

ASAM TRIAGE TOOL (ATT)

Based on the American Society of Addiction Medicine (ASAM) Criteria Multidimensional Assessment; 3rd Edition

Demographic information

Name:		Phone Number:
		Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
DOB:	Age:	Gender:
Ethnicity:		Preferred Language:
Participant ID #:		
Insurance Type: <input type="checkbox"/> None <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):		
Living Arrangement:		Are there children under 18 in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referred By:		

Brief explanation of why client is currently seeking treatment:

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

1. In the past 30 days, have you used:

Alcohol: Yes No Amount/Frequency: _____ Duration? _____ Route? _____

Marijuana: Yes No Amount/Frequency: _____ Duration? _____ Route? _____

Cocaine: Yes No Amount/Frequency: _____ Duration? _____ Route? _____

Heroin: Yes No Amount/Frequency: _____ Duration? _____ Route? _____

**If client is abusing heroin, consider referral to Opioid Treatment Program or provider of Medication-Assisted Treatment*

Methamphetamine Yes No Amount/Frequency: _____ Duration? _____ Route? _____

Prescription Drugs: Yes No Amount/Frequency: _____ Duration? _____ Route? _____

Benzodiazepines/Hypnotics/Sleeping Medication Opioid Pain Medication Stimulants Over the Counter Other

**If client is abusing opioid medications, consider referral to Opioid Treatment Program or provider of Medication-Assisted Treatment*

Inhalants: Yes No Amount/Frequency: _____ Duration? _____ Route? _____

Other: _____ Amount/Frequency: _____ Duration? _____ Route? _____

2. Do you find yourself using more alcohol or other drugs to get the same high or buzz? Yes No

3. Have you had difficulty abstaining from alcohol or drugs? Yes No

4. Do you feel physically sick or become ill when you stop using alcohol or drugs? Yes No

5. Do you find yourself using larger amounts of alcohol or drugs, or using for a longer period of time than you intend to? Yes No

6. Are you currently experiencing withdrawal symptoms when you stop using alcohol and/or other drugs, such as tremors/shaking, excessive sweating, anxiety, nausea, and/or vomiting? Yes No

7. Do you have any serious medical problems that would be a potential danger during withdrawal management (aka: detox)? Yes No
 If yes, briefly explain: _____

8. Have you ever experienced alcohol-related seizures? Yes No
 If yes, how many times and describe the circumstances: _____

9. Are you interested in medication-assisted treatment, such as buprenorphine, methadone, or naltrexone to help with your treatment? Yes
 No

Comments:

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

0	1	2	3	4
None	Mild	Moderate	Severe	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.

Dimension 2: Biomedical Condition and Complications

10. Do you have any active or serious medical problems that you are aware of? Yes No
 If yes, do you have any medical problems that require immediate attention? Yes No
 Briefly explain: _____

11. Do you currently have any open sores or abscesses that require medical treatment?
 Yes No (if yes, may need to refer for medical treatment prior to entering SUD treatment)

12. Do you have a tuberculosis infection? Yes No
 If yes, is it being treated or has it been fully treated in the past? Yes No

13. If Female: Are you pregnant? Yes No (if pregnant and using opioids, refer to OTP provider)

14. In the past 30 days, have you experienced any medical problems or been to the emergency room for any medical problems? Yes No
 If yes, briefly explain: _____

15. Are you currently taking medications for any medical conditions? Yes No
 If yes, briefly explain: _____

16. When was the last time you followed up with your medical doctor? _____

17. (Question to be answered by interviewer): Does the client report any symptoms that would be considered life-threatening or an emergency? Yes No (if yes, consider immediate referral to emergency room)

Comments:

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 discomfort or pain.	Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected.	Serious medical problems neglected during outpatient treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

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

18. Do you ever hear or see things that others do not? Yes No
If yes, briefly describe: _____
19. Do you have any cognitive or emotional problems that may interfere with your substance use treatment? Yes No
If yes, briefly describe: _____
20. If you have any cognitive or emotional problems, do they occur mostly when using or withdrawing from alcohol and/or other drugs? Yes No
If yes, briefly explain: _____
21. In the past 30 days, how much have you been troubled or bothered by the previously discussed cognitive or emotional conditions?
 Not at all Slightly Moderately Considerably Extremely
22. Do you currently have thoughts of hurting yourself or someone else? Yes No (if yes, consider transport to emergency room, or calling 9-1-1)
Have you ever acted on these feelings to hurt yourself? Yes No
 Please describe: _____
23. Are you currently taking any medications for your psychological or emotional health? Yes No
 If yes, briefly explain: _____

Comments: _____

Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC])				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning, self-care, and no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Severe and acute life-threatening symptoms (i.e. danger to self/others).

Dimension 4: Readiness to Change

24. How often have you missed important social, occupational or recreational activities as a result of your alcohol or drug use?
 Never Sometimes Regularly All the time
25. Have you continued to use alcohol or drugs despite experiencing problems at work or with your relationships? Yes No
26. Do you feel there is something holding you back from receiving treatment? Yes No
 If yes, briefly explain: _____

27. How important is it for you to receive treatment for alcohol or drug problems:

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely

28. How ready are you to change your alcohol or drug use?

- Not Ready (Pre contemplation)
 Getting Ready (Contemplation)
 Ready (Preparation)
 In progress of changing (Action)
 Sustained change (Maintenance)

Comments: _____

Severity Rating- Dimension 4 (Readiness to Change)				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Willing to engage in treatment.	Ambivalent to change, but willing to enter treatment.	Low commitment to change substance use. Reluctant to agree to treatment. Passive engagement in treatment.	Unaware of need to change. Unwilling or partial follow up on treatment recommendations.	Not willing to change. Unwilling/unable to follow through with treatment recommendations.

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

29. What might cause you to relapse in the future?

Please describe: _____

30. How strong are your urges to use alcohol or drugs?

- None
 Slight urge
 Moderate urge
 Considerable urge
 Extreme urge

31. How likely do you think it is you might relapse because of cravings for alcohol and/or other drugs?

- Not at all likely
 Slightly likely
 Moderately likely
 Considerably likely
 Extremely likely

32. Since your last use, do you find yourself spending more of your time searching for alcohol or drugs? Yes No

33. Without immediate treatment, how likely do you think it is that you will relapse or continue to use alcohol or drugs?

- Not at all likely
 Slightly likely
 Moderately likely
 Considerably likely
 Extremely likely

34. Have you been able to remain sober or decrease your alcohol or drug use for any period of time in the past? Yes No

If yes, briefly explain: _____

Comments: _____

Severity Rating- Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Low/no potential for relapse. Good ability to cope.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition of risk for relapse. Able to self-manage with prompting.	Little recognition of risk for relapse, poor skills to cope with relapse.	No coping skills for relapse/addiction problems. Behavior places self/other in imminent danger.

Dimension 6: Recovery/Living Environment

35. Do you currently have someone who you would consider as a social support, or someone you can rely on for support with needed? Yes No

36. How supportive are your friends/family of you receiving help for your alcohol or drug use?

Not supportive Slightly supportive Moderately supportive Considerably supportive Extremely supportive

37. Do you currently live in an environment where others are using alcohol and/or other drugs? Yes No

38. How stable is your current living situation?

Not stable Slightly stable Moderately stable Considerably stable Extremely stable

39. How likely is it that you could be hurt or victimized in your current living environment?

Not at all likely Slightly likely Moderately likely Considerably likely Extremely likely

40. Are you currently involved with the legal system (e.g., on probation or parole)? Yes No

If yes, specify: Parole Probation: DCSF Court Mandated Treatment

Other: _____

Comments: _____

Severity Rating- Dimension 6 (Recovery/Living Environment)

0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Able to cope in environment/ supportive.	Passive/disinterested social support, but still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment, difficulty coping even with clinical structure.	Environment toxic/hostile to recovery. Unable to cope and the environment may pose a threat to safety.

Summary of Multidimensional Screener

Dimension	Severity Rating (Based on rating above)				Rationale
Dimension 1 Substance Use, Acute Intoxication, Withdrawal Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 2 Biomedical Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 3 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"/> 3-4 Severe	
Dimension 4 Readiness to Change	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 5 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"/> 3-4 Severe	
Dimension 6 Recovery/Living Environment	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	

ASAM LEVEL OF CARE DETERMINATION TOOL

Instructions: For each dimension, indicate the least intensive level consistent with sound clinical judgment, based on the client’s severity/functioning and service needs.

ASAM Criteria Level of Care- Withdrawal Management	ASAM Level	Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential			Dimension 2 Biomedical Condition and Complications			Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications			Dimension 4 Readiness to Change			Dimension 5 Relapse, Continued Use, or Continued Problem Potential			Dimension 6 Recovery/Living Environment			
		Mild*	Mod	Sev	Mild*	Mod	Sev	Mild*	Mod	Sev	Mild*	Mod	Sev	Mild*	Mod	Sev	Mild*	Mod	Sev	
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM																			
Ambulatory Withdrawal Management with Extended On Site Monitoring	2-WM																			
Clinically Managed Residential Withdrawal Management	3.2-WM																			
Medically Monitored Inpatient Withdrawal Management	3.7-WM																			
Medically Managed Intensive Inpatient Withdrawal Management	4-WM																			
ASAM Criteria Level of Care- Other Treatment and Recovery Services																				
Early Intervention	0.5																			
Outpatient Services	1																			
Intensive Outpatient Services	2.1																			
Clinically Managed Low-Intensity Residential Services	3.1																			
Clinically Managed Population-Specific High-Intensity Residential Services	3.3																			
Clinically Managed High-Intensity Residential Services	3.5																			
Medically Monitored Intensive Inpatient Services	3.7																			
Medically Managed Intensive Inpatient Services	4																			
Opioid Treatment Program	OTP																			

Consider referral to mental health facility



PLACEMENT SUMMARY

Level of Care/Service Indicated: Enter the ASAM level of care number that offers the most appropriate level of care/service intensity given the client's functioning/severity:

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 and circle the reason for this discrepancy (below):

Reason for Discrepancy:

- | | | |
|---|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Service not available | <input type="checkbox"/> Provider judgment |
| <input type="checkbox"/> Client preference | <input type="checkbox"/> Client on waiting list for more appropriate level | <input type="checkbox"/> Family responsibility |
| <input type="checkbox"/> Service available, but no payment source | <input type="checkbox"/> Geographic accessibility | |
| <input type="checkbox"/> Other (specify): _____ | | |

Designated Treatment Location and Provider Name:

Staff/Clinician Name

Signature

Date

Supervisor Name

Signature

Date