

**ADOLESCENT ASAM (ages 12 – 17)**  
Based on the American Society of Addiction Medicine (ASAM)  
Criteria Multidimensional Assessment; 3<sup>rd</sup> Edition

1

<b>Date:</b>	<b>Start time:</b>	<b>Stop time:</b>	<b>Total time:</b>
<input type="checkbox"/> <b>Initial Screening and Placement</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Transitional Placement</b>			
<b>Demographic Information</b>			
<b>Name:</b>		<b>Client # (P#):</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Okay to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DOB:</b>	<b>Age:</b>	<b>Race:</b>	<b>Preferred Language:</b>
<b>Self Identified Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Trans Man <input type="checkbox"/> Transgender Female/Trans Woman <input type="checkbox"/> Gender Queer/Gender non-conforming <input type="checkbox"/> Another Gender identity <input type="checkbox"/> Unknown/Prefer not to answer			
<b>Insurance Type:</b> <input type="checkbox"/> None <input type="checkbox"/> Drug Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):			
<b>Referred by (specify):</b>			
<b>How can we help you today?</b>			
<b>Dimension 1: Substance Use, Withdrawal Potential</b>			
<b>Adolescent:</b> (To be completed by clinician with adolescent)			
<b>1. Do you drink any alcohol (more than a few sips)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   (Do not count sips of alcohol taken during family or religious events.)			
<b>2. Do you use weed or spice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you use tobacco?</b> (e.g. cigarettes, vaping nicotine, chewing tobacco, cigars, etc.)     Yes     No			
<b>3. Do you use anything else to get high?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”) If yes, Explain:			
<b>4. Do you ever have blackouts while using alcohol or drugs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5. How do you feel physically/emotionally when you stop using?</b>			
<b>6. When was the last time you used?</b>	<b>What was it?</b>	<b>How much?</b>	<b>Route of administration:</b>

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

7. Have you ever overdosed or been hospitalized due to your drug/alcohol use? ☐ Yes ☐ No

If so, when:

Please circle one of the following levels of severity

**Severity Rating - Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)**

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
No signs of withdrawal/intoxication present	Mild/moderate intoxication, interferes with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.	May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.

Comments:

**Dimension 2: Biomedical Condition and Complications**

**Adolescent:** (To be completed by clinician with adolescent)

8. Do you have any current physical health problems (seizures)? ☐ Yes ☐ No

If yes, explain:

9. If female, are you pregnant? ☐ Yes ☐ No ☐ N/A

If yes, how many weeks/months?

10. Are you currently prescribed any medication for a medical issue? ☐ Yes ☐ No

If yes, specify name:

Please circle one of the following levels of severity

**Severity Rating - Dimension 2 (Biomedical Condition and Complications)**

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Fully functional/ able to cope with medical concerns.	Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with medical concerns.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present.	Serious medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

Comments:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

### Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications

**Adolescent:** (To be completed by clinician with adolescent)

11. Have you ever heard voices? ☐ Yes ☐ No

12. Have you ever had trouble controlling your anger? ☐ Yes ☐ No

If yes, describe (give example):

13. Have you ever wanted to harm yourself or others (cutting)? ☐ Yes ☐ No

If yes, explain:

14. Have you ever talked to a therapist or counselor? ☐ Yes ☐ No

15. Are you currently prescribed any medication for mental or behavioral needs? ☐ Yes ☐ No

If yes, specify name:

Please circle one of the following levels of severity

#### Severity Rating - Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC])

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
No impulsive or dangerousness, no evidence of emotional issues.	Suspect diagnosis of EBC complications. May require intervention. No immediate threat to self/others.	Confirmed EBC complications. No immediate threat to self/others.	Severe EBC. Unstable without 24-hr supervision to prevent risk of harm to self or others.	Very severe EBC. Requires acute level of care and exhibits life-threatening symptoms (posing imminent danger to self/others).

**\*If consumer scores a 3 or 4 in severity, consider referral to Behavioral Health Clinic**

Comments:

### Dimension 4: Readiness to Change

**Adolescent:** (To be completed by clinician with adolescent)

16. On a scale of 0 (low) to 4 (very) how important is it to you to stop drinking or using? 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

17. Does your family or friends ever tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

Please circle one of the following levels of severity

### Severity Rating - Dimension 4 (Readiness to Change)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	Reluctant to agree to treatment. Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment.	Not willing to change. Unwilling/Unable to follow through with treatment recommendations.

Comments:

### Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Adolescent: (To be completed by clinician with adolescent)

18. Do you ever use alcohol or drugs while you are by yourself, or alone? ☐ Yes ☐ No

19. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? ☐ Yes ☐ No

20. How often do you want to or feel like using or drinking?

21. What is the longest time you have went without using drugs and/or alcohol?

Please circle one of the following levels of severity

### Severity Rating - Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Low/no potential for relapse.	Minimal relapse potential.	Impaired recognition of risk for relapse.	Little recognition of risk for relapse.	Substance use/behavior, places self/others in danger.

Comments:

### Dimension 6: Recovery/Living Environment/Social Network

Adolescent: (To be completed by clinician with adolescent)

22. Have you ever gotten into trouble while you were using alcohol or drugs? ☐ Yes ☐ No

If yes, explain:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

<b>23. Do you feel supported in your current living environment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>24. Where do you live?</b>			
<b>25. Does anyone else at home use drugs or alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
<b>26. Do your close friends use drugs and/or alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Please circle one of the following levels of severity</u>				
<b>Severity Rating - Dimension 6 (Recovery/Living Environment/Social Network)</b>				
<b>0</b> None  Environment is supportive.	<b>1</b> Mild  Environment is supportive. May require clinical intervention.	<b>2</b> Moderate  Supportive friends and family but environment requires clinical support.	<b>3</b> Severe  Environment unsupportive to recovery process, difficulty in participating even with clinical support.	<b>4</b> Very Severe  Environment toxic/hostile to recovery. Unable to participate and the environment may pose a threat to safety.
Comments:				
<b>Dimension 1: Substance Use, Withdrawal Potential</b>				
<b><u>Parent/Caregiver:</u></b> (To be completed by clinician with parent or caregiver)				
<b>27. Do you know if your child is drinking alcohol or using drugs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				
<b>28. Do you know if your child is using anything else to get high?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") If yes, Explain:				
<b>29. Has your child ever been hospitalized or experienced blackouts due to drug/alcohol use?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Please circle one of the following levels of severity</u>				
<b>Severity Rating - Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)</b>				
<b>0</b> None  No signs of withdrawal/intoxication present	<b>1</b> Mild  Mild/moderate intoxication, interferes with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.	<b>2</b> Moderate  May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	<b>3</b> Severe  Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	<b>4</b> Very Severe  Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

Comments:

## Dimension 2: Biomedical Condition and Complications

**Parent/Caregiver:** (To be completed by clinician with parent or caregiver)

**30. Does your child have any current physical health problems (seizures)?** ☐ Yes ☐ No

If yes, explain:

**31. If female, is your child pregnant?** ☐ Yes ☐ No ☐ N/A

If yes, how many weeks/months?

**32. With the health concerns, are there any medications that are prescribed by a physician?** ☐ Yes ☐ No

If yes, specify name:

Please circle one of the following levels of severity

### Severity Rating - Dimension 2 (Biomedical Condition and Complications)

0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Fully functional/ able to cope with medical concerns.	Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with medical concerns.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present.	Serious medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

Comments:

## Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications

**Parent/Caregiver:** (To be completed by clinician with parent or caregiver)

**33. Have you ever taken your child to a therapist or counselor?** ☐ Yes ☐ No

**34. Has your child ever harmed themselves or someone else (cutting, acted violent toward others)?** ☐ Yes ☐ No

If yes, explain:

**35. Has your child ever received services in an inpatient or outpatient setting for mental or behavioral health needs?** ☐ Yes ☐ No

**36. Is he or she currently taking medications?** ☐ Yes ☐ No

If so, list:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

Please circle one of the following levels of severity

**Severity Rating - Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC])**

<b>0</b> None	<b>1</b> Mild	<b>2</b> Moderate	<b>3</b> Severe	<b>4</b> Very Severe
No impulsive or dangerousness, no evidence of emotional issues.	Suspect diagnosis of EBC complications. May require intervention. No immediate threat to self/others.	Confirmed EBC complications. No immediate threat to self/others.	Severe EBC. Unstable without 24-hr supervision to prevent risk of harm to self or others.	Very severe EBC. Requires acute level of care and exhibits life-threatening symptoms (posing imminent danger to self/others).

**\*If consumer scores a 3 or 4 in severity, consider referral to Behavioral Health Clinic**

Comments:

**Dimension 4: Readiness to Change**

**Parent/Caregiver:** (To be completed by clinician with parent or caregiver)

**37. On a scale of 0 (low) to 4 (very) how ready is your child to stop drinking or using?** 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

Please circle one of the following levels of severity

**Severity Rating - Dimension 4 (Readiness to Change)**

<b>0</b> None	<b>1</b> Mild	<b>2</b> Moderate	<b>3</b> Severe	<b>4</b> Very Severe
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	Reluctant to agree to treatment. Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment.	Not willing to change. Unwilling/Unable to follow through with treatment recommendations.

Comments:

**Dimension 5: Relapse, Continued Use, or Continued Problem Potential**

**Parent/Caregiver:** (To be completed by clinician with parent or caregiver)

**38. As far as you know, has your child ever used alcohol or drugs while they are alone or by themselves?** ☐ Yes ☐ No

**39. Do you feel your child could stop using or drinking without help?** ☐ Yes ☐ No

Please circle one of the following levels of severity

**Severity Rating - Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)**

<b>0</b> None	<b>1</b> Mild	<b>2</b> Moderate	<b>3</b> Severe	<b>4</b> Very Severe
Low/no potential for relapse.	Minimal relapse potential.	Impaired recognition of risk for relapse.	Little recognition of risk for relapse.	Substance use/behavior, places self/others in danger.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

Comments:

### Dimension 6: Recovery/Living Environment/Social Network

**Parent/Caregiver:** (To be completed by clinician with parent or caregiver)

**40. Has your child ever gotten into trouble while they were using alcohol or drugs?** ☐ Yes ☐ No

If yes, explain:

**41. Do you have any problems with transportation?** ☐ Yes ☐ No

**42. Do you have a stable living environment?** ☐ Yes ☐ No

**43. Do your child's friends use drugs and/or alcohol?** ☐ Yes ☐ No

Please circle one of the following levels of severity

#### Severity Rating - Dimension 6 (Recovery/Living Environment/Social Network)

<b>0</b> None	<b>1</b> Mild	<b>2</b> Moderate	<b>3</b> Severe	<b>4</b> Very Severe
Environment is supportive.	Environment is supportive. May require clinical intervention.	Supportive friends and family but environment requires clinical support.	Environment unsupportive to recovery process, difficulty in participating even with clinical support.	Environment toxic/hostile to recovery. Unable to participate and the environment may pose a threat to safety.

Comments:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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



### Adolescent Summary of Multidimensional Assessment

Dimension	Severity Rating (Based on rating above)				
<b>Dimension 1</b> Substance Use, Acute Intoxication, Withdrawal Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 2</b> Biomedical Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 3</b> Emotional, Behavioral, or Cognitive Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 4</b> Readiness to Change	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 5</b> Relapse, continued Use, or Continued Problem Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 6</b> Recovery/Living Environment	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe

### Parent/Caregiver Summary of Multidimensional Assessment

Dimension	Severity Rating (Based on rating above)				
<b>Dimension 1</b> Substance Use, Acute Intoxication, Withdrawal Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 2</b> Biomedical Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 3</b> Emotional, Behavioral, or Cognitive Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 4</b> Readiness to Change	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 5</b> Relapse, continued Use, or Continued Problem Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<b>Dimension 6</b> Recovery/Living Environment	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

### PLACEMENT SUMMARY

**Level of Care/Service Indicated by ASAM:** The following ASAM level of care offers the most appropriate level of care/service intensity given the consumer's functioning/severity:

*Prevention:* ☐ 0.5      *Tobacco Cessation:*  
*Outpatient:* ☐ 1.0      ☐ IOT: 2.1      *Partial Hospitalization:* ☐ 2.5  
*Residential:* ☐ 3.1      ☐ 3.5  
*Medical Inpatient:* ☐ 3.7      ☐ 4.0  
*Withdrawal Management:* ☐ 1-WM      ☐ 2-WM      ☐ 3.2-WM      ☐ 3.7-WM      ☐ 4-WM  
*Not Applicable (Referred to Recovery Services)* ☐

**Level of Care/Service Provided:** If the most appropriate level of care/service intensity was not utilized, enter the most appropriate ASAM level of care that is available then select the reason for this discrepancy (if any):

*Prevention:* ☐ 0.5      *Tobacco Cessation:*  
*Outpatient:* ☐ 1.0      ☐ IOT: 2.1      *Partial Hospitalization:* ☐ 2.5  
*Residential:* ☐ 3.1      ☐ 3.5  
*Medical Inpatient:* ☐ 3.7      ☐ 4.0  
*Withdrawal Management:* ☐ 1-WM      ☐ 2-WM      ☐ 3.2-WM      ☐ 3.7-WM      ☐ 4-WM  
*Not Applicable (Referred to Recovery Services)* ☐

**Reason for Discrepancy:** If there is a difference between the level of care indicated by the ASAM and the level of care actually provided then select the reason for discrepancy.

☐ Not applicable      ☐ Service not available      ☐ Service available, but no payment source  
☐ Transportation      ☐ Geographic accessibility      ☐ Cognitive/Mental Health condition consideration  
☐ Family responsibility      ☐ Language      ☐ Consumer on waiting list for more appropriate level  
☐ Physical Health      ☐ Living environment

☐ Consumer preference, explain:

☐ Other (specify):

**If special consumer requests or needs were taken into consideration of placement, please indicate below:**

**Designated Treatment Provider Name and Location:**

**Staff/Clinician Name**

**Signature**

**Date**

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

## ADOLESCENT ASAM TOOL – INSTRUCTIONS

### INDICATE TYPE OF ASAM

- Initial Screening and Placement is the consumer's first contact and/or when the consumer is no longer active in an open episode.
- Update is to be completed at a minimum of every 30 days for Residential/Inpatient providers, or at a minimum of every 90 days for other modalities (including Prevention, Outpatient, Intensive Outpatient, Partial Hospitalization, and Opioid Treatment Program (OTP)).
- Transition is when consumer is moving from one level of care to another, or for discharge, one time in the last 14 days of an open episode.

### DEMOGRAPHIC INFORMATION

- Enter the consumer's name in the order of last name, first name and middle name.
- Enter the date the ASAM was performed.
- Enter the consumer's phone number and check yes or no, indicating if it is okay to leave a voicemail.
- Enter the consumer's address (if homeless, then write "homeless")
- Enter the consumer's date of birth.
- Enter the consumer's age.
- Enter the consumer's self identified gender.
- Enter the consumer's race.
- Enter the consumer's preferred language.
- Enter the consumer's medical record or 'P' number.
- Check off or specify the consumer's insurance type and indicate what type of plan they have.
- Enter who and/or which agency referred the consumer for assessment.
- Enter explanation for why consumer is currently seeking services and a brief substance use history.

## ADOLESCENT SECTION

### DIMENSION 1: SUBSTANCE USE, AND/OR WITHDRAWAL POTENTIAL

- For questions 1-4, the interviewer asks the consumer the following questions, to which the consumer would respond yes or no. The interviewer is then to ask the consumer to further describe their yes or no response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 1: Substance Use, and/or Withdrawal Potential.
- Question 1: Record any alcohol that the consumer has used in the past 30 days.
- Question 2: Record any weed or spice used in the past 30 days.
- Question 3: Check yes or no. If yes, record answer in space provided.
- Question 4: Check yes or no. If yes, describe the response in the space provided.
- Question 5: Record emotional or physical symptoms the consumer has experienced when they have stopped using.
- Question 6: Record last use, drug, amount, and route of administration.
- Question 7: Check yes or no. If yes, record dates and substance used in box provided.
- Enter additional comments (if any) relevant to Dimension 1: Substance Use, Acute Intoxication and/or Withdrawal Potential, in the space provided, that may impact the placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 1: Substance Use, Acute Intoxication and/or Withdrawal Potential, based on the consumer's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in questions 1-7. The interviewer then chooses the rating that best describes the consumer's current level of risk for substance use, acute intoxication, and risks associated with withdrawal.

## DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

- For questions 8-10, the interviewer asks the consumer the following questions, to which the consumer would respond yes or no. The interviewer is then to ask the consumer to further describe their yes or no response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 2: Biomedical Conditions and Complications.
- Questions 8-10: Check yes or no. Further describe the response in the space provided.
- Enter additional comments relevant to Dimension 2: Biomedical Conditions and Complications, in the space provided, that may impact the placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 2: Biomedical Conditions and Complications, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 8-10. The interviewer then chooses the rating that best describes the consumer's current level of risk for physical health problems and how they may impact the consumer's treatment placement.

## DIMENSION 3: EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

- For questions 11-15, the interviewer asks the consumer the following questions, to which the consumer would respond yes or no. The interviewer is then to ask the consumer to further describe their yes or no response and document it in the space provided.
- Questions 11-14: Check yes or no. Further describe the response in the space provided.
- Question 11: Check yes or no. Further describe the response in the space provided.
- Question 12: Check yes or no. If yes, describe how the consumer expresses their anger.
- Question 13: Check yes or no. If yes, describe the response in the space provided and consider transport to emergency room or call 911.
- Question 14: Check yes or no. If yes, provide dates and names in the space provided.
- Question 15: Check yes or no. If yes, describe name and dosage in space provided.
- Enter additional comments relevant to Dimension 3: Emotional, Behavioral, or Cognitive Conditions, in the space provided, that may impact the placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 11-15. The interviewer then chooses the rating that best describes the consumer's current level of risk for mental health problems and how they may impact the consumer's treatment placement. \*If a consumer scores a 3 or 4 in severity, consider referral to a Behavioral Health Clinic.

## DIMENSION 4: READINESS TO CHANGE

- For questions 16-17, the interviewer asks the consumer the following questions. The interviewer is then to ask the consumer to further describe their response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 4: Readiness to Change.
- Question 16: Indicate response to scaling question, 0 being low importance and 4 being high. If the consumer answers lower than 4, ask what it would take to get to the next level up. Ex: "I see you answered a

1 on the importance scale. What would it take to get to a 2?"

- Question 17: Check yes or no. Describe response in the space provided.
- Enter additional comments relevant to Dimension 4: Readiness to Change, in the space provided, that may impact placement of the consumer
- Choose a severity rating of 0-4 for Dimension 4: Readiness to Change, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 16-17. The interviewer then chooses the rating that best describes the consumer's current level of risk for readiness to change and engage in treatment, and how that may impact the consumer's treatment placement.

#### DIMENSION 5: RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- For questions 18-21, the interviewer asks the consumer the following questions. The interviewer is then to ask the consumer to further describe their response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 5: Relapse, Continued Use or Continued Problem Potential.
- Question 18: Check yes, or no. Describe the response in the space provided.
- Question 19: Check yes, or no. Describe the response in the space provided.
- Question 20: Describe the response in the space provided.
- Question 21: Describe the response in the space provided.
- Enter additional comments relevant to Dimension 5: Relapse, Continued Use or Continued Problem Potential, in the space provided, that may impact placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 5: Relapse, Continued Use or Continued Problem Potential, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 18-21. The interviewer then chooses the rating that best describes the consumer's current level of risk for readiness to change and engage in treatment, and how that may impact the consumer's treatment placement.

#### DIMENSION 6: RECOVERY/LIVING ENVIRONMENT/SOCIAL NETWORK

- For questions 22-26, the interviewer asks the consumer the following questions, to which the consumer would respond yes or no. The interviewer is then to ask the consumer to further describe their yes or no response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 6: Recovery/Living Environment.
- Question 22: Check yes or no. Further describe response in space provided.
- Question 23: Check yes or no. Further describe response in space provided.
- Question 24: Describe the consumer's response to their living arrangements.
- Question 25: Check yes or no. Further describe response in space provided.
- Question 26: Check yes or no. Further describe response in space provided.
- Enter additional comments relevant to Dimension 6: Recovery/Living Environment, in the space provided, that may impact treatment or placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 6: Recovery/Living Environment, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 22-26. The interviewer then chooses the rating that best describes the consumer's current level of risk for readiness to change and engage in treatment, and how that may impact the consumer's treatment placement.

## PARENT/CAREGIVER SECTION

### DIMENSION 1: SUBSTANCE USE, AND/OR WITHDRAWAL POTENTIAL

- For questions 27-29, the interviewer asks the parent/caregiver the following questions, to which the parent/caregiver would respond yes or no. The interviewer is then to ask the parent/caregiver to further describe their yes or no response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 1: Substance Use, and/or Withdrawal Potential.
- Question 27: Record any alcohol and/or drugs that the parent/caregiver has said the consumer have used in the past 30 days.
- Question 28: Check yes or no. If yes, record answer in space provided.
- Question 29: Check yes or no. If yes, record answer in space provided.
- Enter additional comments (if any) relevant to Dimension 1: Substance Use, and/or Withdrawal Potential, in the space provided, that may impact the placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 1: Substance Use, Acute Intoxication and/or Withdrawal Potential, based on the consumer's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in questions 27-29. The interviewer then chooses the rating that best describes the consumer's current level of risk for substance use, acute intoxication, and risks associated with withdrawal.

### DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

- For questions 30-32, the interviewer asks the parent/caregiver the following questions, to which the parent/caregiver would respond yes or no. The interviewer is then to ask the parent/caregiver to further describe their yes or no response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 2: Biomedical Conditions and Complications.
- Questions 30-32: Check yes or no. Further describe the response in the space provided.
- Enter additional comments relevant to Dimension 2: Biomedical Conditions and Complications, in the space provided, that may impact the placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 2: Biomedical Conditions and Complications, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 30-32. The interviewer then chooses the rating that best describes the consumer's current level of risk for physical health problems and how they may impact the consumer's treatment placement.

### DIMENSION 3: EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

- For questions 33-36, the interviewer asks parent/caregiver the following questions, to which the parent/caregiver would respond yes or no. The interviewer is then to ask the parent/caregiver to further describe their yes or no response and document it in the space provided.
- Questions 33-36: Check yes or no. Further describe the response in the space provided.
- Enter additional comments relevant to Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications, in the space provided, that may impact the placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 3: Emotional, Behavioral, or Cognitive Conditions or Complications, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 33-36. The interviewer then chooses the rating that best describes the

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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

consumer's current level of risk for mental health problems and how they may impact the consumer's treatment placement. \*If a consumer scores a 3 or 4 in severity, consider referral to a Behavioral Health Clinic.

#### DIMENSION 4: READINESS TO CHANGE

- For question 37, the interviewer asks the parent/caregiver the scaling question. The interviewer is then to ask the parent/caregiver to further describe their response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 4: Readiness to Change.
- Question 37: Indicate response to scaling question, 0 being low and 4 being high.
- Enter additional comments relevant to Dimension 4: Readiness to Change, in the space provided, that may impact placement of the consumer
- Choose a severity rating of 0-4 for Dimension 4: Readiness to Change, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in question 37. The interviewer then chooses the rating that best describes the consumer's current level of risk for readiness to change and engage in treatment, and how that may impact the consumer's treatment placement.

#### DIMENSION 5: RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- For questions 38-39, the interviewer asks the parent/caregiver the following questions. The interviewer is then to ask the parent/caregiver to further describe their response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 5: Relapse, Continued Use or Continued Problem Potential.
- Question 38: Check yes or no. Further describe response in space provided.
- Question 39: Check yes or no. Further describe response in space provided.
- Enter additional comments relevant to Dimension 5: Relapse, Continued Use or Continued Problem Potential, in the space provided, that may impact placement of the consumer.
- Choose a severity rating of 0-4 for Dimension 5: Relapse, Continued Use or Continued Problem Potential, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 38-39. The interviewer then chooses the rating that best describes the consumer's current level of risk for readiness to change and engage in treatment, and how that may impact the consumer's treatment placement.

#### DIMENSION 6: RECOVERY/LIVING ENVIRONMENT/SOCIAL NETWORK

- For questions 40-43, the interviewer asks the parent/caregiver the following questions. The interviewer is then to ask the parent/caregiver to further describe their response and document it in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the consumer's severity rating for Dimension 6: Recovery/Living Environment/Social Network.
- Question 40: Check yes or no. Further describe response in space provided.
- Question 41: Check yes or no. Further describe response in space provided.
- Question 42: Check yes or no. Further describe response in space provided.
- Question 43: Check yes or no. Further describe response in space provided.
- Enter additional comments relevant to Dimension 6: Recovery/Living Environment, in the space provided, that may impact treatment or placement of the consumer.
- Choose the severity rating of 0-4 for Dimension 6: Recovery/Living Environment, based on the consumer's current risk level. (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, and considering the information that was gathered in questions 40-43.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Consumer Name: \_\_\_\_\_

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