OKLAHOMA
DETERMINATION
OF
ASAM
SERVICE
LEVEL

ODASL

You must address all six dimensions utilizing the information obtained during the screening/assessment in order to determine the appropriate

ASAM service level

DIMENSION 1 ACUTE INTOXICATION and/or WITHDRAWAL POTENTIAL

	WHAT RISK IS ASSOCIATED WITH THE CURRENT LEVEL OF INTOXICATION?	
	Last Use	_
	No substance use in the last thirty (30) days	0
	No substance use in the last three (3) days	1
	Substance use in the last three (3) days	2
	Substance use in the last twenty-four (24) hours	3
	Substance use within the past twelve (12) hours	4
	If the rating for question 1) is 0 consider proceeding to Dimension 2	-
2)	ARE INTOXICATION MANAGEMENT SERVICES NEEDED TO ADDRESS ACUTE INTOX	(ICATION?
		
	No substance use in last thirty (30) days	0
	No indication of current intoxication	1
	Intoxicated but, able to participate in the interview	2
	Intoxicated and not coherent	3
	Intoxicated and unable to function	4
	TOTAL OF INTOXICATION SCO	ORES
	DRAWAL MANAGEMENT (WM)	
ITH 3)	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR	
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR	
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY	Y?
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues	Y?
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues No current risk of withdrawal indicated	Y?
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues No current risk of withdrawal indicated Minimal risk of withdrawal and/or past history of WM episodes	(?
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues No current risk of withdrawal indicated	Y?
	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues No current risk of withdrawal indicated Minimal risk of withdrawal and/or past history of WM episodes Immediate need of WM services with medical and/or seizure risk	0 1 2 3 4
3)	No prior WM episodes and/or related medical issues No current risk of withdrawal indicated Minimal risk of withdrawal and/or past history of WM episodes Immediate need of WM services with medical and/or seizure risk Need of WM with medical and/or seizure risk and past episodes of withdrawal	0 1 2 3 4
3)	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues No current risk of withdrawal indicated Minimal risk of withdrawal and/or past history of WM episodes Immediate need of WM services with medical and/or seizure risk Need of WM with medical and/or seizure risk and past episodes of withdrawal WHAT IS THE AMOUNT, FREQUENCY, CHRONICITY, AND RECENCY OR DISCONTIN	0 1 2 3 4
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3)	IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY No prior WM episodes and/or related medical issues No current risk of withdrawal indicated Minimal risk of withdrawal and/or past history of WM episodes Immediate need of WM services with medical and/or seizure risk Need of WM with medical and/or seizure risk and past episodes of withdrawal WHAT IS THE AMOUNT, FREQUENCY, CHRONICITY, AND RECENCY OR DISCONTIN SIGNIFICANT REDUCTION IN SUBSTANCE USE? (PATTERN OF RECENT USE)	Y? 0 1 2 3 4 UATION OR 0
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5)	AMOUNT AND FREQUENCY OF SUBSTANCE USE		
6)	No substance use or used only one (1) or two (2) times in the last month Sporadic substance use, less than once weekly Weekly substance use Daily substance use Substance(s) used multiple times daily or multiple substances on a daily basis POTENTIATION (INTENSIFYING) EFFECT OF SUBSTANCE(S)	0 1 2 3 4	
	No use of potentiating substances Specialis (loss than one weekly) use of notentiating substances	0 1	
	Sporadic (less than once weekly) use of potentiating substances Weekly use of potentiating substances	2	
	Daily use of potentiating substances	3	
	Regular and potentially dangerous amounts of potentiating substance(s)	4	
7)	ARE THERE CURRENT SIGNS OF WITHDRAWAL?		
	No substance use in the last thirty (20) days	0	
	No substance use in the last thirty (30) days No indications of withdrawal	1	
	Some withdrawal risk or past history of WM episodes	2	
	Immediate need of WM services	3	
	Immediate need of WM services with multiple past episodes of WM Only answer questions 8 through 11 if the response to questions 7 indicates WM needed	4	
8)	Is ambulatory WM safe to consider for this consumer?	No	Yes
9)	Are sufficient supports for ambulatory WM present?	Yes	No
	TOTAL OF WITHDRAWAL MANAGEMENT SCORES		
	DIMENSION 1 ACUTE INTOXICATION 0 (0) No problem	m	
	0 (0) No problem SCORING 1-2 (1) Minimal problem		
	3-4 (2) Moderate		
	5-6 (3) Significant	problem	
	7-8 (4) Severe pro	blem	
	For a score of 6 or greater consider the need to implement intoxication management services		

DI	MENSION 1 WITHDRAWAL MANAGEMENT	
sc	0 (0) No prob ORING 1-5 (1) Minimal	
30	6-10 (2) Moderate	-
	11-15 (3) Significa	-
	16-20 (4) Severe p	-
<u>For</u>	a score of 10 or greater consider the need to implement withdrawal management services immedia	
MEN	JTS	
	DIMFNSION 2 BIO-MEDICAL CONDITIONS AND COMPLIC	ATIONS
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1)	ARE THERE CURRENT PHYSICAL ILLNESSES OR CONDITIONS, ACUTE OR CHRON	
1)		
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	ARE THERE CURRENT PHYSICAL ILLNESSES OR CONDITIONS, ACUTE OR CHRONI WITHDRAWAL? If the rating for question 1) is 0, go to question 4. If YES, continue scoring. No illnesses or conditions present and the consumer is functioning well Any problems are manageable with ability to tolerate pain and discomfort Some difficulty tolerating pain and/or managing physical problems Limited ability to tolerate pain and/or physical problems are poorly managed Incapacitated due to severe medical problems and/or physical conditions ARE THERE ACUTE OR CHRONIC CONDITIONS THAT REQUIRE STABILIZATION? (ACUTE i.e., infection, bone fracture, injury) (CHRONIC i.e., chronic pain requiring pain management No medical condition(s) are in evidence	0 1 2 3 4 nt, diabetes, asthr 0 1 2

The consumer is not pregnant 0 The consumer is Pregnant and receiving pre-natal care 1 The consumer is pregnant but not receiving pre-natal care 2 The consumer is pregnant and experiencing complications 3 The consumer is pregnant and experiencing severe complications 4 WHAT IS THE PREGNANCY HISTORY FOR THIS CONSUMER? There have been no prior pregnancies 0 There have been prior pregnancies with no difficulty 1 The consumer has experienced a prior miscarriage 2 Live birth with complications 3 There have been multiple live births with complications and/or miscarriages 4 HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?				
No infectious disease(s) are present An infectious disease is present but being treated 1 An infectious disease is present but treatment has not been initiated 2 A highly infectious disease is present with bodily fluid infection risk 3 A highly infectious disease is present with airborne infection risk 4 IS THE CONSUMER PREGANT? The consumer is not pregnant The consumer is Pregnant and receiving pre-natal care 1 The consumer is pregnant but not receiving pre-natal care 2 The consumer is pregnant and experiencing complications 3 The consumer is pregnant and experiencing severe complications 4 WHAT IS THE PREGNANCY HISTORY FOR THIS CONSUMER? There have been no prior pregnancies 0 There have been prior pregnancies with no difficulty 1 The consumer has experienced a prior miscarriage 2 Live birth with complications 3 There have been multiple live births with complications and/or miscarriages 4 HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?				
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Live birth with complications 3 There have been multiple live births with complications and/or miscarriages 4 HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?			1	
There have been multiple live births with complications and/or miscarriages 4 HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?			2	
HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?		·	3	
		There have been multiple live births with complications and/or miscarriages	4	
There is no medication need indicated	6)	HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?		
There is no medication need indicated				
		There is no medication need indicated	0	
The consumer is taking meds as prescribed 1			1	
The consumer is mostly compliant with medication(s) 2		The consumer is mostly compliant with medication(s)	2	
		The consumer is mostly non-compliant with medication(s)	3	

7)	DOES THE CONSUMER USE NICOTINE PRO	DUCTS? 	
			
	No nicotine products used		0
	Nicotine products are used weekly or less Nicotine is used less than once daily or no		1 2
	Nicotine is used several times daily	more than once per day	3
	Nicotine is used several times daily often of	one of the first actions of the day	4
		TOTAL	
	DIMENSION 2 BIO-MEDICAL CO	ONDITIONS AND COMPLICATION	IS
		0-1 (0) No probler	
SCO	ORING	2-6 (1) Minimal pr	
		7-12 (2) Moderate	
		13-18 (3) Significant 19-24 (4) Severe pro	·=
		(,, satisfy)	
COMMEN	ITS for DIMENSION 2		
DIM	IENSION 3 EMOTIONAL, BEHA	AVIORAL, or COGNITIVE COND	ITIONS and
	COMPLICATIONS		
1)	ARE THERE CURRENT PSYCHIATRIC II		
	EMOTIONAL, OR COGNITIVE CONDITION CREATE RISK OR COMPLICATE TREAT		BECAUSE THEY
			
	No emo/beh/cog condition(s) negative	ely impacting treatment exist	0
	Managed emo/beh/cog condition(s) n	ot impacting treatment exist	1
	Emo/beh/cog condition(s) exist that n		2
	Emo/beh/cog condition(s) negatively Emo/beh/cog condition(s) that will se		3 4
	PRINTER OF CONTRACTOR OF THE PARTY OF THE PA	verer mount incallibility of	

		_	
	(i.e. bipolar disorder or chronic anxiety)		
	No chronic emo/beh/cog condition(s) are present or in the history	0	
	Chronic but managed and stabilized emo/beh/cog condition(s) exist	1	
	Chronic emo/beh/cog condition(s) with some need of stabilization exist	2	
	Chronic emo/beh/cog condition(s) needing significant stabilization exist	3	
	Emo/beh/cog condition(s) that will severely impact treatment exist	4	_
3)	DO ANY EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS APPEAR THE ADDICTIVE DISORDER, OR DO THEY APPEAR TO BE AUTONOMOUS?	го ві	E PAR
	No exacerbating emo/beh/cog condition(s) are present	0	
	Minimal and managed related emo/beh/cog condition(s) exist	1	
	Related emo/beh/cog condition(s) requiring attention exist	2	
		_	
	Related problems and/or conditions requiring significant attention exist	3	
	Related problems and/or conditions requiring significant attention exist Related problems and/or conditions severely impacting treatment exist	3 4	_
	Related problems and/or conditions severely impacting treatment exist	_	_
_	Related problems and/or conditions severely impacting treatment exist MAINS	_	_
_	Related problems and/or conditions severely impacting treatment exist	_	_
_	Related problems and/or conditions severely impacting treatment exist MAINS IS THE CONSUMER AT RISK FOR SELF-HARM?	4	_
_	Related problems and/or conditions severely impacting treatment exist MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm	0	-
_	Related problems and/or conditions severely impacting treatment exist MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm The risk of self-harm is present but minimal	4 0 1	_
_	Related problems and/or conditions severely impacting treatment exist MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm The risk of self-harm is present but minimal There is risk of self-harm needing to be addressed	4 — — — 0 1 2	_
_	Related problems and/or conditions severely impacting treatment exist MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm The risk of self-harm is present but minimal	4 0 1	_
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4)	MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm The risk of self-harm is present but minimal There is risk of self-harm needing to be addressed The risk of self-harm will need to be addressed in treatment Risk of self-harm is high and must be addressed prior to tx	4 — — — 0 1 2 3	_
4)	MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm The risk of self-harm is present but minimal There is risk of self-harm needing to be addressed The risk of self-harm will need to be addressed in treatment Risk of self-harm is high and must be addressed prior to tx	4 — — — 0 1 2 3	_
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4)	Related problems and/or conditions severely impacting treatment exist MAINS IS THE CONSUMER AT RISK FOR SELF-HARM? There is no apparent risk of self-harm The risk of self-harm is present but minimal There is risk of self-harm needing to be addressed The risk of self-harm will need to be addressed in treatment Risk of self-harm is high and must be addressed prior to tx IS THE CONSUMER AT RISK TO HARM OTHERS? There is no apparent risk of harm to others The risk of harm to others is present but minimal	4 ————————————————————————————————————	

5)	HOW IMPULSIVE IS THE CONSUMER?	
	The consumer is not impulsive	0
	The consumer is somewhat impulsive but manages to delay response	1
	The consumer is impulsive and minimally able to delay response	2
	The consumer is highly impulsive and minimally able to delay response	3
	Highly impulsive with limited or no ability to filter responses	4
7)	EVEN IF CONNECTED TO THE ADDICTION AND SUB-DIAGNOSTIC, ARE ANY BEHAVIORAL OR COGNITIVE SIGNS OR SYMPTOMS SEVERE ENOUGH TO W SPECIFIC MENTAL HEALTH TREATMENT?	Y EM(VARR
	(i.e. suicidal ideation and depression due to a "methamphetamine crash")	
	No symptoms are present	0
	Minimal symptoms present that are well managed	1
	Symptoms present that could negatively affect treatment	2
	Significant symptoms with negative effect to treatment exist	3
	Severe symptom set exists that must be addressed prior to treatment	4
3)	IS THE CONSUMER ABLE TO MANAGE THE ACTIVITIES OF DAILY LIVING?	
	(i.e. grooming, nutrition or shelter) Manages the activities of daily living well	0
	Manages the activities with occasional assistance	1
	Some ability to cope with daily activities but requires assistance	2
	Inadequate ability to manage daily living and requires assistance	3
	Needs services to manage the basic activities of daily living	4
9)	IS THE CONSUMER ABLE TO COPE WITH ANY EMOTIONAL, BEHAVIORAL CONDITIONS?	OR C
	No conditions are present	0
	Any conditions are minimal and well managed	1
	Some conditions exist with difficulty in managing symptoms	2
	Serious difficulty coping with existing symptoms	3
	Critical impairments in coping with symptoms	4

10)) WHAT IS THE LIKELY OUTCOME OF THE		
	(i.e. probable course of illness) No difficulty focusing on treatment Any distractibility connected with treatm Moderately distractible creating minima Short attention and very distractible tow	l problems in treatment	0 1 2 3
	Unable to stay focused on treatment		4
			TOTAL
	DIMENSION 3 EMOTIONAL/ BEHA	VIORAL/COGNITIVE CON	DITIONS AND
SCO	ORING	0 (0) No pr 1-10 (1) Minin 11-20 (2) Probl 21-30 (3) Signif 31-40 (4) Sever	nal problem em
MMEN	TS		
	DIMENSION 4 RE	EADINESS to CHANGE	
1)			IDCTANCE LICE OD
1)	HOW AWARE IS THE CONSUMER OF THE BEHAVIORS INVOLVED IN THE PATHOLO OR HER NEGATIVE LIFE CONSEQUENCES	GICAL PURSUIT OF REWAR	
	Very aware and regularly self-initiating of Willing to onter treatment but somewhat		0
	Very aware and regularly self-initiating of Willing to enter treatment but somewhat Reluctant to agree to enter treatment for Inconsistent with treatment and/or minimum.	t ambivalent · a substance use disorder	0 1 2

	William to change in treatment	0
	Willing to change but, unaware or unrealistic as to difficulty of task	1
	Low readiness to change, passive and compliant in treatment Unwilling or only partially follows through with treatment	2 3
	Unwilling to explore need to change and rejects treatment	3 4
3)	HOW MUCH DOES THE CONSUMER FEEL IN CONTROL OF HIS OR HER TRESERVICE?	ATMEN'
	Consumer perceives personal control of treatment	0
	Consumer perceives significant personal control of treatment	1
	Consumer perceives there is some personal control of treatment	2
	Consumer perceives minimal personal control of treatment Consumer perceives there is no personal control of treatment	3 4
	·	_
4)	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES?	R HER
4)	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change	R HER SUBSTA
4)	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent	R HER SUBSTA
4)	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent Reluctant to agree to treatment for a mental health condition	R HER SUBSTA
4)	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent	R HER SUBSTA
	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent Reluctant to agree to treatment for a mental health condition Inconsistent with treatment and/or minimal awareness of MH condition	R HER SUBSTA
	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent Reluctant to agree to treatment for a mental health condition Inconsistent with treatment and/or minimal awareness of MH condition Does not follow through with tx, minimal awareness of MH condition HOW AWARE IS THE CONSUMER OF ADDITIONAL SECONDARY PROBLEMS CONDITIONS THAT MUST BE ADDRESSED? Very aware and self-initiating change	R HER SUBSTA
	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent Reluctant to agree to treatment for a mental health condition Inconsistent with treatment and/or minimal awareness of MH condition Does not follow through with tx, minimal awareness of MH condition HOW AWARE IS THE CONSUMER OF ADDITIONAL SECONDARY PROBLEMS CONDITIONS THAT MUST BE ADDRESSED? Very aware and self-initiating change Willing to address other issues but somewhat ambivalent	R HER SUBSTA
	HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OF EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES? Very aware and self-initiating change Willing to enter treatment but somewhat ambivalent Reluctant to agree to treatment for a mental health condition Inconsistent with treatment and/or minimal awareness of MH condition Does not follow through with tx, minimal awareness of MH condition HOW AWARE IS THE CONSUMER OF ADDITIONAL SECONDARY PROBLEMS CONDITIONS THAT MUST BE ADDRESSED? Very aware and self-initiating change	R HER SUBSTA

	t, employment, etc.)	P. danada in ta	
	lary issues or fully stabi reness of and some com	lized secondary issues 0 nitment to secondary issues 1	
Some awa	reness of and commitm	ent to addressing secondary issues 2	
		mitment addressing secondary issues 3	
No aware	ness of, or wiliness to ad	dress secondary issues 4	
		TO	TAL
	DIMENSION 4	READINESS to CHANGE	
SCORING		0 (0) No problem	
		1-6 (1) Minimal probl	em
		7-12 (2) Problem	
		13-18 (2) Significant pro	hlam
		7-12 (2) Problem 13-18 (3) Significant pro 19-24 (4) Severe problem	oblem m
inter top three identified a	reas to be addressed and rank	19-24 (4) Severe problem in order and stage of change	m
Enter top three identified a Primary	reas to be addressed and rank	19-24 (4) Severe problem	m
Primary Pre-contemplation _	reas to be addressed and rank Contemplation	19-24 (4) Severe problem in order and stage of change Preparation Action Mainte	m enance _
Inter top three identified a Primary Pre-contemplation _	reas to be addressed and rank Contemplation	19-24 (4) Severe problem in order and stage of change	m enance _
Inter top three identified a Primary Pre-contemplation Secondary Pre-contemplation _	reas to be addressed and rank Contemplation Contemplation	19-24 (4) Severe problem in order and stage of change Preparation Action Mainte Preparation Action Mainte	enance _
nter top three identified a Primary Pre-contemplation Secondary Pre-contemplation Certiary	reas to be addressed and rank Contemplation Contemplation	19-24 (4) Severe problem in order and stage of change Preparation Action Mainte Preparation Action Mainte	enance _

${\it DIMENSION~5}$ relapse, continued use, or continued problem potential

	
No risk of continued distress or substance use	0
Any issues related to urges to use and/or distress are well	
Some issues with risk as to the ability to address distress/	_
At risk with little ability to address distress/cravings At risk with no ability to address distress and or continuin	3 2 a guhatan ao 12 a 4
At risk with no admity to address distress and or continuir	ig substance use 4
DOES THE CONSUMER HAVE ANY RECOGNITION OF UNDER COPING WITH, HIS/HER ADDICTIVE OR CO-OCCURRING M ORDER TO PREVENT RELAPSE, CONTINUED USE, OR CONT SUICIDAL BEHAVIOR?	ENTAL HEALTH DISORD
Understanding and adequate tools in place	0
Some understanding of issues and tools exist for successfi	
Lack of understanding of issues and/or adequate tool to c	
No understanding of exacerbating issues and limited tools	
Lack of recognition of exacerbating issues and/or no tools	_
HAVE ADDICTION AND/OR PSYCHOTROPIC MEDICATIONS BEFORE?	S ASSISTED IN RECOVER
Medications have not been indicated in the past	0
Past medication use successful in assisting recovery Medication use successful in assisting recovery on multip	-
Medication use succession in assisting recovery on more partial managements and takes. Medications not takes to the past but, medications are taken to ta	
Past medication use unsuccessful in assisting with recove	
WHAT ARE THE CONSUMER'S SKILLS IN COPING WITH PROCRAVINGS, OR IMPULSES?	
No issues present or a full set of successful coping skills is	s in place 0
An adequate set of successful coping skills are regularly u	tilized 1
Functional in early recovery but, some coping skills are la	
(nadequate skill set for early recovery, major problems w (Inable to cope with withdrawal, craving(s), or impulse(s)	
	4

		-
No problems related to coping with stre	essors 0)
Fully able to cope with stressors and/or	r stressors are minimal 1	L
Usually able to cope with stressors can		2
Usually unable to cope with stressors, o		3
Completely unable to cope with stresso	rs, usually in relapse thinking 4	ł
HOW SEVERE ARE THE PROBLEMS AND REAPPEAR IF THE CONSUMER IS NOT STOOM TO USE, OR HAVE MENTAL	UFFESSFULLY ENGAGED IN TREATME	
No Problems or distress present for this Problem severity and risk low, successful Problem reappear at times, risk modern	fully engaged in treatment 1 ate but, generally under control 2	l 2
Problem severity and risk high, consum Problem severity and risk high and unn		
HOW AWARE IS THE CONSUMER OF REI ADDICTION IMPULSES OR IMPULSES TO		NTI
	ood coping skills in place 0 elapse prevention/coping skills 1 f relapse issues and some problems ment possible and occurs 2 ction or to limit relapse exist 3	- - 0 1 2 3
High awareness, low relapse risk and go High awareness, low risk, fair level of re Impaired recognition/understanding o however, with prompting, self-manager Very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few coping skills to interrupt additional content of the self-manager very few copi	ood coping skills in place 0 elapse prevention/coping skills 1 f relapse issues and some problems ment possible and occurs 2 ction or to limit relapse exist 3 or prevent, limit relapse exist 4	- -) 1 2 3
High awareness, low relapse risk and get High awareness, low risk, fair level of real Impaired recognition/understanding on however, with prompting, self-manager Very few coping skills to interrupt addition of the WHAT IS THE CONSUMERS LOCUS OF COMMENT CONSUMERS L	ood coping skills in place 0 elapse prevention/coping skills 1 f relapse issues and some problems ment possible and occurs 2 ction or to limit relapse exist 3 or prevent, limit relapse exist 4 ONTROL AND LEVEL OF SELF-EFFICAC	- - 0 1 2 3 4 - - -
High awareness, low relapse risk and get High awareness, low risk, fair level of resulting a lowever, with prompting, self-manager very few coping skills to interrupt addition of the work of the coping skills to interrupt addition of the work of the consumers o	ood coping skills in place 0 elapse prevention/coping skills 1 f relapse issues and some problems ment possible and occurs 2 ction or to limit relapse exist 3 or prevent, limit relapse exist 4 ONTROL AND LEVEL OF SELF-EFFICAC	- - 0 1 2 3 4 - - - 1
High awareness, low relapse risk and get High awareness, low risk, fair level of resulting a lowever, with prompting, self-manager very few coping skills to interrupt addition of the work of the consumers of th	ood coping skills in place elapse prevention/coping skills f relapse issues and some problems ment possible and occurs ction or to limit relapse exist or prevent, limit relapse exist ONTROL AND LEVEL OF SELF-EFFICAC	 0) 1 2 3 4 0) 1

9) W -	WHAT IS	THE CONSUM	MERS EXP	ERIENCE	WITH CRA	AVINGS	AND (JRGES		
_										
		gs or urges t							0	
		t and mana							1	
		ent cravings							2	
		nt cravings and urges to use, usually unmanageable t and unmanageable cravings and urges to use						3		
C	Constant	and unmana	igeable cr	avings an	d urges to	use			4	
10) W	WHAT IS	THE CONSU	MERS REC	OVERY EN	IVIRONE	NT?				
_										
		pportive ov					ing su	ccess	0	
		supportive							1	
	Some issues related to parts of the recovery environment Major issues and problems with the recovery environment				2					
							ıt		3	
Т	The envir	onment is co	ompletely	inadequa	ite for red	covery			4	
								то	TAL	
IN FENCIO		DEL 4 DG	E COM			O NUMBER		DDAD	I DM DO	
IMENSIO)N 5	RELAPS	E, CONT	'INUED U	SE or C	UNTIN	UED	PKOB	LEM PO	TEN
SCOR	RING				0		(0)	No pro	blem	
	50011110				1-9				al probler	n
					10-17			Proble		
					18-27		(3)	Signific	cant prob	
					28-40		(4)	Severe	problem	
MMENTS	S									

DIMENSION 6 RECOVERY/LIVING ENVIRONMENT

The environment is highly supportive with good Environment offers passive supports and consu	
Environment is not supportive of recovery but,	
and support, the consumer is generally able to c	
Environment not supportive of recovery, coping Consumer is unable to cope with a negative, nor	
Environment, toxic to recovery	4
DOES THE CONSUMER HAVE SUPPORTIVE FRIEM	NDSHIPS THAT CAN INCREASE R
Multiple supportive friendships, highly support	ive of recovery exist 0
Some supportive friendships exist that enhance	
Friends only partially support recovery, consun	
No support of recovery efforts by friends	3
Friends actively oppositional to recovery efforts	4
DOES THE CONSUMER HAVE FINANCIAL RESOUR	CLS THAT CAN INCREASE REC
Significant financial resources exist to support i	
Financial resources to support recovery with so	me difficulty 1
Financial resources to support recovery with so Financial resources limited or only partially sup	me difficulty 1 poort recovery efforts 2
Financial resources to support recovery with so	me difficulty 1 pport recovery efforts 2 very efforts 3
Financial resources to support recovery with so Financial resources limited or only partially sup Financial resources insufficient to support reco Financial problems are an impediment to recov	me difficulty 1 pport recovery efforts 2 very efforts 3 ery efforts 4
Financial resources to support recovery with so Financial resources limited or only partially sup Financial resources insufficient to support recovering problems are an impediment to recove DOES THE CONSUMER HAVE EDUCATIONAL OR RECOVERY?	me difficulty 1 oport recovery efforts 2 very efforts 3 ery efforts 4 VOCATIONAL RESOURCES THAT
Financial resources to support recovery with so Financial resources limited or only partially sup Financial resources insufficient to support recover Financial problems are an impediment to recove DOES THE CONSUMER HAVE EDUCATIONAL OR RECOVERY? Significant Voc/Ed resources fully supportive of	me difficulty 1 poort recovery efforts 2 very efforts 3 ery efforts 4 VOCATIONAL RESOURCES THAT
Financial resources to support recovery with so Financial resources limited or only partially sup Financial resources insufficient to support recover an impediment to recove DOES THE CONSUMER HAVE EDUCATIONAL OR RECOVERY? Significant Voc/Ed resources fully supportive of Some Voc/Ed resources exist that are supportive	me difficulty 1 poport recovery efforts 2 very efforts 3 ery efforts 4 VOCATIONAL RESOURCES THAT Frecovery exist 0 e of recovery 1
Financial resources to support recovery with so Financial resources limited or only partially sup Financial resources insufficient to support recover an impediment to recove DOES THE CONSUMER HAVE EDUCATIONAL OR RECOVERY? Significant Voc/Ed resources fully supportive of Some Voc/Ed resources exist that are supportive Voc/Ed resources can only partially support recovery.	me difficulty 1 poort recovery efforts 2 very efforts 3 ery efforts 4 VOCATIONAL RESOURCES THAT Frecovery exist 0 e of recovery 1 povery efforts 2
Financial resources to support recovery with so Financial resources limited or only partially sup Financial resources insufficient to support recover an impediment to recove DOES THE CONSUMER HAVE EDUCATIONAL OR RECOVERY? Significant Voc/Ed resources fully supportive of Some Voc/Ed resources exist that are supportive	me difficulty 1 poort recovery efforts 2 very efforts 3 ery efforts 4 VOCATIONAL RESOURCES THA Frecovery exist 0 e of recovery 1 overy efforts 2 ist 3

	GAGEMENT IN TREATMENT IF INDICATED?	_	
	/Reg/Voc/CJ issues exist that are highly supportive of recovery	0	
	/Reg/Voc issues exist that generally support recovery	1	
	nimal or no Leg/Reg/Voc issues exist supportive of recovery	2	
	ne Leg/Reg/Voc issues exist that discourage or inhibit of recovery al/Reg/Voc issues exist that interfere with recovery efforts	3 4	_
,	E THERE SOCIAL SERVICE AGENCY MANDATES THAT MAY ENHANCE THE TIVATION FOR ENGAGEMENT IN TREATEMNT IF INDICATED?	IE CONS	UN
	nificant social service mandates exist that highly encourage I support recovery	0	
Son	ne social service mandates exist that encourage and support recovery	1	
	nimal or no social service mandates exist that could encourage or be	_	
	portive of recovery	2	
	ial service mandates exist that discourage or inhibit of recovery ial service mandates exist that will actively interfere with recovery	3 4	
300	iai service manuates exist that will actively interfere with recovery	т	-
) ARI	E THERE TRANSPORTATION ISUSES THAT NEED TO BE ADDRESSED?		
Sign	nificant transportation exists to support recovery	 	
	nsportation to support recovery is usually available	1	
	nsportation to support recovery is sometimes available	2	
	nsportation is not available to support recovery	3	
Tra	nsportation is not available and distances are prohibitive	4	-
) ARI	E THERE CHILD CARE ISSUES THAT NEED TO BE ADDRESSED?		
		_	
	ld care is fully accessible with no issues or problems	0	
		4	
Chil	ld care is usually accessible with minimal issues or problems	1	
Chil Chil	ld care is usually accessible with minimal issues or problems ld care is usually not accessible with some issues and problems ld care is not accessible and there are significant problems	1 2 3	

•	Adequate housing exists, supp	nortive of recovery	0					
	Housing exists that is general		1					
		nerally supportive of recovery	$\overline{2}$					
	Adequate housing is not avail		3					
	Adequate housing options do	not currently exist	4					
10)	ARE THERE EMPLOYMENT ISUSES THAT NEED TO BE ADDRESSED?							
	Fundament originathetic over							
	Employment exists that is sup	oportive of recovery nerally supportive of recovery	0 1					
		ports and does not hinder recovery	2					
	Current employment interfer	3						
	Employment problems are sa	4						
			TOTAL					
	DIMENSION 6	MENT						
	SCORING	0	(0) No problem					
			(1) Minimal problem					
		11-20 21-30	(3) Significant proble					
			(4) Severe problem					
MMENT	S							