

Patient's Name \_\_\_\_\_

ID: \_\_\_\_\_

**JACKSON RECOVERY CENTERS**  
**Initial Substance Abuse Assessment Form**

***PRESENTING PROBLEM***

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***DRUGS OF CHOICE***

**Substance used:** \_\_\_\_\_ **Method:** \_\_\_\_\_ **Age started:** \_\_\_\_\_ **Last used:** \_\_\_\_\_

**Frequency/progression of use:** \_\_\_\_\_

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**Indicators of Addiction:**

- Indicator 1 – Tolerance Yes No
- Indicator 2 - Withdrawal Yes No
- Indicator 3 - Loss of Control Yes No
- Indicator 4 - Failed efforts to control Yes No
- Indicator 5 - Preoccupation Yes No

*(i.e. spending a lot of time thinking about using, borrowing money to buy substances, searching for substances)*

- Indicator 6 - Interferences Yes No

*(i.e. isolating, giving up or reducing activities with family/friends, missing work/ social events)*

- Indicator 7 - Use Despite Consequences Yes No

*(i.e. use despite warning from health care professional, knowledge of mental health problems, or legal consequences)*

**Substance used:** \_\_\_\_\_ **Method:** \_\_\_\_\_ **Age started:** \_\_\_\_\_ **Last used:** \_\_\_\_\_

**Frequency/progression of use:** \_\_\_\_\_

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Substance used: \_\_\_\_\_ Method: \_\_\_\_\_ Age started: \_\_\_\_\_ Last used: \_\_\_\_\_

Frequency/progression of use: \_\_\_\_\_

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\_\_\_\_\_

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**Other Substance Use History**

Drug	Past 30 Days Amount/Frequency	Last 12 Months Amount/Frequency	Method	Age of First Use	Date of Last Use	None
Alcohol						
Marijuana						
Methamphetamine						
Cocaine/Crack						
Heroin						
Hallucinogen						
Methadone						
Tranquilizer						
Opiates						
Inhalant						
Phencyclidine (PCP)						
Over-the-counter						
Nicotine						
Other						
Other						

Longest Period of Abstinence (Include dates): \_\_\_\_\_

\_\_\_\_\_

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**Previous Treatment Experience:** (Initial here if patient reports no prior treatment episodes \_\_\_\_\_)

Where	When	Level of Care	Outcome	Length of Abstinence

If more than 5 previous treatment experiences, how many in addition to those listed? \_\_\_\_\_

**Other Addictions**

**Have you ever Gambled before (cards, casino, horses, poker)?** \_\_\_\_\_

Have you ever felt the need to bet more and more money? Yes No

Have you ever had to be dishonest with people important to you about how much you've gambled? Yes No

(If 'yes' to either question-complete a gambling assessment)

**Eating Disorders, Shopping, Internet, Co-dependency Issues**

Have you ever felt responsible for others behaviors? Yes No

Do you regularly put others needs ahead of your own? Yes No

Do you have high levels of debt due to shopping? Yes No

Have you ever lied to a loved one about the amount of money you have spent and worried about being discovered? Yes No

Have you ever had feelings of guilt/shame about your shopping? Yes No

Do you ever use the Internet or video games to escape from your problems? Yes No

Do you have any other compulsions that interfere with your daily activities? Yes No

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***ASAM Dimensions***

***DIMENSION 1 - ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL***

Current signs/symptoms:     Yes           No

Hx of withdrawal:           Yes           No

Describe:	_____ Cold Sweats	_____ Irritability	_____ Tremors	_____ Diarrhea
	_____ Hallucinations	_____ Headaches	_____ Seizures	_____ Vomiting
	_____ Anxiety	_____ Paranoia	_____ Insomnia	_____ Mood Swings

Current Symptoms: \_\_\_\_\_

- (0) None or Stable
- (1) Minimal risk of severe withdrawal
- (2) Moderate signs/symptoms; moderate risk of severe withdrawal
- (3) Severe withdrawal, but manageable; medically monitored inpatient detoxification services
- (4) Severe signs symptoms; severe withdrawal and danger; medically monitored inpatient detoxification services

***DIMENSION 2 - MEDICAL CONDITIONS***

Health History (Significant Health Issues/Pregnant?/ Hosp. in last 6 mos for subs reason): \_\_\_\_\_

\_\_\_\_\_

Current Medications for medical problems (name, dose, frequency): \_\_\_\_\_

\_\_\_\_\_

Current Physician (name, address, phone): \_\_\_\_\_

\_\_\_\_\_

- (0) None or Stable
- (1) Mild to moderate symptoms: e.g. symptoms interfering with daily function
- (2) Acute, non-life threatening medical signs/symptoms; biomedical conditions are severe enough to warrant inpatient placement, e.g. signs of malnutrition
- (3) Severe medical problems; patient requires medical monitoring but not intensive continuous medical management; e.g. brittle diabetes
- (4) Severe medical problems; client is incapacitated; client requires 24-hour medical care

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***DIMENSION 3 - EMOTIONAL/BEHAVIORAL CONDITIONS***

Psychological Hx/ Mental Status (Current emotional status, Current Psych meds/effectiveness/physician)

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Current Stressors: \_\_\_\_\_

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Suicidal/Homicidal Thoughts/Attempts: \_\_\_\_\_

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Hx of Abuse/Violence: \_\_\_\_\_

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Hx of Counseling: \_\_\_\_\_

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Medication Hx: \_\_\_\_\_

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- (0) None or Stable
- (1) Mild to moderate symptoms: adequate resources and skills but impaired judgement; adequate impulse control
- (2) Frequent and intensive symptoms; moderate or minimal skills and resources; prominent Axis II diagnosis; mild to moderate risk behaviors to self or others
- (3) Severe symptoms result in significant impairment; severe lack of resources or skills; e.g., frequent impulses to harm self or others; repeated inability to control impulses; requires 24 hour structure
- (4) Severe acute, life-threatening symptoms; dangerous or impulsive behavior placing self and/or others at imminent risk; symptoms of psychosis, hallucinations, delusions, etc.; requires medically managed intensive psychiatric services.

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***DIMENSION 4 – READINESS TO CHANGE***

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- (0) Cooperative, motivated; ready for change
- (1) Ambivalent about illness or need for change, but willing to explore need for treatment
- (2) Verbal compliance with treatment recommendations, but without consistent behaviors; passively involved in evaluation/treatment process
- (3) Inconsistent compliance; minimal awareness; poor follow through on treatment recommendations
- (4) Unable to follow through with treatment recommendations; no awareness of illness; patient needs motivating strategies; if in imminent danger of harm to self or others may need 24-hour structure

***DIMENSION 5 - RELAPSE/CONTINUED USE POTENTIAL***

Description: \_\_\_\_\_

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- (0) No relapse potential; low potential with good coping skills
- (1) Minimal relapse potential with some vulnerability; has fair to good coping/refusal skills
- (2) Impaired recognition and understanding of relapse issues, but is able to self-manage with prompting
- (3) Little recognition and understanding of substance use relapse issues and poor skills to cope with and interrupt addiction problems, or to avoid or limit relapse
- (4) Continued use despite treatment involvement; if relapse places patient and/or others in imminent danger then patient may require 24-hour support and monitoring

***DIMENSION 6 - RECOVERY ENVIRONMENT***

Current Living Situation: \_\_\_\_\_

Support System: \_\_\_\_\_

Employment/Education (Current and History): \_\_\_\_\_

Legal History (OWI hx, # of arrests in last 12 mos): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12 Step Meeting Attendance: \_\_\_\_\_

# Attended in Last 30 days: \_\_\_\_\_

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Family History (Dynamics, Description of Relationships, Hx of Mental Illness, Substance Abuse History):

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- (0) Supportive recovery environment or able to cope with poor support
- (1) Limited support from significant others but able to cope
- (2) Non-supportive environment, but with structure can cope most of the time
- (3) Non-supportive environment; somewhat dangerous environment; patient finds coping difficult.
- (4) Unsupportive, actively hostile and dangerous environment for patient; needs 24 hour structure.

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***Collateral Information:***

1) **Drug Screen**

Positive for:

Negative

Not Administered

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) **SASSI**

Findings:

Not Administered

\_\_\_\_\_

\_\_\_\_\_

3) **Interviewed**

Date	Name	Relationship	Findings

Level of Care Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Response to Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial identified treatment goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Clinician

\_\_\_\_\_  
Date