

South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

MR #

DOB:

Assessment date

ASAM Dimension #1 Acute Intoxication and/or Withdrawal Potential

Substance	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)	Date of last use, amount, frequency and route of administration	Current risk of withdrawal
Tobacco			
Alcohol			
Marijuana			
Cocaine			
Amphetamine			
Opiates			
Benzodiazepines			
RX			

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

Year	Location, Type of Facility, Length of Treatment, Benefits of Treatment (How long abstinent afterward)

DSM IV Diagnosis

Indicator	Substance #1	Substance #2	Substance #3
1. Tolerance			
A. Increased amount for same effect			
B. Decreased amount for the same effect			
2. Withdrawal			
A. Withdrawal Syndrome			
B. Use to avoid withdrawal			
3. Use of longer amounts for longer period of time than intended			
4. Desire or unsuccessful attempts to cut down or control use			
5. A great deal of time is spent obtaining, using or recovering			
6. Social, work, or play activities are given up or reduced by use			
7. The continued use despite recurrent physical			

South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

or psychological problems			
8. Longest period clean/sober in the last 30 days			

	Substance #1	Substance #2	Substance #3				
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							
	Tobacco	Alcohol	Marijuana	Cocaine	Amphetamine	Opiates	Benzo
Dependence		303.90	304.30	304.20	304.40	304.00	304.10
Abuse	305.10	305.00	305.20	305.60	305.70	305.50	305.40

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 or 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 Yes No

Referral Made Yes No

Unprotected sex: Yes No

Injection drug user: Yes No

Needle/paraphernalia sharing: Yes No

Condition	None	Current	Past	Past	Family Hx
Seizures					
Heart Disease					
Liver Disease					
Kidney Problems					
Tuberculosis					
Cancer					
Gastrointestinal					
Allergies					
Vision Problems					
Dental Problems					
Chronic Pain					
Diabetes					
Ear/Throat/Nose					
Eating Disorder					
Other					

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	Outgoing	Helpful	Interested	Evasive		
	Dependent	Cold	Rude	Suspicious	Irritable		
Behavior:	Cooperative	Withdrawn	Guarded	Irritable	Threatening		
	Violent						
Speech/Tone:	Normal	Loud	Soft	Stuttering	Pressured	Incoherent	Slow
Mood:	Appropriate	Depressed	Anxious	Fearful	Euphoric		
	Incoherent						
Motor Activity:	Calm	Hyperactive	Agitated	Tremors	Hypoactive		
Affect:	Appropriate	Inappropriate	Flat	Constricted	Labile		
Thought Process:	Intact	Tangential	Disorganized	Circumstantial			
Thought Content:	Normal	Abnormal					
Hallucinations:	Not Present	Tactile	Visual	Auditory	Olfactory		
Delusions:	Not Present	Controlled	Persecutory	Somatic	Grandiose		
Orientation:	Person	Place	Time	Situation			
Consciousness:	Alert	Drowsy	Stupor				
Judgment:	Intact	Impaired	Age Appropriate				
Comprehension:	Average	Above	Below	Unclear			
Memory Problems:	None	Immediate	Recent	Remote			
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?

Describe:
1. Sense of necessity for change:
2. Willingness to experience anxiety:
3. Awareness of what would need to change:
4. Confronting the problem:

South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

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

Name	M or F	Age	Contact/Location/Level of Support

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 to 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?

South Lane Mental Health
ACT Team
Alcohol and Drug Comprehensive Assessment

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