: Type: IOP
DA29	How many days in the past 30 days have you experienced any alcohol-related problems?	0
DA30	How worried or bothered have you been about any alcohol-related problems in the past 30 days?	Not at all
DA31	How important is it for you to receive counseling or treatment for any alcohol problems?	Not at all
DA32	How many days in the past 30 days have you experienced any drug-related problems?	0
DA33	How worried or bothered have you been about any drug-related problems in the past 30 days?	Not at all
DA34	How important is it for you to receive counseling or treatment for any drug problems?	Not at all

Legal

LE01	Are you on probation	○ Yes ○ No ○ Does Not Answer
LE02	If yes, specify Officer's Name	
LE02a	Court / Jurisdiction	
LE03	Are you on parole	○ Yes ○ No ○ Does Not Answer
LE04	If yes, specify Officer's Name	
LE05	Court / Jurisdiction	

	Arrested/Charged	# times	# of Convictions	Drug/Alcohol Involved
LE06	[ ] Arson			○ Yes ○ No
LE07	[ ] Assault			○ Yes ○ No
LE08	[ ] Burglary/Larceny/B&E			○ Yes ○ No
LE09	[ ] Contempt of Court			○ Yes ○ No
LE10	[ ] Disorderly Conduct			○ Yes ○ No
LE11	[ ] Disturbing the peace			○ Yes ○ No
LE12	[ ] Driving While Intoxicated			○ Yes ○ No
LE13	[ ] Drug Charges			○ Yes ○ No
LE14	[ ] Forgery			○ Yes ○ No
LE15	[ ] Homicide/Manslaughter			○ Yes ○ No
LE16	[ ] Major Driving Violations			○ Yes ○ No
LE17	[ ] Minor in Possession			○ Yes ○ No

LE18	[ ] Parole/Probation Violation			○ Yes ○ No
LE19	[ ] Prostitution			○ Yes ○ No
LE20	[ ] Public Intoxication			○ Yes ○ No
LE21	[ ] Rape or other sex-related crime			○ Yes ○ No
LE22	[ ] Robbery			○ Yes ○ No
LE23	[ ] Shoplifting/Vandalism or Theft			○ Yes ○ No
LE24	[ ] Vagrancy			○ Yes ○ No
LE25	[ ] Weapons Offense			○ Yes ○ No
LE26	[ ] Other			○ Yes ○ No

LE27	How long in total were you incarcerated in your life?	Year : Month : Day :
LE28	How long was your last incarceration?	Year : Month : Day :
LE29	What was it for?	N/A

LE30	Are you presently awaiting charges, trial or sentencing?	○ Yes ○ No
LE31	For what?	N/A
LE32	How many days in the past 30 days where you detained or incarcerated?	0
LE33	How many days in the past 30 days have you engaged in illegal activities for profit?	0
LE34	How worried or bothered have you been about any legal problems in the past 30 days?	Not at all
LE35	How important is it for you to receive counseling or for legal problems?	Not at all

Family History and Family Relationships

FR01	What is the first and last name of your biological father?	
FR02	What is the first and last name of your biological mother?	
FR03	Do they remain together as a couple?	○ Yes ○ No
FR04	If not together, please indicate never married, separated, divorced, one or both deceased?	Parents never married
FR05	If not together, what age were you when they separated, divorced, or died?	
FR06	How many brothers do you have?	
FR07	How many sisters do you have?	
FR08	If married or living with a significant other, what is his or her name?	
FR09	How many years have you been in this significant relationship?	Years: Months:
FR10	Are you satisfied with living arrangements?	○ Yes ○ No ○ Indifferent
FR11	How many children do you have?	
FR12	What are their name(s) and current ages?	
FR13	What has been your usual living arrangement for most of the past 3 years?	N/A
FR14	Do you live with anyone who has an alcohol or drug use problem?	○ Yes ○ No ○ Does Not Answer
FR15	How many close/best friends do you have?	
FR16	With whom do you spends most of your time?	N/A
FR17a	How many days in the past 30 days have you had serious conflicts with anyone in your family?	0
FR17b	How many days in the past 30 days have you had serious conflicts with anyone other than a family member?	0

FR18	Have you had a close reciprocal relationship with the identified people in your life?		Past 30 Day	In lifetime		Past 30 days	In lifetime
		Father	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Significant other**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a
		Mother	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Child/children**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a
		Siblings	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Friends**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a

FR19	Have you ever had a significant period in your life when there were serious problem getting along with the identified people?		Past 30 Day	In lifetime		Past 30 days	In lifetime
		Father	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Child/children**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a
		Mother	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Friends**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a
		Siblings	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Neighbors**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a
		Significant other	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a	**Co-Workers**	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a
		Other Family	○ Yes ○ No ○ n/a	○ Yes ○ No ○ n/a			

		In the past 30 days	In your lifetime
FR20	Have you been emotionally abused?	○ Yes ○ No ○ Does Not Answer By whom:	○ Yes ○ No ○ Does Not Answer By whom:
FR21	Have you been physically abused?	○ Yes ○ No ○ Does Not Answer By whom:	○ Yes ○ No ○ Does Not Answer By whom:
FR22	Have you been sexually abused?	○ Yes ○ No ○ Does Not Answer By whom:	○ Yes ○ No ○ Does Not Answer By whom:
FR23	Would you like to talk to a counselor about any abuse history?	○ Yes ○ No	

Have any of the following biological family members had an alcohol, drug or mental health problem?

		Alcohol	Drug	Mental
	Father's Side			
FR25	Grandfather	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know
FR26	Grandmother	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know
FR27	Father	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know
FR28	Uncles	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know
FR29	Aunts	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know	○ Yes ○ No ○ Does Not know
	Mother's Side			
FR30	Grandfather	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know
FR31	Grandmother	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know
FR32	Mother	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know
FR33	Uncles	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know
FR34	Aunts	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know	○ Yes ○ No ○ Does Not Know

	Siblings *from oldest to youngest*			
FR35		○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
FR36		○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
FR37		○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
FR38		○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer

FR38	How worried or bothered have you been about family or social-related problems in the past 30 days?	Not at all
FR39	How important is it for you to receive counseling or treatment for family or social-related problems?	Not at all

Psychiatric History

	How many times have you been treated for any psychological or mental health problem	**# of times**
PS1	In a hospital / residential / inpatient setting	Location
PS2	As an outpatient / private patient	Comment
PS3	Do you receive any disability payments for a mental health problem	○ Yes ○ No ○ Does Not Answer

	Have you experienced any of the following symptoms	In the past 30 days	In the lifetime
PS4	Serious depression	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS5	Serious anxiety	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS6	Eating disorder such as anorexia or bulimia	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS7	Auditory or visual hallucinations	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS8	Serious lost of temper, rage, or violence	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS9	Cut on yourself or did other self-injurious behaviors	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS10	Serious thoughts of suicide	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS11	Attempted suicide	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS12	Trouble concentrating, understanding or remembering things	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer

PS13	Been prescribed medication for a psychological or mental health condition	○ Yes ○ No ○ Does Not Answer	○ Yes ○ No ○ Does Not Answer
PS14	If yes, specify medication(s)		

PS15	Have you ever been diagnosed with any mental health or psychological condition(s)?	○ Yes ○ No Diagnoses
PS16	How worried or bothered have you been about psychological or mental health problems in the past 30 days?	Not at all
PS17	How important for you to recieve counseling for psychological or mental health problem?	Not at all

Collateral Information

Other Diagnostic / Screening Tools

Substance Abuse Subtle Screening Inventory (SASSI-3)

If the SASSI was administered and scored, please enter the raw score for each scale in the column below

Scale	Raw Score	T-Score	Percentile
FVA			
FVOD			
SYM			
OAT			
SAT			
DEF			
SAM			
FAM			
COR			
RAP			

University of Rhode Island Change Assessment (URICA) Scale:

There are FIVE possible responses to each of the items in the questionnaire:

1 - Strongly Disagree
2 - Disagree
3 - Undecided
4 - Agree
5 - Strongly Agree

1	As far as I am concerned, I don't have any problem that needs changing	1
2	I think I might be ready for some self-improvement	1
3	I am doing something about the problems that have been bothering me	1
4	It might be worthwhile to work on my problem	1
5	I am not the one with a problem. It doesn't make much sense for me to be here	1
6	It worries me that I might slip back on a problem I have already changed, so I am here to seek help	1
7	I am finally doing some work on my problem	1
8	I've been thinking that I might want to change something about myself	1
9	I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.	1
10	At times my problem is difficult, but I'm working on it	1
11	Being here is pretty much of a waste of time for me because the problem doesn't have to do with me	1
12	I'm hoping this place will help me to better understand myself	1
13	I guess I have faults, but there is nothing that I really need to change	1
14	I am really working hard to change	1
15	I have a problem and I really think I should work on it	1
16	I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem	1
17	Even though I'm not always successful in changing, I am at least working on my problem.	1
18	I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it	1
19	I wish I had more ideas on how to solve my problem	1
20	I have started working on my problems, but I would like help	1
21	Maybe this place will be able to help me	1
22	I may need a boost right now to help me maintain the changes I've already made	1
23	I may be part of the problem, but I don't really think I am	1
24	I hope that someone here will have some good advice for me	1
25	Anyone can talk about changing; I'm actually doing something about it	1
26	All this talk about psychology is boring. Why can't people just forget about their problems?	1
27	I'm here to prevent myself from having a relapse of my problem	1
28	It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved	1
29	I have worries but so does the next guy. Why spend time thinking about them?	1
30	I am actively working on my problem	1
31	I would rather cope with my faults than try to change them	1
32	After all I have done to try to change my problem, every now and again it comes back to haunt me	1

ASAM Rating

Directions to Counselor: It is your responsibility to rate each client on the six dimensions of the ASAM Criteria from 1=absent or minimal to 4=serious or major impairment. Generally, but any case may be different, no treatment is usually needed with a rating of 0 or 1; a rating of 2 generally suggests some treatment is indicated (perhaps an OP program or an IOP); a rating of 3 generally suggests more intensive intervention is indicated, perhaps IOP; and, a rating of 5 suggests a serious condition and perhaps immediate action needs to occur for client safety (detoxification and medical) or day treatment or residential treatment is indicated. Remember, each case is different. The above is merely a general guideline for rating the client based on your opinion of the client and the assessment data. Remember, for each dimension rated a 2 or 3 or 4, type in you reasons for rating the client 2 or higher.

Level of Functioning Key

- 4: Serious symptoms or major impairment.
- 3: Moderate symptoms or difficulty.
- 2: Mild symptoms or some difficulty.
- 1: Acceptable response to psychosocial stressors.
- 0: Absent or minimal.

	Dimension	Level of Functioning	Notes
1	Detoxification potential	0	
2	Biomedical conditions and complications	0	
3	Emotional behavioral conditions and complications	0	
4	Motivation for Change	0	
5	Continued Use/Relapse potential	0	
6	Recovery environment	0	

Diagnostic impression:

Axis I Primary:		
Axis I Secondary:		
Axis II:		
Axis III:		
Axis IV:		[ ] None [ ] Problems with primary support group [ ] Problems related to the social environment [ ] Educational problems [ ] Occupational problems [ ] Economic problems [ ] Problems with access to health care services [ ] Problems related to interaction with the legal system/ crime [ ] Other psychosocial and environmental problems
Axis V:		GAF

Summary:

Recommendations: