South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

MR #
DOB:
Assessment date

ASAM Dimension #1 Acute Intoxication and/or Withdrawal Potential

<table>
<thead>
<tr>
<th>Substance</th>
<th>Age of first use, pattern of use in the last year (Experimental, Social, Habituation, Abuse, Dependence) and the historical consequences of use (Psychiatric, Legal, Financial and Familial)</th>
<th>Date of last use, amount, frequency and route of administration</th>
<th>Current risk of withdrawal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
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<tr>
<td>Alcohol</td>
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<tr>
<td>Marijuana</td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Amphetamine</td>
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<tr>
<td>Opiates</td>
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<tr>
<td>Benzodiazepines</td>
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<tr>
<td>RX</td>
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</tbody>
</table>

Have you ever been treated for substance use?  ☐ Yes  ☐ No  ☐ Not Sure

<table>
<thead>
<tr>
<th>Year</th>
<th>Location, Type of Facility, Length of Treatment, Benefits of Treatment (How long abstinent afterward)</th>
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DSM IV Diagnosis

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Substance #1</th>
<th>Substance #2</th>
<th>Substance #3</th>
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</thead>
<tbody>
<tr>
<td>1. Tolerance</td>
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<tr>
<td>A. Increased amount for same effect</td>
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<tr>
<td>B. Decreased amount for the same effect</td>
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<tr>
<td>2. Withdrawal</td>
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<tr>
<td>A. Withdrawal Syndrome</td>
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<tr>
<td>B. Use to avoid withdrawal</td>
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<td>3. Use of longer amounts for longer period of time than intended</td>
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<td>4. Desire or unsuccessful attempts to cut down or control use</td>
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<td>5. A great deal of time is spent obtaining, using or recovering</td>
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<td>6. Social, work, or play activities are given up or reduced by use</td>
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<td>7. The continued use despite recurrent physical</td>
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</table>
8. Longest period clean/sober in the last 30 days

9. Longest period clean and sober in the last 3 years

10. Failure to fill roles at work, home or school due to use

11. Recurrent use despite legal issues

12. Recurrent use in hazardous situations

13. Continued use despite social or interpersonal problems

<table>
<thead>
<tr>
<th>Substance #1</th>
<th>Substance #2</th>
<th>Substance #3</th>
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</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Alcohol</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Dependence</td>
<td>303.90</td>
<td>304.20</td>
</tr>
<tr>
<td>Abuse</td>
<td>305.10</td>
<td>305.20</td>
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</table>

Abuse: Requires pattern of impairment or distress with one or more of the indicators 10-13 occurring at any time in the last 12 months.

Dependence: Requires pattern of impairment of distress with three or more of the indicators 1-7 occurring at any time in the last 12 months.

**ASAM Dimension #2 Biomedical Conditions and Complications**

**Infectious Disease Risk Assessment**

- unprotected sex: ☐ Yes ☐ No
- injection drug user: ☐ Yes ☐ No
- Needle/paraphernalia sharing: ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Condition</th>
<th>None</th>
<th>Current</th>
<th>Past</th>
<th>Past</th>
<th>Family Hx</th>
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</thead>
<tbody>
<tr>
<td>Seizures</td>
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<td>Heart Disease</td>
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<td>Liver Disease</td>
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<td>Kidney Problems</td>
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<td>Tuberculosis</td>
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<td>Cancer</td>
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<td>Gastrointestinal</td>
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<td>Allergies</td>
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<td>Vision Problems</td>
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<td>Dental Problems</td>
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<td>Chronic Pain</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Ear/Throat/Nose</td>
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<tr>
<td>Eating Disorder</td>
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<tr>
<td>Other</td>
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</table>

PCP ☐ Yes ☐ No Assigned Physician:
South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

Medications for health conditions:

Current physical challenges:

ASAM Dimension #3 Emotional, Behavioral or Cognitive Conditions and Complications

Mental Status:
Arrival: Early On Time Late
Appearance: Appropriate Disheveled Unusual Bizarre
Hygiene: Good Fair Poor
Attitude: Friendly Dependent
Behavior: Cooperative Withdrawn
Speech/Tone: Normal Loud Soft
Mood: Appropriate Depressed
Motor Activity: Calm Hyperactive
Affect: Appropriate Incoherent
Thought Process: Intact Tangential
Thought Content: Normal Abnormal
Hallucinations: Not Present Tactile
Delusions: Not Present Controlled
Orientation: Person Place
Consciousness: Alert Drowsy
Judgment: Intact Impaired
Comprehension: Average Above Below
Memory Problems: None Immediate
Intelligence: Average Above Below
Reading/Writing: Average Above Below

Mental Health History:
Date:
Diagnosis:
Medications: PMHNP
Summary:

Risk Assessment:
Suicidality: No Risk Ideation Plan Attempt Prior Attempts
Homicidality: No Risk Ideation Plan Attempt Prior Attempts
Comments:

Have you ever seen or heard or been part of a traumatic event?  Yes No
Have you ever been a victim of violence? Yes No
Have you ever been the perpetrator of violence? Yes No
South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

Have you ever experienced sexual trauma as a child, adolescent or adult?  □ Yes  □ No
Have you ever been physically, verbally or emotionally threatened or abused? □ Yes  □ No
Do you withdraw from others? □ Yes  □ No
Do you experience upsetting thoughts or memories about the event? □ Yes  □ No

Do you experience upsetting dreams about the event? □ Yes  □ No
Do you experience an increased awareness of potential danger? □ Yes  □ No
Do you act or feel as if the event were happening again? □ Yes  □ No
When reminded of the event, do you experience bodily reactions? □ Yes  □ No
Do you experience irritability or outbursts of anger or internal anger? □ Yes  □ No
Do you experience difficulty concentrating? □ Yes  □ No
Do you experience emotional numbness? □ Yes  □ No
Do you avoid anything that reminds you of the event? □ Yes  □ No

Sleep: □ Normal  □ Excessive  □ Diminished
Appetite: □ Normal  □ Excessive  □ Diminished
Energy: □ Normal  □ Excessive  □ Diminished
Comments:

**ASAM Dimension #4 Readiness to Change**

I am going to ask you some questions about your substance use and please answer them as honestly as you can.

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

Do you feel that you have a problem with substance use?
What are some of the things that you enjoy about using?
What kind things would have to change for you to cut down or stop using?
What things would improve in your life if you were to cut down or stop using?

On a scale of 1-10 10 = Highest Rate your desire to reduce or stop using __
On a scale of 1-10 10 = Highest Rate your ability to make some changes in your use __

Do you think there would be any barriers to you participating in the ACT team’s substance abuse program?

<table>
<thead>
<tr>
<th>Describe:</th>
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<tbody>
<tr>
<td>1. Sense of necessity for change:</td>
</tr>
<tr>
<td>2. Willingness to experience anxiety:</td>
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<tr>
<td>3. Awareness of what would need to change:</td>
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<tr>
<td>4. Confronting the problem:</td>
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</tbody>
</table>
5. Effort toward change:
6. Hope for change:
7. Social support for change:

Stages of Change: ☐ Pre-contemplative ☐ Contemplative ☐ Preparation ☐ Action

**ASAM Dimension #5 Relapse Potential**

Have you ever stopped using substances? ☐ Yes ☐ No  How many times? ___
What was the longest period of abstinence that you ever had?
What was helping you meet your goal?
What was the trigger that caused you to relapse?
What kind of support would help you cut down or stop using?

Name 5 things that make you want to use
1. 
2. 
3. 
4. 
5. 

Name 5 things that make you want to stop using?
1. 
2. 
3. 
4. 
5. 

**ASAM Dimension #6 Recovery Environment**

Military History: ☐ Yes ☐ No
Comment:

**Family/Interpersonal Relationships:**
Place of birth:
Setting: ☐ Suburban ☐ Urban ☐ Farm ☐ Reservation ☐ Small town
Socioeconomic group: ☐ Low ☐ Middle ☐ High
Family history of substance use:
☐ Mother  Drug of choice:  Impact on your use:
☐ Father  Drug of choice:  Impact on your use:
☐ Sibling  Drug of choice:  Impact on your use:
Most significant relationship in your life right now:
☐ Significant Other  Drug of choice:  Impact on your use:
Significant others attitude toward your substance use:
Family attitude toward your substance use:
Children:
## South Lane Mental Health

**ACT Team**

**Alcohol and Drug Comprehensive Assessment**

<table>
<thead>
<tr>
<th>Name</th>
<th>M or F</th>
<th>Age</th>
<th>Contact/Location/Level of Support</th>
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<tbody>
<tr>
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</table>

Children’s attitude towards your substance use:

**Education:**
- Highest grade completed:
- Impact of substance use on education:

**Vocational/Work history:**
- Most common type of employment:
- Impact of substance use on employment:

**Legal history:**
- Arrests:
- Charges:
- Impact of substance use on legal issues:

**Financial status:**
- Income source:
- Payee:
- How much money do you spend on substances?
- How does your substance impact your financial security?

Have you ever had problems as a result of gambling? □ Yes □ No
Would someone else say that you have had problems as a result of gambling? □ Yes □ No
Have you ever felt the need to bet more money when you gamble? □ Yes □ No
Have you ever had to lie to someone about how much you gamble? □ Yes □ No

Do you have a favorite hobby or recreational activities that you enjoy?
Has your substance use ever interfered with your hobbies/recreational activities? □ Yes □ No

**Race:**
- Ethnicity:
- Level of acculturation: □ Low □ Medium □ High
- Are there any cultural groups you identify with?
- How do you feel about your race, ethnicity or cultural group?
- In what ways does your cultural group promote healthy behaviors?
- In what ways does your cultural group promote unhealthy behaviors?
- Primary language:
- Were you exposed to any beliefs or practices about drugs or alcohol while you were growing up?
- How important was religion or spirituality in your life growing up?
- Personal beliefs and current practices:
- Sexual orientation:

Where are you currently living?
Any limitations on substance use at your current housing situation?
Does your substance use put you at risk of losing your housing?
Clinical Formulation:

Recommended ACT Level of Care

☐ Level 1: Assessment indicates that substance use does not impact the individual’s ability to engage in services and progress in reducing symptoms that put community living at risk
☐ Level 2: Assessment indicates that substance use has impacted the individual’s ability to engage in services and there has been a deterioration of functioning that put community living at risk
☐ Level 3: Assessment indicates that substance use continues to impact the individual’s ability to engage in services despite assertive community treatment and community living is at risk

Recommended Treatment Services

☐ Level 1: Annual Assessment and on-going
☐ Level 2: Assessment, group skill training to develop a Relapse Prevention Plan and on-going individual skill training as necessary
☐ Level 3: Assessment, group skill training to develop a Relapse Prevention Plan, on-going individual skill training as necessary and assertive management of services to manage barriers to treatment