

**Substance Use Disorder  
Specific Assessment**  
**Community Counseling Services**

Rev 01/17

Case Name: \_\_\_\_\_

Case Id#: \_\_\_\_\_

Service Code \_\_\_\_\_ Location \_\_\_\_\_

Admission Date \_\_\_\_\_

Time in: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total \_\_\_\_\_

Treatment Service: OP \_\_\_\_\_ IOP \_\_\_\_\_ PR \_\_\_\_\_ TR \_\_\_\_\_ PHP \_\_\_\_\_

State of Residence: \_\_\_\_\_

Number of waiting days prior to admission: \_\_\_\_\_

Prior Admission to the agency, within the past year? \_\_\_\_\_

1 = Yes 2 = No 8 = Unknown

Prior A&D Treatment: \_\_\_\_\_ 00 = None 01 = 1 Previous 02 = 2 Previous..... 98 = Unknown

Pregnant: \_\_\_\_\_ 1 = Yes 2 = No 8 = Unknown Psychiatric problems, also? \_\_\_\_\_ 1 = Yes 2 = No 8 = Unknown

Treatment for psychiatric problems Y N When and where did you receive help \_\_\_\_\_

No. of arrests within last 30 days: \_\_\_\_\_ 00 – 96 97-Unknown

Legal History Arrest Type I: \_\_\_\_\_; Type II: \_\_\_\_\_ Type III: \_\_\_\_\_ 01 = None 02 = Public Drunkenness 03 = DUI

04 = Drug Violation 05 = Other-A&D Offense 06 = Other-A&D Related 07 = Other-not A&D Related 98 = Unknown

Is this admission the result of a **Criminal Justice referral**?  Yes  No

If **yes**, identify referral source below \_\_\_\_\_ 01 = State/fed. Ct 02 = Formal adjudication 03 = Probation/Parole 04 = Other legal entity  
05 = Diversionary Program 06 = Prison 07 = DUI 97 = Other 98 = Unknown 99 = Not applicable

DUI Offender? \_\_\_\_\_ 1 = First time 2 = 2+Offenses, assessed 3 = 2+Offenses, not assessed 9 = Not applicable

Have the DUI offenses resulted in a suspended driver's license? \_\_\_\_\_ 1 = Yes 2 = No 8 = Unknown

Is the individual's driver's license currently suspended? \_\_\_\_\_ 1 = Yes 2 = No 8 = Unknown

If **yes**, was the individual enrolled in or referred to a certified DUI Treatment Program?  Yes  No

Has the DUI assessment process been explained to the individual? \_\_\_\_\_ 1 = Yes 2 = No

Is the individual interested in participating in this service? \_\_\_\_\_ 1 = Yes 2 = No 8 = Unknown

Name of person to whom reports should be submitted: \_\_\_\_\_ Type of reports \_\_\_\_\_

Are you presently awaiting charges, trial or sentencing? \_\_\_\_\_ If yes, Court Date: \_\_\_\_\_

**Family History of Alcohol and/or Other Drugs**

**Family/Social History** ( Explain how use has affected family and social relationships. Describe family history of alcohol or drug use)

Substance Problem Code I \_\_\_\_\_ Problem II \_\_\_\_\_ Problem III \_\_\_\_\_

Detailed Drug Code I \_\_\_\_\_ Problem II \_\_\_\_\_ Problem III \_\_\_\_\_

0101 None 0201 Alcohol 0301 Crack 0302 Other Cocaine 0401 Marijuana/Hashish 0501 Heroin/morphine 0601 Methadone 0701 Codeine 0702 Propoxyphene/ Darvon 0703 Oxycodone/ Oxycontin 0704 Meperidine / Demerol 0705 Hydromorphone/ Dilaudid 0706 Other Narcotic analgesics 0707 = Pentazocine /Talwin 0708 Hydrocodone /Vicodin 0709 Tramadol /Ultram 0801 PCP/PCP Combos 0901 LSD 0902 Other hallucinogens	1001 Methamphetamine/ Speed 1101 Amphetamine 1102 Methylphenidate 1103 Methylenedioxy- methamphetamine/ MDMA, Ecstasy 1109 Other amphetamines 1201 Other Stimulants 1202 Methylphenidate/ Ritalin 1301 Alprazolam/ Xanax 1302 Chlordiazepoxide/ Librium 1303 Clorazepate/ Tranxene 1304 Diazepam/Valium 1305 Flurazepam/ Dalmane 1306 = Lorazepam/ Ativan 1307 = Triazolam/ Halcion	1308 Other Benzodiazepine 1309 Flunitrazepam/ Rohypnol 1310 Clonazepam/ Klonopin, Rivotril 1401 Meprobamate/ Miltown 1403 Other Tranquilizers 1501 Phenobarbital 1502 Secobarbital/ Amobarbital/ Truinal 1503 Secobarbital/ Seconal 1509 Other barbiturate sedatives 1601 Ethchlorvynol/ Placidyl 1602 Glutethimide/ Doriden 1603 Methaqualone	1604 Other Non-barbiturate Sedatives 1605 Other Sedatives 1701 Aerosols 1702 Nitrites 1703 Other Inhalants 1704 Solvents 1705 Anesthetics 1801 Diphenhydramine 1809 Other over the counter 2001 Diphenhydanoil/ Phenytoin/ Dilantin 2002 Other drugs 2003 GHB/GBL Gamma- hydroxybutyrate, gamma-butyrolactone 2004 Ketamine/ Special K 9998 = Unknown 9999 = Not available
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**Usual route of administration of Problem Substance I \_\_\_\_\_; II \_\_\_\_\_; III \_\_\_\_\_**

1= Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Suppositories 7 = Other 8 = Unknown 9 = Not Applicable

**Frequency of use of Problem Substance I \_\_\_\_\_; II \_\_\_\_\_; III \_\_\_\_\_**

1 = No use past mth. 2 = 1-3 x past mth. 3 = 1-2 x/wk past mth. 4 = 3-6 x/wk past mth.

5 = 1 x daily past mth. 6 = 2-3 x daily past mth. 7 = 4+ x daily past mth. 8 = Unknown 9 = NA

**Age first used Problem Substance I \_\_\_\_\_; II \_\_\_\_\_; III \_\_\_\_\_ 00 – 87 years 96 = Not applicable 98= Unknown**

Which substance is the major problem? \_\_\_\_\_

How much money would you say you've spent on substances during the past 30 days? \_\_\_\_\_

On a scale of 1-5, how important is treatment to you now?(5 being most important) \_\_\_\_\_

What was your longest period of abstinence? \_\_\_\_\_

How was abstinence maintained? \_\_\_\_\_

In your opinion, how long has the abuse/addiction been a problem? \_\_\_\_\_

In your opinion, are you an alcoholic/drug addicted person? \_\_\_\_\_

**Prior Substance Use Disorder Treatment** (location, date, completion status, outcome, length or recovery after treatment)

Have you received counseling/help for an issue(s) other than alcohol/drug problem? Yes No If yes, please explain:

When and from whom did you receive this help?

**Evaluator's Assessment of Individual's Attitude Regarding Use of Alcohol and/or Other Drugs (Circle One)**

-Level of denial	None	Low	Moderate	High	Unsure
-Willingness to change	None	Low	Moderate	High	Unsure
-Cooperative potential	None	Low	Moderate	High	Unsure

**Staff/Credentials**

**Date**