{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

Client Name: ____ **Date** _______________________________

I voluntarily consent to assessment of my involvement with alcohol and or other drugs. I affirm that the information I give is truthful and complete.

Client Signature ____

DIMENSION 1:
ACUTE INTOXICATION, WITHDRAWAL AND ADDICTION MEDICATIONS

Current Signs and Symptoms of Withdrawal (DSM-5)

☐ **Alcohol Withdrawal – Must meet all Criteria to be considered withdrawal**

A. ☐ Cessation of (or reduction in) alcohol use that has been heavy and prolonged.

B. ☐ Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use described in Criterion A: (above) – check if present:

- ☐ (1) Autonomic hyperactivity (e.g. sweating or pulse rate greater than 100),
- ☐ (2) increased hand tremor,
- ☐ (3) Insomnia
- ☐ (4) Nausea or vomiting,
- ☐ (5) Transient visual, tactile, or auditory hallucinations or illusions,
- ☐ (6) Psychomotor agitation,
- ☐ (7) Anxiety,
- ☐ (8) Grand mal seizures

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. ☐ The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

☐ **No Symptoms Reported or Observed**

☐ **Stimulant/Amphetamine Withdrawal – Must meet all Criteria to be considered withdrawal**

A. ☐ Cessation of (or reduction in) prolonged amphetamine-type substance, cocaine, or other stimulant use.

B. ☐ Dysphoric mood and two (or more) of the following physiological changes, developing within a few hours to several days after criterion A:

- ☐ (1) Fatigue,
- ☐ (2) Vivid, unpleasant dreams,
- ☐ (3) Insomnia or hypersomnia,
- ☐ (4) Increased appetite,
- ☐ (5) Psychomotor retardation or agitation

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. ☐ The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

☐ **No Symptoms Reported or Observed**

☐ **Cannabis Withdrawal – Must meet all 4 Criteria to be considered withdrawal**

A. ☐ Cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months.)

B. ☐ Three (or more) of the following signs and symptoms develop within approximately 1 week after Criterion A:

- ☐ (1) Irritability, anger, or aggression.
- ☐ (2) Nervousness or anxiety.
- ☐ (3) Sleep Difficulty (e.g., insomnia, disturbing dreams).
- ☐ (4) Decreased appetite or weight loss.
- ☐ (5) Restlessness
- ☐ (6) Depressed mood
- ☐ (7) At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. ☐ The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

☐ **No Symptoms Reported or Observed**

☐ **Nicotine Withdrawal – Must meet all 4 Criteria to be considered withdrawal**

A. ☐ Daily use of nicotine for at least several weeks.
B. ☐ Abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four (or more) of the following signs and symptoms:
- ☐ (1) Irritability, frustration, or anger
- ☐ (2) Anxiety
- ☐ (3) Difficulty concentrating
- ☐ (4) Increased appetite
- ☐ (5) Restlessness
- ☐ (6) Depressed mood
- ☐ (3) Insomnia

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. ☐ The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

☐ **No Symptoms Reported or Observed**

☐ **Opioid Withdrawal – Must meet all 4 Criteria to be considered withdrawal**

A. ☐ Either one of the following:
- ☐ (1) Cessation of (or reduction in) opioid use that has been heavy and prolonged (several weeks or longer)
- ☐ (2) Administration of an opioid antagonist after a period of opioid use

B. ☐ Three (or more) of the following, developing within minutes to several days after Criteria A (above):
- ☐ (1) Dysphoric mood,
- ☐ (2) Nausea or vomiting,
- ☐ (3) Muscle aches,
- ☐ (4) Pupillary dilation, piloerection (skin hair standing on end), or sweating,
- ☐ (6) Diarrhea,
- ☐ (7) Yawning,
- ☐ (8) Fever,
- ☐ (9) Insomnia.

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. ☐ The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

☐ **No Symptoms Reported or Observed**

☐ **Sedative, Hypnotic or Anxiolytic Withdrawal – Must meet all 4 Criteria to be considered withdrawal**

A. ☐ Cessation of (or reduction in) sedative, hypnotic or anxiolytic use that has been heavy and prolonged.
B. ☐ Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) sedative, hypnotic, or anxiolytic use described in Criteria A:
- ☐ (1) Autonomic hyperactivity (e.g. sweating or pulse rate greater than 100 bpm),
- ☐ (2) Hand tremor,
- ☐ (3) Insomnia,
- ☐ (4) Nausea or vomiting,
- ☐ (5) Transient visual, tactile, or auditory hallucinations or illusions,
- ☐ (6) Psychomotor agitation,
- ☐ (7) Anxiety,
- ☐ (8) Grand mal seizures

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. ☐ The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

☐ **No Symptoms Reported or Observed**

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

Withdrawal/Tolerance History

Have you ever been admitted to a Facility for withdrawal management from alcohol or other drugs? ☐ No ☐ Yes

Facility Date(s) ___________________________ Where? __________________________ Drug? ____________________________

Facility Date(s) ___________________________ Where? __________________________ Drug? ____________________________

If No, Where did the withdrawals occur? ☐ Home ☐ Jail ☐ Hospital ___________________ ☐ Other_________________

Have you ever used a substance to relieve or avoid withdrawals? ☐ No ☐ Yes

If so, which substance?

Have you noticed it takes more of a given substance to get the same results as before? ☐ No ☐ Yes, if yes

Explain:

Have you noticed less of an effect from a given substance than you used to get before? ☐ No ☐ Yes, if yes

Explain:

Dimension 1 Subdimensions Risk Rating:

Intoxication Associated Risks:

0 ☐ No signs or symptoms of intoxication or withdrawal are present, or signs/symptoms, if present, are resolving.
1 ☐ Mild to moderate intoxication signs and symptoms interfere with daily functioning, but do not pose imminent danger to self or others.
2 ☐ Intoxication may be severe but responds to support and treatment sufficiently that the patient does not pose imminent danger to self or others.
3 ☐ Severe signs and symptoms of intoxication indicate patient may pose an imminent danger to self and others, and intoxication has not abated at less intensive levels of service
4 ☐ Continued use poses an imminent threat to life.

Withdrawal Associated Risks:

0 ☐ The patient is fully functioning demonstrates good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal are present, or signs or symptoms are resolving.
1 ☐ Demonstrates adequate ability to tolerate and cope with withdrawal discomfort.
☐ Mild to moderate withdrawal signs and symptoms interfere with daily functioning, but do not pose imminent danger to self or others.
☐ Minimal risk of severe withdrawal.
2 ☐ The patient has some difficulty tolerating and coping with withdrawal discomfort.
☐ Moderate signs and symptoms, with moderate risk of severe withdrawal.
3 ☐ The patient demonstrates poor ability to tolerate and cope with withdrawal discomfort.
☐ Severe signs and symptoms or risk of severe but manageable withdrawal, or withdrawal is worsening despite withdrawal management at a less intensive level of care.
4 ☐ The patient is incapacitated with severe signs and symptoms of withdrawal.
☐ Severe withdrawal presents danger (e.g. seizures).

Addiction Medication Needs

1 ☐ For patients in Opioid treatment programs (OTP), the dose is well stabilized, with no opioid intoxication or withdrawal.
2 ☐ For patients in (OTP), the dose is inadequately stabilized and the patient has mild symptoms of withdrawal, or occasional compensatory use of opioids or other drugs.
3 ☐ For patients in (OTP), the dose is inadequately stabilized and the patient has severe symptoms of withdrawal, or frequent, significant, and ongoing compensatory use of opioids or other drugs.

Recommended ASAM Level of Care for Dimension 1 Acute Intoxication/Withdrawal Potential: Withdrawal Management

☐	**0**	No immediate withdrawal management services are needed
☐	**1.7**	Medically Monitored Outpatient Treatment including Opioid Treatment Services
☐	**2.7**	Medically Managed Intensive Outpatient
☐	**3.7**	Medically Managed Residential Services
☐	**4**	Medically-Managed Intensive Inpatient Services Addiction Specialty Unit

CDP Summary Interpreting Dimension 1 Data (include client assessment data that identifies specific admission criteria to justify above level of care recommendation): DO NOT LEAVE BLANK

Evidence Supports DSM 5 Diagnostic Criteria ☐ **No** ☐ **Yes; if yes meets** ☐ ____________________**Substance Related/Addictive Disorder**

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

DIMENSION 2:
BIOMEDICAL CONDITIONS AND COMPLICATIONS

1. Do you have access to medical care? ☐ No ☐ Yes Provider Name ____

Physician's name: City:___________________________ State:________

2. Have you ever had any surgeries or been hospitalized? ☐ No ☐ Yes If yes,

Why? __________________________ Where? _______________________________ When? _____________________

Why? __________________________ Where? _______________________________ When? _____________________

Why? __________________________ Where? _______________________________ When? _____________________

Were any of these related to your use of alcohol or other drugs? ☐ No ☐ Yes, if so, how?

3. Do you routinely access medical care? ☐ No ☐ Yes

Last saw a doctor for: __________________________ Date: _____________ Outcome: ________________

4. Which of the following medical conditions do you currently have, or have had in the past?

	Condition	TREATED	UNTREATED
☐	Anemia or blood disorder	☐	☐
☐	Rheumatic or scarlet fever	☐	☐
☐	Chest pains	☐	☐
☐	Fainting spells	☐	☐
☐	Kidney disease or bladder infection	☐	☐
☐	Liver disease-hepatitis or jaundice	☐	☐
☐	Cancer-Type __________________	☐	☐
☐	Diabetes	☐	☐
☐	High or low blood sugar	☐	☐
☐	Tuberculosis____________________________	☐	☐
	Last Test Date ___________ Test results: ___________		
☐	Ulcers or pains in the stomach	☐	☐
☐	Epilepsy	☐	☐
☐	Heart trouble	☐	☐
☐	Shortness of breath	☐	☐

	Condition	TREATED	UNTREATED
☐	High or low blood pressure	☐	☐
☐	Chronic Pain	☐	☐
☐	Glaucoma	☐	☐
☐	Allergies (food or drug)	☐	☐
	If yes, to what: _________________	☐	☐
☐	Physical injury	☐	☐
	If yes, what: ___________________________________		
☐	Venereal disease ______________________	☐	☐
☐	Other: _______________________________	☐	☐

FOR FEMALES:

	Condition	TREATED	UNTREATED
☐	Menopause or menopausal	☐	☐
☐	Pre Menstrual Syndrome	☐	☐

☐ Pregnancy: ☐ Suspected ☐ Confirmed

Number of months: _______________ Number of children________

Referred to First Steps? ☐ No ☐ Yes

5. Have these, or any other medical conditions been impacted by your use of alcohol or other drugs? ☐ No ☐ Yes

If Yes, in what manner?

7. **Current physical illnesses**, other than withdrawal, **that need to be addressed or which may complicate treatment** (from checklist):

8. How would you describe your physical health? ☐ Poor ☐ Average ☐ Good ☐ Excellent

Dimension 2 Subdimensions Risk Rating:

Physical Health Concerns:

0
- ☐ The patient is fully functioning and demonstrates adequate ability to tolerate or cope with physical discomfort.
- ☐ No biomedical signs or symptoms are present, or biomedical problems are stable.
- ☐ No biomedical conditions that will interfere with treatment

1
- ☐ The patient demonstrates adequate ability to tolerate and cope with physical discomfort.
- ☐ Mild to moderate signs or symptoms interfere with daily functioning.

2
- ☐ The patient has some difficulty tolerating and coping with physical problems and/or has other biomedical problems.
- ☐ These problems may interfere with recovery and mental health treatment.
- ☐ The patient neglects to care for serious biomedical problems.
- ☐ Acute, non-life threatening medical signs and symptoms are present.

3
- ☐ The patient demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor.
- ☐ Has a serious medical problem he/she neglects during outpatient or intensive outpatient treatment.
- ☐ Severe medical problems are present but stable.

4
- ☐ Incapacitated, with severe medical problems

Pregnancy Related Concerns:

- **0** ☐ Patient does not report being pregnant
- **1** ☐ Patient is pregnant but reports no difficulties and is receiving medical assistance
- **2** ☐ Patient is pregnant and experiencing mild to moderate difficulties and or needs medical assistance
- **3** ☐ Patient is having moderate to sever difficulties with pregnancy and or requires medical assistance
- **4** ☐ Patient requires immediate assistance due to pregnancy complications

Recommended ASAM Level of Care for Dimension 2 Biomedical Conditions/Complications

- ☐ **0** No immediate services are needed
- ☐ **1.0** Long Term Remission Monitoring
- ☐ **1.5** Outpatient Services
- ☐ **1.7** Medically Monitored Outpatient Treatment including Opioid Treatment Services
- ☐ **2.1** Intensive Outpatient Services
- ☐ **2.5** High Intensity Outpatient Services
- ☐ **2.7** Medically Managed Intensive Outpatient
- ☐ **3.1** Clinically managed Low-Intensity Residential Services
- ☐ **3.5** Clinically-Managed High-Intensity Resident Services
- ☐ **3.7** Medically Managed Residential Services
- ☐ **4** Medically-Managed Intensive Inpatient Services Addiction Specialty Unit

CDP Summary Interpreting Dimension 2 Data (include client assessment data that identifies specific admission criteria to justify above level of care recommendation): DO NOT LEAVE BLANK

Evidence Supports DSM 5 Diagnostic Criteria ☐ No ☐ Yes; if yes meets ☐ ____________________ Substance Related/Addictive Disorder

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DIMENSION 3:
PSYCHIATRIC AND COGNITIVE CONDITIONS

A. Emotional Conditions/Complications

1. Have you ever been physically abused? ☐ No ☐ Yes; if yes, when and by whom: ________________________________

   Have you received or participated in counseling for this issue ☐ No ☐ Yes, When and what was the outcome?

2. Have you ever been sexually abused? ☐ No ☐ Yes; if yes, when and by whom:________________________________

   Have you received or participated in counseling for this issue? ☐ No ☐ Yes, When and what was the outcome?

3. Have you ever been emotionally/verbally abused? ☐ No ☐ Yes, if yes, when and by whom: ________________________

   Have you received or participated in counseling for this issue ☐ No ☐ Yes, When and what was the outcome?

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

4. Are there any other significant life events (losses, deaths, hardships, loss of custody of children, etc.)? ☐ No ☐ Yes

   If yes, describe:

5. Are you currently experiencing any of the following?

☐ Feeling hopeless ☐ Moodiness ☐ Sleeplessness ☐ Self destructive ☐ Decreased energy

☐ Preoccupation with death ☐ Feeling Withdrawn ☐ Taking unnecessary risks ☐ Giving away valued possessions

6. Is there any history of suicide in your family? ☐ No ☐ Yes, If yes, explain:

7. Have you ever attempted suicide?☐ No ☐ Yes, If yes, when and how?

8. Do you currently have any suicidal thoughts? ☐ No ☐ Yes, If yes, how recent? ___________________________________

   What were your thoughts?

9. Do you currently have a plan to harm yourself? ☐ No ☐ Yes, If yes, describe your plan:

10. **Suicide risk assessment**: (lowest risk to highest risk) ☐ Low ☐ Moderate ☐ High

☐ **Imminent Danger**: As evidenced by:

If imminent danger, describe immediate intervention:

11. History of other self-harm behaviors (cutting, burning, etc.)

12. Gambling history: Which activities have you engaged in: ☐ Casino gambling ☐ Online gambling/gaming for money ☐ Bingo
☐ Played Cards (for money) ☐ Betting on sports, racing, etc. ☐ Lottery ☐ Other: Describe

13. Brief Biosocial Gambling Screen (BBGS):
During the past 12 months, have you become restless irritable or anxious when trying to stop/cut down on gambling? ☐ No ☐ Yes
During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? ☐ No ☐ Yes
During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? ☐ No ☐ Yes
Refer the individual to a mental health or gambling treatment provider for a gambling assessment if the individual answers yes to any of the three questions on the BBGS.

B. Behavioral Conditions/Complications

1. Do you ever have homicidal thoughts? ☐ No ☐ Yes, if yes, explain:

2. Do you have any history of combative and/or assault behavior? ☐ No ☐ Yes; if yes, explain:

3. Have you ever driven a motor vehicle after consuming alcohol or any other mind/mood altering substance? ☐ No ☐ Yes, if yes:

   What was the substance (s): ____

   How many times have you done it? __________ How often do you do it? _______________ Does it concern you? ☐ No ☐Yes

   Did it ever result in arrest/charges for DUI? ☐ No ☐ Yes, if yes: How many times? __________

   What was the BAL/BAC at the time of arrest(s)? _______ _______ __________ __________

   How much did you consume before driving? _____________________________________ Over how much time? ________________________

   How did you feel physically at the time of arrest? How impaired did you feel at the time of arrest? ______________________________________

____

   What were the circumstances? ____

4. Have you ever done anything while under the influence of alcohol or other drugs that you later regretted? ☐ No ☐Yes, if yes:

   Describe:

5. How much time do you spend, on average, in a typical week, in activities necessary to obtain, use or recover from the effects of using alcohol or other drugs? (Spending time at bars/crack houses, seeking out dealers, recovering from hangovers, etc.)

   Describe:

6. Have you ever given up or reduced important social, occupational or recreational activities because of using alcohol or other drugs? ☐ No ☐ Yes, if yes explain:

7. Describe any negative impact the use of alcohol or other drugs has had on your life. (E.g. problems with legal system, school, work, at home, relationships, health, etc.).

C. Cognitive Conditions/Complications

1. Have you continued to use alcohol or other drugs despite having identified problems that were caused or made worse because of that use?

   ☐ No ☐ Yes If yes, describe:

2. Have you ever been diagnosed with a learning disorder or any other cognitive disorder? ☐ No ☐ Yes, if yes,

   What is the learning disability or cognitive disorder?

   When were you diagnosed?

   Who diagnosed it? ____

   What strategy was developed to adjust and manage it?

3. Do you have any problems with understanding written materials? ☐ No ☐ Yes, if yes, what is the problem?

   Have you ever received any help with this problem? ☐ No ☐ Yes, if yes, what kind of help

   Do you need any help to understand written or verbal information? ☐ No ☐ Yes, if yes, what kind of help do you need?

D. Mental Health Conditions/Complications

1. Have you had a significant period (that was not a direct result of drug/alcohol use) in which you experienced any of the following?

   ☐ Anxiety/nervousness ☐ Grief/loss issues ☐ Sleep disturbances ☐ Hostility/violence

   ☐ Inability to comprehend ☐ Depression ☐ Phobias/paranoia/delusions ☐ Loss of appetite

   ☐ Eating disorders; if checked: ☐ Anorexia ☐ Bulimia ☐ Other ____

   ☐ Hallucinations; if checked: ☐ Auditory ☐ Visual ☐ Other sensory (Type: ______________________________)

   When did you experience them and what did you do about it?

2. Is there a history of mental illness in your family? ☐ No ☐ Yes, If yes, who and what is the illness?

   Relative _______________________________ Illness _________________________ Status ____________________________

   Relative _______________________________ Illness _________________________ Status ____________________________

   Relative _______________________________ Illness _________________________ Status ____________________________

3. Have you ever been diagnosed with a mental health condition? ☐ No ☐ Yes, if yes what was the diagnosis? _____________

   Who diagnosed it? ________________________ Where? _________________________ When? _________________________

   Are you currently being treated for the diagnosed mental health condition? ☐ No ☐ Yes

   Who is treating you? __________________________________ How often do you see your provider? _______________________

   What is the prognosis? ____

   ROI signed: ☐ No ☐ Yes

4. Are you currently a client at a mental health center or seeing a private practitioner for any other mental health concerns or conditions? ☐ No ☐ Yes, if yes, where/who?

   ROI signed: ☐ No ☐ Yes

5. Have you ever received counseling or psychiatric treatment? ☐ No ☐ Yes, If yes, where, when, and for what?

6. Are you currently using prescribed medications for mental health purposes? ☐ No ☐ Yes, If yes:

Name of Medication:______________________ Purpose:_______________________________Dose: ______________
Prescribed by:____________________ Prescribed when:______________________________
Name of Medication:______________________ Purpose:_______________________________Dose: ______________
Prescribed by:____________________ Prescribed when:______________________________
Name of Medication:______________________ Purpose:_______________________________Dose: ______________
Prescribed by:____________________ Prescribed when:______________________________
Name of Medication:______________________ Purpose:_______________________________Dose: ______________
Prescribed by:____________________ Prescribed when:______________________________

7. Are you currently using non-prescribed drugs for mental health purposes? ☐ No ☐ Yes, If yes: Purpose? ____________________

Name of Drug: _________________ Dose: ________________ Frequency: ________________ Duration: ______________
Name of Drug: _________________ Dose: ________________ Frequency: ________________ Duration: ______________
Name of Drug: _________________ Dose: ________________ Frequency: ________________ Duration: ______________

8. How would you describe your current mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

9. Evaluation of client's mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

10. Evaluation of client's ability to perform daily living skills? ☐ Poor ☐ Average ☐ Good ☐ Excellent

Describe:

For DUI Assessment - Imminent Danger Potential

1. CDP Evaluation of BAL/BAC (Describe the clinical significance of the results, e.g. high tolerance/consumption, compare to self-report of use).

2. CDP evaluation of the self-reported driving record and abstract of the legal driving record:

3. What is the likelihood of repeat offense? ☐ None ☐ Low ☐ Moderate ☐ High

4. What is the likelihood of significant risk to self or others if repeat offense occurs? ☐ None ☐ Low ☐ Moderate ☐ High

5. What is the likelihood of repeat offense in the immediate future? ☐ None ☐ Low ☐ Moderate ☐ High

As evidenced by:

Dimension 3 Risk Rating:

0 ☐ No emotional, behavioral or cognitive conditions that require treatment.

- **Dangerous/Lethality:** Good impulse control and coping skills
- **Interference with Addiction Recovery Efforts:** Ability to focus on recovery, identify appropriate supports and reach out for help
- **Social Functioning:** Full functioning in relationships with significant others, coworkers, friends, etc.
- **Ability for self-care:** Full functioning, with good resources and skills to cope with emotional problems.
- **Course of Illness:** No emotional or behavioral problems, or problems identified are stable. No recent serious or high-risk vulnerability.

1 ☐ The patient has a diagnosed mental disorder that requires intervention, but does not significantly interfere with addiction treatment.

- **Dangerous/Lethality:** Adequate Impulse Control and coping skills to deal with any thoughts of harm to self or others
- **Interference with Addiction Recovery Efforts:** Emotional concerns relate to negative consequences and effects of addiction. The patient is able to view these as part of addiction and recovery.
- **Social Functioning:** Relationships or spheres of social functioning are being impaired but not endangered by patient's substance use. The patient is able to meet personal responsibilities despite the mild symptoms experienced.
- **Ability for self-care:** Adequate resources and skills to cope with emotional or behavioral problems.
- **Course of Illness:** Mild to moderate signs and symptoms with good responses to treatment in the past. Any past serious problems have a long period of stability or past problems are chronic but not severe enough to pose any high-risk vulnerability.

2 ☐ Patients are of two types.
The first exhibits this level of impairment only during acute decompensation.
The second demonstrates this level of decompensation at baseline.
This risk rating implies chronic mental illness, with symptoms and disability that cause significant interference with addiction treatment, but do not constitute an immediate threat to safety and do not prevent independent functioning.

- **Dangerous/Lethality:** Suicidal ideation; violent impulses; significant history of suicidal or violent behavior requires more than

routine monitoring

- ☐ **Interference with Addiction Recovery Efforts:** Emotional, behavioral, or cognitive problems distract the patient from recovery efforts.
- ☐ **Social Functioning:** Relationships or spheres of social functioning are being impaired by substance use, but also are linked to a psychiatric disorder (i.e., depression, or anxiety disorder, unable to sleep or socialize) Symptoms are causing moderate difficulty in managing relationships with significant others; social, work, or school function; or coping in the community, but not to a degree that pose a significant danger to self or others, or that the patient is unable to manage activities of daily living or basic responsibilities in the home, work, school, or community.
- ☐ **Ability for self-care:** Poor resources, with moderate or minimal skills to cope with emotional or behavioral problems.
- ☐ **Course of Illness:** Frequent and /or intensive symptoms, with a history that indicates significant problems that are not well stabilized. Acute or acute-on-chronic problems pose some risk of harm to self or others, but the patient is not imminently dangerous.

3 ☐ Patients are of two types.

The first exhibits this level of impairment only during acute decompensation.

The second demonstrates this level of decompensation at baseline. This risk rating is characterized by severe psychiatric symptomatology, disability, and impulsivity, but the patient has sufficient control that he or she does not require involuntary confinement.

- ☐ **Dangerous/Lethality:** Frequent impulses to harm self or others, which are potentially destabilizing, but the patient is not imminently dangerous in a 24-hour setting.
- ☐ **Interference with Addiction Recovery Efforts:** Recovery efforts are negatively affected by the patient's emotional, behavioral or cognitive problems in significant and distracting ways, up to and including inability to focus on recovery efforts.
- ☐ **Social Functioning:** Risk in this domain does not influence type and intensity of services needed
- ☐ **Ability for self-care:** Insufficient or severe lack of capacity to cope with emotional or behavioral problems. Uncontrolled behavior, confusion, or disorientation, which limits the patient's capacity for self-care. Inadequate ability to manage the activities of daily living.
- ☐ **Course of Illness:** Acute course of illness dominates the clinical presentation. Symptoms may involve impaired reality testing, communication, thought process, judgment, or attention to personal hygiene. These symptoms significantly compromise the patient's ability to adjust his or her life in the community, or previous treatment has not achieved stabilization or complete remission of symptoms. The patient has limited ability to follow through with treatment recommendations, thus demonstrating risk of vulnerability to dangerous consequences.

The following Risk Rating 4 - Conditions/Complications require immediate intervention.

4 ☐ Patients have severe psychiatric symptomology, disability, and impulsivity, and require involuntary confinement.

- ☐ **Dangerous/Lethality:** Severe psychotic, mood, or personality disorder, which presents acute risk to the patient, such as immediate risk of suicide; psychosis with unpredictable, disorganized, or violent behavior; or gross neglect of self-care.
- ☐ **Interference with Addiction Recovery Efforts:** Risk in this domain does not influence type and intensity of services needed.
- ☐ **Social Functioning:** Risk in this domain does not influence type and intensity of services needed.
- ☐ **Ability for self-care:** Risk in this domain does not influence type and intensity of services needed.
- ☐ **Course of Illness:** High risk and significant vulnerability for dangerous consequences. The patient exhibits severe and acute life-threatening symptoms (e.g. Dangerous or impulsive behavior or cognitive functioning) that pose imminent danger to self or others. Symptoms of psychosis include command hallucinations or paranoid delusions. History of instability is such that high-intensity services are needed to prevent dangerous consequences (eg. The patient is not responding to daily changes in medication at less intensive levels of service, with escalating psychosis).

Recommended ASAM Level of Care for Dimension 3 – Psychiatric and Cognitive Conditions

☐	**0**	No immediate services are needed
☐	**1.0**	Long Term Remission Monitoring
☐	**1.5**	Outpatient Services
☐	**1.7**	Medically Monitored Outpatient Treatment including Opioid Treatment Services
☐	**2.1**	Intensive Outpatient Services
☐	**2.5**	High Intensity Outpatient Services
☐	**2.7**	Medically Managed Intensive Outpatient
☐	**3.1**	Clinically managed Low-Intensity Residential Services
☐	**3.5**	Clinically-Managed High-Intensity Resident Services
☐	**3.7**	Medically Managed Residential Services
☐	**4**	Medically-Managed Intensive Inpatient Services Addiction Specialty Unit

CDP Summary Interpreting Dimension 3 Data (include client assessment data that identifies specific admission criteria to justify above level of care recommendation): DO NOT LEAVE BLANK

Evidence Supports DSM 5 Diagnostic Criteria ☐ No ☐ Yes; if yes meets ☐ __________________________Substance Use Disorder

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

☐ **Assessed individual referred to mental health professional for further evaluation. If checked, name of mental health referral and reason for referral be specific: (e.g. Describe statements made by patient, observations made by counselor to indicate additional referral)**

☐ Authorization for the Release of Information obtained for coordination of care.

DIMENSION 4:
SUBSTANCE USE RELATED RISKS

A. Substance Use History:

PST CODES	ADMINISTRATION CODES	PERIODICITY CODES	FREQUENCY OF USE
1- Primary 2- Secondary 3- Tertiary	O- Oral J- Injection S- Smoking N- Intra Nasal H- Inhalation X- Other	C- Continuous E- Episodic/Binge R- Remission U- Unknown	1- No use in past month 2- 1 to 3 times in past month 3- 1 to 2 times per week 4- 3 to 6 times per week 5- Daily 6- Unknown

PST CODE(S)	TYPE OF DRUG	AGE OF FIRST USE	AGE WHEN REGULAR USE BEGAN	AGE & DATE OF LAST USE	ADMIN CODE	HISTORY OF USE INCLUDING LAST 3 YEAR USE PATTERN YEAR/FREQUENCY/AMOUNT USED	INITIAL USE AND MAJOR EXPERIENCES NEGATIVE CONSEQUENCES OF USE
	ALCOHOL -beer -hard alcohol -wine -other___________				O S H J N X____		
	CANNABIS -marijuana -hashish				O S H J N X____		
	HALLUCINOGENS -LSD -mescaline -mushrooms				O S H J N X____		
	COCAINE -crack -rock -ice				O S H J N X____		
	NICOTINE -cigarettes -chew -patches/gum				O S H J N X____		
	STIMULANTS -amphetamines -Ritalin -methamphetamine -caffeine -crank				O S H J N X____		
	INHALANTS -glue -gas -butyl -nitrate -whippets				O S H J N X____		Do you use alone? Length of time inhaling:_______
	OVER THE COUNTER -cough med				O S H		

PST CODE(S)	TYPE OF DRUG	AGE OF FIRST USE	AGE WHEN REGULAR USE BEGAN	AGE & DATE OF LAST USE	ADMIN CODE	HISTORY OF USE INCLUDING LAST 3 YEAR USE PATTERN YEAR/FREQUENCY/AMOUNT USED	INITIAL USE AND MAJOR EXPERIENCES NEGATIVE CONSEQUENCES OF USE
	-cold med -diet aids -minithins -benedryl -viviran				J N X___		
	OPIATES -heroin -methadone -codeine -talwin -morphine -percodan				O S H J N X____		
	BENZODIAZEPINE -valium -librium -tranquilizers -muscle relaxers -anti-anxiety drug				O S H J N X___		
	SEDATIVES/ BARBITURATES -halcyon -dolman -secobarbital -amyl				O S H J N X___		
	PCP -phencyclidine -sherm				O S H J N X___		
	OTHER				O S H J N X___		

AMOUNT USED DURING THE LAST WEEK (For evaluating Withdrawal management needs-Revise Dimension 1 if needed)

Drug	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st Drug of Choice							
2nd Drug of Choice							
3rd Drug of Choice							

B. Relapse/Continued Use History:

1. Have you ever thought you should try to stop or limit using substances? ☐ No ☐ Yes
   If yes, why?
   Was there pressure on you to stop or limit your substance use from another source (school, job, parents, and/or friends)? Explain.

2. Have you ever actually tried to cut down or control your use? ☐ No ☐ Yes, if so, why?
   How many times have you tried to stop, cut down or control your use? ____
   What motivated you to stop your use?

3. List the most recent lengths of time you stayed abstinent from substances:
   Date ____________________ Length_______________ How did you not use/strategy? ____
   Date ____________________ Length_______________ How did you not use/strategy? ____
   Date ____________________ Length_______________ How did you not use/strategy? ____

4. What is the longest period of alcohol or other drug use abstinence in the past year? ____________________
   What motivated you to not use? ____________________
   How did you maintain sobriety, non-use, what did you do? ____________________

5. Did you resume using since the last abstinence? No ☐ Yes ☐ If yes, what led you to resume use? ____________________
   How it make you feel to resume using? ____________________
   What were the circumstances that have led to your use in the past, even after you made the decision not to use? ____________________
____

6. Have you ever experienced cravings to use alcohol or other drugs? No ☐ Yes ☐ If yes, which substance ____________________
   What are the thoughts or events that evoke those cravings? ____________________

C. Chemical Dependency Treatment History

Program Name and Location	Type/Modality	Dates of Treatment	Treatment Completed?	Length of Abstinence	ROI signed
			☐ No ☐ Yes		
			☐ No ☐ Yes		
			☐ No ☐ Yes		
			☐ No ☐ Yes		

Dimension 4 Subdimensions Risk Rating:

Likelihood of Engaging in Risky Substance Use

0 ☐ No potential for further substance use problems.
☐ Low relapse or continued use potential and good coping skills.

1 ☐ Minimum relapse potential with some vulnerability. Fair self-management and relapse prevention skills.

2 ☐ Impaired recognition and understanding of substance use relapse issues but is able to manage with prompting. ☐ Repeated treatment episodes have had little positive effect on the patients functioning as evidenced by __________.
☐ No skills to cope with and interrupt addiction problems or to prevent or limit relapse or continued use but is not in imminent danger and is able to care for self.

3 ☐ Little recognition and understanding of substance use relapse issues and has poor skills to cope with and interrupt addiction

4 ☐ No skills to arrest the addictive disorder or prevent relapse to substance use. Continued uncontrolled substance use.
☐ Continued addictive behavior places the patient and/or others in imminent danger. **Immediate intervention required.**

Likelihood of in Risky SUD -Related Behaviors

0 ☐ No potential for further risky SUD related Behaviors substance use problems.

1 ☐ Minimum relapse potential with some vulnerability. Fair self-management and prevention skills.

2 ☐ Impaired recognition and understanding of risks associated with SUD related behaviors but is able to manage with prompting.
☐ No skills to cope with and interrupt addiction problems or to prevent or limit relapse or continued use but is not in imminent danger and is able to care for self.

3 ☐ Little recognition and understanding of SUD related behaviors and has poor skills to cope with and interrupt addiction

Recommended ASAM Level of Care for Dimension 4 – Substance Use Related Risks

☐ **0** No immediate services are needed
☐ **1.0** Long Term Remission Monitoring
☐ **1.5** Outpatient Services
☐ **1.7** Medically Monitored Outpatient Treatment including Opioid Treatment Services
☐ **2.1** Intensive Outpatient Services
☐ **2.5** High Intensity Outpatient Services
☐ **2.7** Medically Managed Intensive Outpatient
☐ **3.1** Clinically managed Low-Intensity Residential Services
☐ **3.5** Clinically-Managed High-Intensity Resident Services
☐ **3.7** Medically Managed Residential Services
☐ **4** Medically-Managed Intensive Inpatient Services Addiction Specialty Unit

CDP Summary Interpreting Dimension 4 Data (include client assessment data that identifies specific admission criteria to justify above level of care recommendation): DO NOT LEAVE BLANK

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

Evidence Supports DSM 5 Diagnostic Criteria ☐ No ☐ Yes; if yes meets ☐ ________________________Substance Use Disorder

DIMENSION 5:
RECOVERY ENVIRONMENT INTERACTIONS

1. How do you spend your free time?

2. How often do you engage in these activities?

3. Have you given up activities you used to enjoy as a result of your use? ☐ No ☐ Yes, if yes, what activities?

What occurred that led you to leave those activities?

4. How many close friends would you say you have? _____ How many of them use or drink regularly? _____

Are friends supportive of abstinence/not using or drinking No ☐ Yes☐, if yes, how?

How close are you to your family of origin? ____ ___________

When was last contact? __________

Has anyone ever told you that they were concerned about your Alcohol and Other Drug use? If yes, explain

____

Is there a family history of substance use disorder in your family of origin? No ☐Yes ☐

Describe your family of origin:

Family member	age	Alcohol or other drug use	Current relationship

Is family of origin supportive of abstinence? No ☐ Yes ☐, if no Explain:

5. Are you currently in a relationship with a significant other/partner? No ☐ Yes☐, explain if no, if yes, describe that person's substance use:

First name of significant other	Age	Describe current relationship (or reason for split)	Length of relationship	Number of Children & ages

6. Are there any others in your household? ☐Yes ☐No

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

Name	Age	Relationship	Substance use	How would they respond if asked not to drink or use in the home

7. Do you live in a safe environment/safe home? ☐yes, ☐No, if no please explain;

Are your living arrangements supportive of non-use? ☐yes, ☐No, if no please explain;

8. What jobs have you held in the last six months? ______________________________

Primary occupation:______________________ Length of time at current employment:______________

Last full time employment:______________________________________

Funds for basic needs? ☐yes, ☐ No

9. Which of the following employment/school problems have you ever experienced due to alcohol and/or drug use?

☐ Late for work ☐ Diminished productivity ☐ Absenteeism ☐ Quit
☐ Fired ☐ Used at work ☐ None

Describe and which substance ______________________________________

10. Do you currently identify with any organized religion? ☐ No ☐ Yes, if yes, which:______________________

Were you raised in an organized religion? ☐ No ☐ Yes, if yes, which:______________________

Do you consider yourself to be a spiritual person?☐ No ☐ Yes, if yes, in what ways?

11. Do you identify yourself with any particular cultural, ethnic background or community? No ☐ Yes ☐, describe ____________

____

Is there a particular form of support from this community you can use for your recovery? ☐ No ☐ Yes, describe

12. How do you identify yourself?

☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Transgender ☐ Questioning ☐ Other ________ ☐ Prefers not to answer

How do you prefer to be addressed? ________________

13. Are there any cultural barriers to accessing treatment? ☐ No ☐ Yes, If yes, explain:

14. Have you ever been involved with any self-help support group? No ☐ Yes ☐, if yes, ☐ Past ☐ Current

Which one? ____________ When? ____________ Why? ________________

15. How do you feel about being involvement in self-help groups? ______________________________

Are you willing to attend self-help support groups now? No ☐ Yes☐, if yes, which one?

{AGENCY NAME} ADULT PSYCHOSOCIAL ASSESSMENT

Dimension 5 Subdimension Risk Rating:

Ability to Function in Current Environment

0 ☐ Is able to function in current environment
1 ☐ Mild challenges to functioning in the environment.
☐ Significant challenges exist in the environment but the patient is able to cope
2 ☐ Environment makes functioning difficult recovery, but with clinical structure, the patient is able to cope most of the time.
☐ Environment is not supportive and makes functioning difficult.
☐ Unable to cope with the negative effects of the living environment on recovery efforts as evidenced by.
3 ☐ Environment creates challenges for addiction recovery, and the patient finds coping difficult, even with clinical structure

Safety in Current Environment

0 ☐ No safety concerns in the current environment
1 ☐ Some possible safety concerns in environment but patient is aware and takes step to keep self safe.
2 ☐ Environment poises a safety risk addiction recovery, but with clinical structure, the patient is able to cope most of the time.
☐ Environment is chronically hostile and toxic to recovery or treatment progress.
☐ Unable to cope with the negative effects of the living environment on recovery efforts as evidenced by.
3 ☐ Environment is hostile and not supportive of addiction recovery, and the patient finds coping difficult, even with clinical structure
4 ☐ Environment is not supportive of addiction recovery, and is actively hostile to recovery posing an immediate threat to the safety and well-being. **Immediate intervention required.**

Support in Current Environment

0 ☐ Has a supportive environment, or is able to cope with poor support.
1 ☐ Has passive support in environment.
☐ Significant others are not are not interested in supporting addiction recovery but patient is not too distracted by this situation and is able to cope with the environment.
2 ☐ Environment is not supportive of addiction recovery, but with clinical structure, the patient is able to cope most of the time.
☐ Environment is chronically hostile and toxic to recovery or treatment progress.
3 ☐ Environment is not supportive of addiction recovery, and the patient finds coping difficult, even with clinical structure

Recommended ASAM Level of Care for Dimension 5 – Recovery Environment Interactions

☐	**0**	No immediate services are needed
☐	**1.0**	Long Term Remission Monitoring
☐	**1.5**	Outpatient Services
☐	**1.7**	Medically Monitored Outpatient Treatment including Opioid Treatment Services
☐	**2.1**	Intensive Outpatient Services
☐	**2.5**	High Intensity Outpatient Services
☐	**2.7**	Medically Managed Intensive Outpatient
☐	**3.1**	Clinically managed Low-Intensity Residential Services
☐	**3.5**	Clinically-Managed High-Intensity Resident Services
☐	**3.7**	Medically Managed Residential Services
☐	**4**	Medically-Managed Intensive Inpatient Services Addiction Specialty Unit

CDP Summary Interpreting Dimension 5 Data (include client assessment data that identifies specific admission criteria to justify above level of care recommendation): DO NOT LEAVE BLANK

Evidence Supports DSM 5 Diagnostic Criteria ☐ No ☐ Yes; if yes meets ☐ __________________________Substance Use Disorder

LEVEL OF CARE RECOMMENDATION

Treatment Recommendations using ASAM Criteria Levels of Care:

The patient meets the following level of care admission criteria:

Dimension 1: Level	Dimension 2: Level	Dimension 3: Level
Dimension 4: Level	Dimension 5: Level	Dimension 6: Level

OVERALL RECOMMENDATION (Level of Care recommended per ASAM Criteria):

- ☐ **0** No immediate services are needed
- ☐ **1.0** Long Term Remission Monitoring
- ☐ **1.5** Outpatient Services
- ☐ **1.7** Medically Monitored Outpatient Treatment including Opioid Treatment Services
- ☐ **2.1** Intensive Outpatient Services
- ☐ **2.5** High Intensity Outpatient Services
- ☐ **2.7** Medically Managed Intensive Outpatient
- ☐ **3.1** Clinically managed Low-Intensity Residential Services
- ☐ **3.5** Clinically-Managed High-Intensity Resident Services
- ☐ **3.7** Medically Managed Residential Services
- ☐ **4** Medically-Managed Intensive Inpatient Services Addiction Specialty Unit

Clinically necessary level of care _________ Actual placement level of care _________ Reason for override, if different __________________

____

Length of service is dependent on level of severity, level of service, and patient progress in treatment.

Overrides:

Are there any circumstances that would override the ASAM clinical recommendations for placement? No ☐Yes ☐(e.g., legal mandates, logistical barriers, lack of available services, etc.

If yes, explain:

Childcare considerations:

Does the client need part time or around the clock childcare in order to access treatment? No ☐ Yes ☐ if yes

Does the client need help accessing or selecting childcare? No ☐ Yes ☐ if yes

Referral information for child care services:

Also recommended:

☐ Domestic Violence Perpetrator Program	☐ Anger Management
☐ Vocational Rehabilitation	☐ Mental Health Counseling.
☐ Literacy/Tutoring Program	☐ Self-help support groups
☐ GED	☐ Other (explain):

HIV/AIDS Brief Risk Intervention conducted by a CDP during the assessment process? ☐ Yes ☐ No

If no, explain