

DIMENSION 4 – READINESS TO CHANGE

1. I am going to read you a list of items that are sometimes impacted by alcohol or other drug use. Please indicate how much your alcohol or other drug use affects these aspects of your life. The response options are, “Not at all,” “A Little,” “Somewhat,” “Very,” or “Extremely.”

► **Interviewer instruction:** As co-occurring disorders are common, also explore the patient’s readiness to address any mental health diagnoses or issues.

	Not at all	A Little	Somewhat	Very	Extremely
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health/Emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hobbies/Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal matters (e.g., DUI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romantic partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyment of activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hygiene/Self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

► **Notes:** Include **interviewer observations**. Does patient have **curiosity, interest, or insight**? Does the patient show curiosity and interest in learning about the impact of substance use on themselves and people close to them? Do they show insight into problems, for example, the consequences of their use (such as DUIs, sexually transmitted infections, etc.?)

► **Interviewer instructions:** When possible and appropriate, mirror the patient’s language. When asking questions, use the same words or phrases they use to describe their experiences. Engage patient where they are most ready for change. Remember, the patient is at Action for at least one issue, or they would not attend the assessment. People may be at different stages for different priorities (MH vs. SUD vs. a physical or social problem). Use MI skills to develop discrepancy between any problems they have mentioned and their assessment of addiction as a problem. For more information on readiness to change, see pgs. 49 and 50 of The ASAM Criteria, 3rd Ed.

2. Do you believe **changing** your use of substances could improve any of these aspects of your life (listed in the table above)? Please describe:

☐ Yes ☐ No
☐ I don’t know

Notes:

3. Do you think you need treatment to change your use of substances?

☐ Yes
☐ No, it is not a problem
☐ No, I can stop anytime without help
☐ I don’t know

4. **Interviewer observations:** What stage(s) of change is the patient exhibiting? (circle one)
Is stage of change different for different issues?

Issue: _____
Precontemplation Contemplation Preparation Action Maintenance

Issue: _____
Precontemplation Contemplation Preparation Action Maintenance

For the next questions, the response options are “Not at all,” “A Little,” “Somewhat,” “Very,” or “Extremely.”

	Not at all	A Little	Somewhat	Very	Extremely
10. How much do you feel they care about whether you quit or cut back?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How important is it for you to make changes in your life at this time (changes related to SUD, mental health or other issues)? Please describe: ➤ <i>Interviewer observations:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How important is it for you to stop your alcohol or other drug use ? Please describe: <i>(For example, why is it that important?)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How ready are you to stop or reduce your alcohol or other drug use? Please describe: ➤ <i>Interviewer observations:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Putting aside any others' opinions about your use, how important is it to you to get treatment for your alcohol or other drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problem Statements and Goals (Optional, for treatment planning purposes)

➤ **Interviewer instructions:** If the patient is **not** ready to change alcohol or other use, are they ready for changes in **other** areas? Probe to get more information regarding other areas that patient may want to change.

Are there other things in your life that you would like to be different from how they are now?	Problem(s):	Notes:
If things were better than they are now, what would that look like?	Goal(s):	
What concerns do you have about changing your alcohol or other drug use or other aspects of your life (in order to achieve your goals)?	Problem(s):	

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 4:

Severity Rating – Dimension 4 (Readiness to Change)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> Proactive responsible participant in treatment Committed to changing alcohol or other drug (AOD) use 	<ul style="list-style-type: none"> Willing to enter treatment Ambivalent to the need to change 	<ul style="list-style-type: none"> Reluctant to agree to treatment Low commitment to change AOD use Variable adherence to treatment 	<ul style="list-style-type: none"> Unaware of and not interested in the need to change Unwilling/only partially able to follow through with treatment Passively compliant, goes through the motions in treatment 	<ul style="list-style-type: none"> Rejecting need to change Engaging in potentially dangerous behavior Unwilling/unable to follow through with treatment recommendations
	Requires low intensity services for motivational enhancement	Requires moderate intensity services for motivational enhancement	Requires high intensity engagement and/or motivational enhancement services to prevent decline in functioning/safety	Secure placement for acute or imminently dangerous situations and/or close observation required

Additional Comment(s):

Interviewer Instructions:

For guidance assessing Dimension 4, see *The ASAM Criteria*, 3rd Ed. The "Assessment Considerations" text box at the top of p. 50.