

# American Society of Addictive Medicine

## ASAM CRITERIA:

### Level of Functioning Key

- 4: Indicates utmost severity; critical impairments in coping and functioning.
- 3: Serious issue or difficulty coping within a given dimension.
- 2: Moderate difficulty in functioning.
- 1: Mildly difficult issue or present minor signs and symptoms.
- 0: Non-issue or very low-risk issue.

Dimension	Level of Functioning
1 – Acute Intoxication and/or Withdrawal Potential	
2 – Biomedical Conditions and Complications	
3 – Emotional, Behavioral, or Cognitive Conditions and Complications	
4 – Readiness to Change	
5 – Relapse, Continued Use, or Continued Problem Potential	
6 – Recovery/Living Environment	

Quality assessments that rate a client appropriately in each of the six Dimensions lends justification for the level of care then recommended at the end of an assessment. The Table below is merely a guide and there are so many considerations to be made when making a recommendation for a client's needs and level of care placement.

Level of Functioning	Level of Care
0: Non-issue or very low-risk issue.	None or Education
1: Mildly difficult issue or present minor signs and symptoms.	Mild - Outpatient
2: Moderate difficulty in functioning.	Moderate – Intensive Outpatient or Day Treatment
3: Serious issue or difficulty coping within a given dimension.	Serious – Short- or long-term Residential
4: Indicates utmost severity; critical impairments in coping and functioning.	Crisis – Seek immediate intervention

Keep in mind that the concept of eligibility most often refers to a client meeting certain demographic variable requirements. The following provides a number of factors to be considered regarding eligibility:

## AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

## Alcohol Use Disorders ID Test

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



12 oz. of  
beer  
(about 5%  
alcohol)

=



8-9 oz. of  
malt liquor  
(about 7%  
alcohol)

=



5 oz. of  
wine  
(about 12%  
alcohol)

=



1.5 oz. of  
hard liquor  
(about 40%  
alcohol)

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Score of 8 or More Alcohol Problem					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at [www.who.org](http://www.who.org).



# AUDIT

## The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

## AUDIT-C - Overview

The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence).

The AUDIT-C is a modified version of the 10 question AUDIT instrument.

### Clinical Utility

The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders.

### Scoring

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are:

a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

- **In men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- **In women**, a score of 3 or more is considered positive (same as above).
- However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.<sup>2</sup>
- Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

## AUDIT-C Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

**1. How often do you have a drink containing alcohol?**

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

**2. How many standard drinks containing alcohol do you have on a typical day?**

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

**3. How often do you have six or more drinks on one occasion?**

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

## The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

1. Have you felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Score: \_\_\_ /4

2/4 or greater = positive CAGE, further evaluation is indicated

*Source: Reprinted with permission from the Wisconsin Medical Journal. Brown, R.L., and Rounds, L.A. Conjoint screening questionnaires for alcohol and drug abuse. Wisconsin Medical Journal 94:135-140, 1995.*

# TWEAK

	Points
1.A How many drinks does it take before you begin to feel the first effects of alcohol? (3 or more drinks = 2 points) <i>or</i>	_____
1.B How many drinks does it take before the alcohol makes you fall asleep or pass out. If you never pass out, what is the largest number of drinks that you have? [Tolerance] (5 or more drinks = 2 points)	_____
2. Have your friends or relatives worried about your drinking in the past year? (yes = 1 point) [Worried]	_____
3. Do you sometimes take a drink in the morning when you first get up? (yes = 1 point) [Eye-opener]	_____
4. Are there times when you drink and afterwards can't remember what you said or did? (yes = 1 point) [Amnesia]	_____
5. Do you sometimes feel the need to cut down on your drinking? (yes = 1 point) [K/C Cut down]	_____
	Score _____

A score of three or more is considered positive for alcoholism/heavy drinking.

Reference: Chan AWK; Pristach EA; Welte JW; Russell M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. *Alcoholism: Clinical and Experimental Research* 17(6): 1188-1192, 1993. (30 refs.)

Bibliography on TWEAK.