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# ADULT CHEMICAL DEPENDENCY ASSESSMENT

**Patient Name:** _____ **Date**_____

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

## DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

A. Current Signs and Symptoms of Withdrawal (DSM-IV TR)

☐ **Alcohol Withdrawal – Must meet all 4 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 a several hours to a few days after Criteria A (above) – check at least two 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 symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **Amphetamine Withdrawal – Must meet all 4 Criteria to be considered withdrawal**
- A. ☐ Cessation of (or reduction in) amphetamine (or a related substance) use that has been heavy and prolonged.
- B. ☐ Dysphoric mood and two (or more) of the following physiological changes, developing within a few hours to several days after Criteria 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 symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **Cocaine Withdrawal – Must meet all 4 Criteria to be considered withdrawal**
- A. ☐ Cessation of (or reduction in) cocaine use that has been heavy and prolonged.
- B. ☐ Dysphoric mood and two (or more) of the following physiological changes, developing within a few hours to several days after Criteria 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 symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **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:
  - ☐ (1) dysphoric or depressed mood,
  - ☐ (2) insomnia,
  - ☐ (3) irritability, frustration, or anger,
  - ☐ (4) anxiety,
  - ☐ (5) difficulty concentrating,
  - ☐ (6) restlessness,
  - ☐ (7) decreased heart rate,
  - ☐ (8) increased appetite or weight gain
- C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. ☐ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **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) lacrimation or rhinorrhea (runny nose),
- ☐ (5) 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 symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **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 Criteria A
- ☐ (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 symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

## B. Withdrawal/Tolerance History

Have you ever been admitted to a Detoxification Facility for withdrawal from alcohol or other drugs? ☐No ☐ Yes
Detox Date(s)_____ Where? _____ Drug? _____
Detox Date(s)_____ Where? _____ Drug? _____
Detox 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 _____
Have you noticed less of an effect from a given substance than you used to get before? ☐ No ☐ Yes _____

**Dimension 1 - Risk Rating (from PPC-2R - Appendix A):**

**4** ☐ Incapacitated with severe signs and symptoms of withdrawal.
☐ Severe withdrawal presents danger (e.g. seizures).
☐ Continued use poses an imminent threat to life.

**3** ☐ Demonstrates poor ability to tolerate and cope with withdrawal discomfort.
☐ Severe signs and symptoms of intoxication indicate patient may pose an imminent danger to self and others.
☐ Severe signs and symptoms or risk of severe but manageable withdrawal, or withdrawal is worsening despite detoxification at a less intensive level of care.

**2** ☐ Some difficulty tolerating and coping with withdrawal discomfort.
☐ Intoxication may be severe but responds to treatment so patient does not pose imminent danger to self or others.
☐ Moderate signs and symptoms, with moderate risk of severe withdrawal.

**1** ☐ Demonstrates adequate ability to tolerate and cope with withdrawal discomfort.
☐ Mild to moderate intoxication or withdrawal signs and symptoms interfere with daily functioning, but do not pose imminent danger to self or others.
☐ Minimal risk of severe withdrawal.

**0** ☐ Fully functioning. Demonstrates good ability to tolerate and cope with withdrawal discomfort.
☐ No signs or symptoms of intoxication or withdrawal are present, or signs/symptoms, if present, are resolving.

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

☐ No Detoxification services indicated
☐ Level III.2D Clinically Managed Residential Detoxification (Sub-acute)
☐ Level III.7D Medically Managed Residential Detoxification (Acute)

**CDP Summary Interpreting Dimension 1 Data: DO NOT LEAVE BLANK**

## DIMENSION 2:
## BIOMEDICAL CONDITIONS AND COMPLICATIONS

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

| | 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 | ☐ | ☐ |

| | 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:** | | |
| ☐ Menopause or menopausal | ☐ | ☐ |
| ☐ Pre Menstrual Syndrome | ☐ | ☐ |
| ☐ Pregnancy: ☐ Suspected ☐ Confirmed | | |
| Number of months: _____ | | |
| Referred to First Steps? ☐ No ☐ Yes | | |

2. Have these, or any other medical conditions been impacted by your use of alcohol or other drugs? ☐ No ☐ Yes
   Have you continued to use a substance despite knowing it has caused or worsened a medical condition? ☐ No ☐ Yes
   If Yes, what condition and in what manner? _____

3. 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? _____

4. Do you have access to medical care? ☐ No ☐ Yes Provider Name _____
   Physician's name:_____ City:_____ State:_____

5. Do you routinely access medical care? ☐ No ☐ Yes
   Last saw a doctor for: _____ Date: _____ Outcome: _____

6. Are you currently taking any prescription medications? ☐ No ☐Yes If Yes:
   Name of Medication:_____ Dose _____ Prescribed by:_____
   Name of Medication:_____ Dose _____ Prescribed by:_____
   Name of Medication:_____ Dose _____ Prescribed by:_____

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

9. Counselor's observation of patient's physical health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

**Risk Rating for Dimension 2 (from PPC-2R - Appendix A):**

**4** ☐ Incapacitated, with severe medical problems.

**3** ☐ 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.

**2** ☐ Some difficulty tolerating and coping with physical problems and/or has other biomedical problems.
☐ Has a biomedical problem, which may interfere with recovery treatment.
☐ Neglects to care for serious biomedical problems.
☐ Acute, non-life threatening medical signs and symptoms are present.

**1** ☐ Demonstrates adequate ability to tolerate and cope with physical discomfort.
☐ Mild to moderate signs or symptoms interfere with daily functioning.

**0** ☐ 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

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

No immediate biomedical services are needed. Does not affect the placement decision.

☐ Level I.0 Outpatient – **referral** to medical primary care
☐ Level II.1 Intensive Outpatient– **referral** to medical primary care
☐ Level II.5 Partial Hospitalization/Day Tx – **referral** to medical primary care
☐ Level III.1 Recovery House - Clinically Managed Low-Intensity Residential Tx – **referral** to medical primary care
☐ Level III.3 Long Term Care - Clinically Managed Medium-Intensity Residential Tx – **referral** to medical primary care
☐ Level III.5 Intensive Inpatient - Clinically Managed High-Intensity Residential Tx – **referral** to medical primary care
☐ Level III.7 Intensive Inpatient – Medically Monitored Intensive Residential Tx – medical primary care
☐ Level IV Medically Managed Intensive Inpatient Treatment – medical primary care

**CDP Summary Interpreting Dimension 2 Data (include strengths/needs): DO NOT LEAVE BLANK**

## DIMENSION 3:
## EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

### 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?_____
   _____

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 recently?

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) ☐ None ☐ Low ☐ Moderate ☐ High ☐ Imminent Danger
    As evidenced by: _____
    **If imminent danger describe immediate intervention**: _____

### 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:
   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 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? e.g. lost a job or marriage/relationship/friend, quit attending social events. ☐ 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

2. Have you ever been diagnosed with any cognitive disorder? ☐ No ☐ Yes, if yes, when, by whom, and what was 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? _____

4. 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
   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? _____

4. Are you currently a patient at a mental health center or seeing a private practitioner? ☐ No ☐ Yes, if yes, where/who?
   _____

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: _____ Dose _____ Prescribed by: _____
   Name of Medication: _____ Dose _____ Prescribed by: _____
   Name of Medication: _____ Dose _____ Prescribed by: _____

7. Are you currently using non-prescribed drugs for mental health purposes? ☐ No ☐ Yes, If yes:
   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 patient's mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

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

## 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 _____
   _____

**Risk Rating for Dimension 3 (from PPC-2R - Appendix A):**

**NOTE: A risk rating of 4 in this dimension requires an immediate intervention.**

**4** ☐ Severe emotional condition/complication, with **acute risk/potential for imminent danger to self or others** as evidenced by _____ requires intensive/residential/involuntary addiction treatment.
☐ Severe behavioral condition/complication, with **acute risk/potential for imminent danger to self or others** as evidenced by _____ requires intensive/ residential/involuntary addiction treatment.
☐ Severe cognitive condition/complication, with **acute risk/potential for imminent danger to self or others** as evidenced by _____ requires intensive/ residential/involuntary addiction treatment.
☐ Severe mental health condition/complication, with **acute risk/potential for imminent danger to self or others** as evidenced by _____ requires intensive/residential/involuntary addiction treatment.

**3** ☐ Severe emotional condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____.
☐ Severe behavioral condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____.
☐ Severe cognitive condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____.
☐ Severe mental health condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____.

**2** ☐ An acute or persistent emotional condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by _____.
☐ An acute/persistent behavioral condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by _____.
☐ An acute/persistent cognitive condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by _____.
☐ An acute/persistent mental health condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by _____.

**1** ☐ An emotional condition/complication requires intervention, but does not significantly interfere with addiction treatment.
☐ A behavioral condition/complication requires intervention, but does not significantly interfere with addiction treatment.
☐ A cognitive condition/complication requires intervention, but does not significantly interfere with addiction treatment.

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

**Recommended ASAM Level of Care for Dimension 3 – Emotional/Behavioral/Cognitive Conditions**

☐ No Treatment Services Recommended
☐ Level 0.5 Early Intervention/Education – Alcohol and Other Drug Information School
☐ Level I.0 Outpatient
☐ Level II.1 Intensive Outpatient
☐ Level II.5 Partial Hospitalization/Day Treatment
☐ Level III.1 Recovery House - Clinically Managed Low-Intensity Residential Treatment
☐ Level III.3 Long Term Care - Clinically Managed Medium-Intensity Residential Treatment
☐ Level III.5 Intensive Inpatient - Clinically Managed High-Intensity Residential Treatment
☐ Level III.7 Intensive Inpatient – Medically Monitored Intensive Residential Treatment
☐ Level IV Medically Managed Intensive Inpatient Treatment

**CDP Summary Interpreting Dimension 3 Data (include strengths/needs): DO NOT LEAVE BLANK**

## DIMENSION 4
## READINESS TO CHANGE:

### A. Chemical Dependency Treatment History

| Program Name and Location | Dates of Treatment | Treatment Completed? | Length of Abstinence |
|---|---|---|---|
| | | ☐ No ☐ Yes | |
| | | ☐ No ☐ Yes | |
| | | ☐ No ☐ Yes | |
| | | ☐ No ☐ Yes | |
| | | ☐ No ☐ Yes | |

1. What was the reason you scheduled this appointment? ☐ Family pressure ☐ Employer intervention
☐ Physician intervention ☐ Legal pressure ☐ Child custody ☐ Reinstate driving privileges
☐ DUI? If so, date and BAC/BAL _____ Driving Abstract available for review ☐ No ☐Yes
☐ Self motivated, reason(s): _____ ☐ Other reason(s): _____

2. Do you believe you currently have a problem with the use of alcohol/drugs? ☐ No ☐ Yes, If yes, which? _____
Do you believe you have had a problem with the use of alcohol/drugs in the past? ☐ No ☐ Yes, if yes, which?

3. Have you ever felt you should cut down or control your substance use? ☐ No ☐ Yes, if so, why?

4. Have you ever tried to cut down or control your use but been unsuccessful. ☐ No ☐ Yes, if so, how many times?

5. How would you assess your overall use of alcohol/drugs?

**B. Legal Issues**

1. Is this assessment prompted or suggested by anyone connected to the legal system? ☐ No ☐ Yes, If yes, who?_____
☐ Your Attorney-Name _____ ☐ Judge/Court-Name_____ ☐ Other _____

2. Have you ever been arrested or charged with any crime? ☐ No ☐Yes

3. Arrest history:

| CHARGES | ALCOHOL/DRUG RELATED | DATE | WHERE | DISPOSITION |
|---|---|---|---|---|
| | ☐ No ☐ Yes | | | |
| | ☐ No ☐ Yes | | | |
| | ☐ No ☐ Yes | | | |
| | ☐ No ☐ Yes | | | |
| | ☐ No ☐ Yes | | | |

4. Have you ever been in jail and/or prison? ☐ No ☐ Yes, if yes, how many times?
If yes, where:

5. Are you currently on probation? ☐ No ☐Yes
If yes, your probation officer's name: _____ Court _____
Release of Information (ROI) signed? ☐ No ☐ Yes

6. Have you been court ordered to participate in treatment for a Substance Related Disorder or Mental Health Disorder? ☐ No ☐ Yes
If yes, what court issued the order?_____ Judge _____

7. Are you currently under the supervision of the Department of Corrections? ☐ No ☐ Yes If yes, who is the person assigned to supervise your case? _____ Will you sign a release of information to allow contact with that person? ☐ No ☐ Yes ROI signed on _____ (date)

8. Are you a Drug Court patient? ☐ No ☐ Yes, if yes where? _____

9. If yes, are you currently in Drug Court treatment? ☐ No ☐ Yes, if yes, where? _____

10. Any current charges pending: ☐ No ☐ Yes If yes, describe:
When _____ Charge _____ Which Court? _____
When _____ Charge _____ Which Court? _____
When _____ Charge _____ Which Court? _____

11. Have your parental rights been terminated? ☐ No ☐ Yes, if yes:
When?_____ Why? _____ By Whom? _____

**C. Readiness to Change:**

1. Would you like to reduce or quit drinking/drug use if you could do so easily?
☐ No (PC) ☐ Yes (C)
2. At this moment, how important is it that you change your current drinking/drug use?
☐ Not important at all. (PC)
☐ About as important as most of the other things I would like to achieve now. (C)
☐ Most important thing in my life now (PR)
3. At this moment, how confident are you that you will change your current drinking/drug use?
☐ I do not think I will change my drinking/drug use. (PC)
☐ I have a 50 percent chance of changing my drinking/drug use (C)
☐ I think I will definitely change my drinking/drug use. (PR)
4. How seriously would you like to reduce or quit drinking/drug use altogether?
☐ Not at all (PC)
☐ Probably yes (C)
☐ Definitely yes (PR)
5. Do you intend to reduce or quit drinking/using drugs in the next 2 weeks?
☐ Definitely not (PC)
☐ Probably will (C)
☐ Definitely will (PR)
6. What is the possibility that 12 months from now you will have a problem with alcohol or other drugs?
☐ Definitely not (PC)
☐ Probably will (C)
☐ Definitely will (PR)

**The patient appears to be in the following stage of change:**

☐ Precontemplation (PC) ☐ Contemplation (C) ☐ Preparation (PR) ☐ Action (A) ☐ Maintenance (M)

**Risk Rating for Dimension 4 (from PPC-2R - Appendix A):**

**4b** ☐ Unable to follow through with treatment recommendations resulting in **imminent danger to self or others, immediate intervention required.**
☐ Unable to function independently and to engage in self-care

**4a** ☐ Unable to follow through, has little or no awareness of substance use problems and associated negative consequences.
☐ Knows very little about addiction and sees no connection between personal suffering and substance use
☐ Not willing to explore change in substance use, as evidenced by _____.
☐ Is in denial regarding substance use disorder and it's implications, blames others for problems, rejects treatment.
☐ Is not in imminent danger and is able to care for self

**3** ☐ Exhibits inconsistent follow-through, shows minimal awareness of substance use disorder and need for treatment.
☐ Appears unaware of need to change, unwilling or only partially able to follow through with treatment recommendations.

**2** ☐ Reluctant to agree to treatment for substance use problems, as evidenced by _____.
☐ Able to articulate negative consequences of substance use, but has low commitment to change use of substances
☐ Low readiness to change, passively involved in treatment as evidenced by _____.
☐ Variably compliant with attendance at outpatient treatment sessions or mutual self-help support groups/meetings.

**1** ☐ Willing to enter treatment and explore strategies for changing substance use, but ambivalent about need to change.
☐ Willing to explore the need for treatment and strategies to reduce or stop substance use.
☐ Willing to change substance use, but believes it will not be difficult, or does not accept a full recovery treatment plan

**0** ☐ Willing to engage in treatment/education as proactive, responsible participant, committed to changing alcohol/drug use.

**Recommended ASAM Level of Care for Dimension 4 – Readiness to Change**

☐ No Treatment Services Recommended
☐ Level 0.5 Early Intervention/Education – Alcohol and Other Drug Information School
☐ Level I.0 Outpatient
☐ Level II.1 Intensive Outpatient
☐ Level II.5 Partial Hospitalization/Day Treatment
☐ Level III.1 Recovery House - Clinically Managed Low-Intensity Residential Treatment
☐ Level III.3 Long Term Care - Clinically Managed Medium-Intensity Residential Treatment
☐ Level III.5 Intensive Inpatient - Clinically Managed High-Intensity Residential Treatment
☐ Level III.7 Intensive Inpatient – Medically Monitored Intensive Residential Treatment
☐ Level IV Medically Managed Intensive Inpatient Treatment

**CDP Summary Interpreting Dimension 4 Data (include strengths/needs): DO NOT LEAVE BLANK**

## DIMENSION 5: RELAPSE/CONTINUED USE POTENTIAL

**INSERT DRUG/ALCOHOL HISTORY DATA COLLECTION HERE.**

**COMPLETE A COMPREHENSIVE FACE-TO-FACE DIAGNOSTIC INTERVIEW TO OBTAIN, REVIEW, EVALUATE, AND DOCUMENT A HISTORY OF THE PATIENT'S INVOLVEMENT WITH ALCOHOL AND OTHER DRUGS, INCLUDING TYPE OF SUBSTANCE, ROUTE OF ADMINISTRATION, AMOUNT, FREQUENCY, AND DURATION OF USE.**

### Relapse History

1. Have you ever attempted to discontinue your use of alcohol? No ☐ Yes ☐ If yes, how many times? _____
   What is the longest time you have abstained? _____ What motivated you to abstain? _____
2. Have you ever attempted to discontinue your use of drugs? No ☐ Yes ☐ If yes, how many times? _____
   What is the longest time you have abstained? _____ What motivated you to abstain? _____
3. Did you resume using? No ☐ Yes ☐ If yes, what led you to resume use? _____
   How it make you feel to resume using? _____
4. Have you ever experienced cravings to use alcohol or drugs? No ☐ Yes ☐ Which?_____
   If yes, what are the thoughts or events that evoke cravings? _____
5. CDP assessment of patient's ability to attain and maintain abstinence: Unknown ☐ Good ☐ Moderate ☐ Poor ☐
   As evidenced by _____
6. CDP assessment of patient's risk for relapse: Unknown ☐ High ☐ Moderate ☐ Low ☐
   As evidenced by _____
7. CDP assessment of patient's potential for continued use: Unknown ☐ High ☐ Moderate ☐ Low ☐
   As evidenced by _____

**Risk Rating for Dimension 5 (from PPC-2R - Appendix A):**

**4b** ☐ 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**

**4a** ☐ 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 problems or to avoid or limit relapse or continued use as evidenced by _____.

**2** ☐ Impaired recognition and understanding of substance use relapse issues but is able to manage with prompting.

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

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

**Recommended ASAM Level of Care for Dimension 5 – Relapse/Continued Use Potential**

☐ No Treatment Services Recommended
☐ Level 0.5 Early Intervention/Education – Alcohol and Other Drug Information School
☐ Level I.0 Outpatient
☐ Level II.1 Intensive Outpatient
☐ Level II.5 Partial Hospitalization/Day Treatment
☐ Level III.1 Recovery House - Clinically Managed Low-Intensity Residential Treatment
☐ Level III.3 Long Term Care - Clinically Managed Medium-Intensity Residential Treatment
☐ Level III.5 Intensive Inpatient - Clinically Managed High-Intensity Residential Treatment
☐ Level III.7 Intensive Inpatient – Medically Monitored Intensive Residential Treatment
☐ Level IV Medically Managed Intensive Inpatient Treatment

**CDP Summary Interpreting Dimension 5 Data (include strengths/needs): DO NOT LEAVE BLANK**

## DIMENSION 6: RECOVERY ENVIRONMENT

1. What jobs have you held in the last six months? _____
   Primary occupation:_____
   Last full time employment:_____

2. Which of the following employment problems have you ever experienced due to Alcohol/Drug use?
   Late for work ☐ Diminished productivity ☐ Absenteeism ☐ Quit ☐ Fired ☐ Used at work ☐ None ☐

3. 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?_____
   _____

4. 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_____
   _____
   Cultural considerations/barriers to treatment or recovery
   _____

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

6. Have you ever been involved with any self-help support group? No ☐ Yes ☐, if yes, ☐ Past ☐ Current
   Which one? _____ When?_____ Why?_____
   How do you feel about your involvement? _____
   Are you willing to attend self-help support groups now? No ☐ Yes ☐, if yes, which one?_____

| 7. | NO | YES | COMMENTS |
|---|---|---|---|
| Family history of chemical dependency | ☐ | ☐ | _____ |
| Family supportive of abstinence ☐ | ☐ | | _____ Friends supportive of abstinence ☐ ☐ _____ |
| Spouse supportive of abstinence | ☐ | ☐ | _____ |
| Living arrangements supportive | ☐ | ☐ | _____ |
| Funds for basic needs | ☐ | ☐ | _____ |
| Employment opportunities | ☐ | ☐ | _____ |
| Safe environment in home/neighborhood ☐ | ☐ | | _____ |

**Risk Rating for Dimension 6 (from PPC-2R - Appendix A):**

**4b** ☐ Environment is not supportive of addiction recovery, and is actively hostile to recovery posing an **immediate threat to safety and well-being. Immediate intervention required.**

**4a** ☐ Environment is not supportive of addiction recovery, and 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 not supportive of addiction recovery, and the patient finds coping difficult, even with clinical structure.

**2** ☐ Environment is not supportive of addiction recovery, but with clinical structure, the patient is able to cope most of the time.

**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.

**0** ☐ Has a supportive environment, or is able to cope with poor support.

**Recommended ASAM Level of Care for Dimension 6 – Recovery Environment**

☐ No Treatment Services Recommended
☐ Level 0.5 Early Intervention/Education – Alcohol and Other Drug Information School
☐ Level I.0 Outpatient
☐ Level II.1 Intensive Outpatient
☐ Level II.5 Partial Hospitalization/Day Treatment
☐ Level III.1 Recovery House – Clinically Managed Low-Intensity Residential Treatment
☐ Level III.3 Long Term Care – Clinically Managed Medium-Intensity Residential Treatment
☐ Level III.5 Intensive Inpatient – Clinically Managed High-Intensity Residential Treatment
☐ Level III.7 Intensive Inpatient – Medically Monitored Intensive Residential Treatment
☐ Level IV Medically Managed Intensive Inpatient Treatment

**CDP Summary Interpreting Dimension 6 Data (include strengths/needs): DO NOT LEAVE BLANK**

## A. Diagnostic Criteria for Substance Dependence Disorder

**A maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by three or more of the following criteria occurring at any time in the same 12-month period.**

**At least three of the seven criteria must be met to diagnose Substance Dependence Disorder**.

**P S T (P=Primary, S=Secondary, T=Tertiary)**

☐☐☐ 1. Tolerance, as defined by either of the following:
   a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect;
   b. Markedly diminished effect with continued use of the same amount.

☐☐☐ 2. Withdrawal, as manifested by either of the following:
   a. The characteristic withdrawal syndrome for the substance
   b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

☐☐☐ 3. Substance is often taken in larger amounts and/or over a longer period than the patient intended.

☐☐☐ 4. Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.

☐☐☐ 5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects.

☐☐☐ 6. Important social, occupational or recreational activities given up or reduced because of substance abuse.

☐☐☐ 7. Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the use of the substance.

**Additional indicators of alcoholism or drug addiction (not diagnostic criteria):**

| P S T | P S T | P S T | P S T |
|---|---|---|---|
| ☐☐☐ None | ☐☐☐ Compulsion to use | ☐☐☐ Decreased tolerance | ☐☐☐ Increased tolerance |
| ☐☐☐ Binge use | ☐☐☐ Neglected responsibilities | ☐☐☐ Severe withdrawal | ☐☐☐ Failed control |
| ☐☐☐ Memory problems | ☐☐☐ Family/friends concerned | ☐☐☐ Seizures | ☐☐☐ Family history |
| ☐☐☐ Loss of control | ☐☐☐ Protecting/hoarding supply | ☐☐☐ Difficulty performing job | ☐☐☐ Preoccupation |
| ☐☐☐ Arrested for use | ☐☐☐ Gulping/sneaking | ☐☐☐ Medical consequences | ☐☐☐ Blackouts |
| ☐☐☐ A.M. use to avoid WD | ☐☐☐ Crawling skin/goose flesh | | |

**Complete the following only if the person does not meet the diagnostic criteria for dependence for the substance (3 or more of #1-7 above).**

## B. Diagnostic Criteria for Substance Abuse Disorder

**A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following criteria occurring within a 12-month period.**

**One or more of the following criteria met within the previous 12-month period indicates abuse.**

**P S T**

☐☐☐ 1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

☐☐☐ 2. Recurrent substance use in situations in which it is physically hazardous.

☐☐☐ 3. Recurrent substance-related legal problems.

☐☐☐ 4. Continued substance use despite persistent/recurrent social or interpersonal problems caused/exacerbated by use.

## C. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition TR – Diagnostic Codes

☐ **Denied use of alcohol**

☐ 305.00 Alcohol abuse

☐ 303.90 Alcohol dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ **Denied use of substance(s) (drugs other than alcohol)**

☐ 305.50 Opioid abuse

☐ 304.00 Opioid dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.60 Cocaine abuse

☐ 304.20 Cocaine dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.20 Cannabis abuse

☐ 304.30 Cannabis dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.70 Amphetamine abuse

☐ 304.40 Amphetamine dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.30 Hallucinogen abuse

☐ 304.50 Hallucinogen dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.90 Inhalant abuse

☐ 304.60 Inhalant dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.90 Phencyclidine (PCP) abuse

☐ 304.60 PCP dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.40 Sedative, hypnotic, anxiolytic abuse

☐ 304.10 Sedative, hypnotic, anxiolytic dependence: ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 304.80 Poly substance dependence ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ 305.10 Nicotine dependence ☐ Mild ☐ Moderate ☐ Severe ☐ Physiological dependence

☐ **Screening of substance use revealed insufficient symptoms to indicate abuse or addiction.**

## Treatment Recommendations using ASAM PPC Levels of Care:

The patient meets the following level of care admission criteria:

Dimension 1: Level _____ Dimension 3: Level _____ Dimension 5: Level _____

Dimension 2: Level _____ Dimension 4: Level _____ Dimension 6: Level _____ **Overall Level**: _____

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

Was the patient informed of the diagnosis and assessment results? ☐ Yes ☐ No If no, why not? _____

Was the patient provided with treatment and referral options? ☐ Yes ☐ No If no, why not? _____

DASA Certified Agencies providing the recommended treatment services:

Name 1. _____ Phone # _____ Contact Person _____

Name 2. _____ Phone # _____ Contact Person _____

Name 3. _____ Phone # _____ Contact Person _____

Also recommended:

☐ Domestic Violence Perpetrator Program ☐ Anger Mgmt ☐ Vocational Rehabilitation ☐ GED

☐ Mental Health Counseling. ☐ Literacy/Tutoring Program ☐ Self-help support groups ☐ Other_____

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

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

Referral information for child care services: _____

HIV/AIDS Brief Risk Intervention conducted? ☐ Yes ☐ No, if no, explain:_____

## Authentication Information

DASA Certified Agency _____ Agency # _____

Chemical Dependency Professional Name _____ CP# _____

CDP Signature _____ Date _____