



Assessor: _____

Date: _____

His House Recovery Residence Assessment

Referral Source: _____

Name: _____
(FIRST) (MIDDLE) (LAST)

Date of Assessment: ____/____/____ DOB: ____/____/____

Gender: M / F Age: _____ SSN: xxx __ xx __ xxx _____

CHIEF COMPLAINT/PRECIPITATING EVENT/REFERRAL BEHAVIORS:

(Why is the person seeking treatment, what factors make seeking treatment now a concern, what are the behaviors of concern):

History of Presenting Problem/Reason for Referral/Behavioral Symptoms:

(onset, frequency, duration, severity, types of behaviors, pattern of onset of behaviors):

PERSONAL / BACKGROUND INFORMATION:

(current living situation, current identified stressors of the consumer)

Educational/Vocational/Financial/Military History:

(Work history, educational history, educational attainment, learning disabilities, financial/economic impulsivity, war time history):

Developmental History:

(Developmental milestones achieved at what age, walking, talking, birth weight):

Relationships:

(Is the person in a current relationship, how long is the person's longest relationship, does the person have any concerns about the behavior and the current relationship, is the current partner supportive of the consumers choice to seek treatment)

Family History

(Birth Order, number of siblings, family constellation, extended family, SA history of family, paternal and maternal side, attitudes in environment of origin toward SA in the home, e.g. drinking, other etc..)

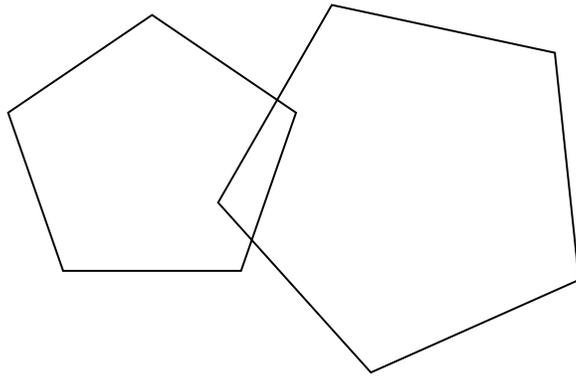
Legal:

(Most recent legal charges, felonies, misdemeanors, speeding violations, DUI's MUI's, DWI's, all known prior court ordered treatment episodes, all prior charges that resulted in probation, current terms of probation, contact release of information required if on probation):

Mini Mental Status:

Maximum Score	Patient Response	Question:
5		"What is the year? Season? Date? Day? Month?"
5		"Where are we now? State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Alternative: "Spell WORLD backwards." (D-L-R-O-W)
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
30		Total:

CLOSE YOUR EYES



**ASAM DIMENSION 1
Substance Abuse History:**

Drug Class	Drug Name	Route of ingestion Oral/GI tract (O) Intravenous (IV), Inhaled/Lungs (L)	Age of 1 st Use	Frequency Daily (D), Weekly (W), monthly (M) Year (Y),	Duration # of Days(D), Week (W), Month (M), Years (Y)	Tolerance Y or N	Current Cravings Y or N	Last Usage Date mm/dd/YYYY
Tobacco	Nicotine							
Cannabinoids	THC							
	Spice							
Alcohol	Ethanol							
Stimulants	Cocaine							
	Amphetamines							
	Methylphenidate							
	Methcathinone							
	MDMA, MDA, MDEA, PCP							
Opioids	Opium							
	Morphine							
	Codeine							
	Heroin							
	Meperidine							
	Hydromorphone							
	Oxycodone							
	Hydrocodone							
Fentanyl								
Sedatives	Barbiturates							
	Benzodiazepines							
	Methaqualone							
	GHB							
	Chloral Hydrate							
Hallucinogens	LSD							
	Psilocybin							
	Mescaline							
	Phencyclidine							
	Ketamine							
	DMT, MDMA, MDA, MDEA							
Inhalants	Belladonna Alkaloids							
	Butyl Amyl Nitrates							
	Nitrous Oxide							
	Petroleum Distillates							
	Chloro-alkenes alkanes							

CLIENT NAME _____

Treatment History:

(Inpatient/outpatient, include data, duration, and outcome; effectiveness of treatment, would you repeat the treatment, what did you like about the treatment, what didn't you like about the treatment, known diagnosis, BAL/BAC known from hospital admission [if known]):

ASAM DIMENSION II – BIOMEDICAL CONDITIONS

MEDICAL/PHYSICAL PROBLEMS:

(Surgeries, Allergies, Diabetes, Hepatitis, Jaundice, Hypertension, Heart problems, current medications, doctor's name, last used medications,)

ASAM DIMENSION III – EMOTIONAL / PSYCHIATRIC

Mental Health Conditions/Diagnosis:

(Prior treatment for MH, prior known diagnosis, medications)

Abuse History, History of Trauma

(physical, emotional, verbal, sexual, Hyper-vigilance, flashbacks, changes in sleep)

RISK ASSESSMENT:

(Summary of risk, SI/HI, lethality of plan, past attempts to self harm, knowledge of others that have committed suicide, familial history of SI/HI, history of violent,)

CLIENT NAME _____

ASAM DIMENSION IV – READINESS TO CHANGE / TREATMENT ACCEPTANCE

(Stage of Change: Pre-contemplative, Contemplative, Action, Preparation, Maintenance, Relapse, why is the person seeking to enter treatment now, what is your perception of treatment, How motivated does the person appear to enter treatment, What hopes does the client express in regards to their recovery? Desired outcome of treatment)

Strengths:

Weaknesses/Challenges:

Emergent Needs:

ASAM DIMENSION V – RELAPSE / CONTINUED USE POTENTIAL

ASAM DIMENSION VI – RECOVERY SUPPORTS and ENVIRONMENT

BEHAVIOR OBSERVATIONS: (FACE-TO-FACE)

Mental Status Description (Circle one, or multiple as indicated)

Height _____ Weight _____

Clothing

Neat and clean Careless Inappropriate Meticulous Disheveled
 Dirty Inappropriate Appropriate for age

Grooming

Normal Well-groomed Neglected Bizarre

Motor activity

Not remarkable Slowed Repetitive Restless Agitated Tremor or shakes

Posture

Normal Tense Rigid Stooped Slumped Bizarre Other: _____

Attention

Normal Unaware Inattentive Distracted Confused Persistent Vigilant

Speech flow

Normal Mute Loud Blocked Paucity Pressured Flight of ideas

Concentration

Normal Scattered Variable Preoccupied Anxiety Focuses on irrelevancies

Orientation

X5 Time Person Place Situation Object

Memory

Normal Immediate memory impaired Recent memory impaired Remote memory impaired

Relating

Eye contact

Normal Fleeting Avoided None Staring

Facial Expression

Responsive Constricted Tense Anxious Sad Depressed Angry

Attitude toward examiner

Cooperative Dependent Dramatic Passive Uninterested Silly
 Resistant Critical Hostile Sarcastic Irritable Threatening/Intimidating
 Suspicious Guarded Defensive Manipulative Argumentative

Affect

Appropriate Labile Restricted Blunted Flat Other: _____

Mood

Pessimistic Euthymic Depressed Hypomanic Euphoric
 Other: _____

Speech Flow

Normal Mute Loud Blocked Paucity Pressured Flight of ideas Rapid

Thought Content

Appropriate to mood and circumstances Personalizations Persecutions Suspicious
 Delusions Ideas of reference Ideas of influence Illusions Obsessed

Preoccupations

Phobias somatic Suicide Homicidal Guilt Religion Sex Other: _____

Hallucinations

Auditory Visual Other: _____

Organization

Logical Goal-directed Circumstantial Loose Persecutions

Executive Functions

Fund of knowledge

Average Impoverished by: _____

Intelligence

Average Below average Above average Needs investigation

Abstraction

Normal Concrete Functional Popular Abstract Overly abstract

Judgment

Normal Common-sense Fair Poor Dangerous

Reality Testing

Realistic Adequate Distorted Variable Unaware

Insight

Uses connection Gaps Flashes of Unaware Nil Denial

Decision making

Normal Only simple Impulsive Vacillates Confused Paralyzed

Stressors

Money Housing Family conflict Work Grief/losses Illness Transitions
Administrative paperwork shift changes lack of say Danger on the job
Recent use of firearm Death of co-worker Other: _____

Coping ability

Normal Resilient Exhausted Overwhelmed Deficient supports Deficient skills Growing

Skill deficits

Intellect/education Communication Interpersonal Decision making Self-control
Responsibility Self-care Activities of daily living Impulsive Prone to anger

Supports

Usual Family Friends Church Service system Peer Counseling Psychologist
Needed: _____

Social Functioning:

Social Maturity

Responsible Irresponsible Self-centered Impulsive Isolates

Social judgment

Normal "Street-smart" Naïve Heedless Victimized Impropriety

Other aspects of mental status:

Diagnostic Impression:

Diagnostic and Statistical Manual of Mental Disorders- IV- Text Revision:

I-MH/SA (Primary): _____

I- MH/SA (Secondary): _____

I-MH/SA (Tertiary): _____

II- MR/Personality: 799.9 Deferred

III- Medical: _____

IV- Social/Environmental: _____

V- Current GAF: _____

Highest GAF this Year: _____

American Society of Addictive Medicine:

1. (Intox/Detox): _____

2. (Biomedical): _____

3. (MH): _____

4. (Stage of Change): _____

5. (Risk for Relapse): _____

6. (Environment): _____

Medical Clearance Required:

- Step Down Transfer from Detox unit
- Opioid Maintenance Therapy
- History of DT's, Withdrawal w/o Step-down clearance from Detox
- Blood thinner (Coumadin, Jantoven, Marevan, Lawarin, Waran, and Warfant)
- Naltrexone
- Suboxone
- History of Seizure (within Last 72 hours)

Treatment Recommendations:

Medical Service Referrals:

- Medical Assessment/Health Department
- Nursing Assessment/Health Department

Treatment Referrals:

- Psychiatric Assessment
- Clinically Managed Detox 72 hours
- PHP- 20 hrs/wk
- IOP: 9 hours/wk
- Individual Therapy: 1-2 hrs/wk
- Psychological Assessment
- Co-Occurring Addictive D/O PHP 20 hrs
- Co-Occurring Addictive D/O IOP 9 hrs
- Early intervention 5 hrs/wk

Recovery Residential Services:

- Psychoeducational Groups
- Relapse Prevention Coaching
- 12 Step Facilitated Psychoeducational Group
- Recovery Coaching/weekly

Adapted DAST 0, 1-5 =ASAM 1.0 4hrs/wk, 11-15 =ASAM 2.5 ILP, 6-10 = ASAM 2.0 9hrs/wk, 16-20: ASAM 3.0 Residential	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Have you abused prescription drugs?		
3. Do you abuse more than one substance at a time?		
4. Can you get through the week without using alcohol or substances (other than those required for medical reasons)?		
5. Are you always able to stop using drugs when you want to?		
6. Do you abuse drugs or alcohol on a continuous basis?		
7. Do you try to limit your drug use to specific situations?		
8. Have you had "blackouts" or "flashbacks" as a result of drug or alcohol use?		
9. Do you ever feel bad about your drug abuse?		
10. Does your spouse (or parents) ever complain about your involvement with drugs or alcohol?		
11. Do your friends or relatives know or suspect you abuse substances?		
12. Has drug abuse ever created problems between you and your partner?		
13. Has a family member ever sought help for problems related to your drug or substance use?		
14. Have you ever lost friends or acquaintances because of your use of drugs?		
15. Have you ever neglected your family, or close loved ones, or missed work because of your use of substances?		
16. Have you ever been in trouble at work because of substance abuse?		
17. Have you ever lost a job because of substance abuse?		
18. Have you gotten into fights when under the influence of alcohol or substances?		
19. Have you ever been arrested because of unusual behavior while under the influence of a substance/s?		
20. Have you ever been arrested for driving while under the influence of substances, including alcohol?		
21. Have you engaged in illegal activities to obtain a drug of choice?		
22. Have you ever been incarcerated or arrested for possession of drugs?		
23. Have you ever experienced withdrawal symptoms: shakes, tremors, abdominal cramping or pain, as a result of heavy drug consumption?		
24. Have you had a medical professional inform you that you have memory loss, hepatitis, convulsions, or bleeding as a result of your drug use?		
25. Have you ever gone to anyone for assistance with a drug problem?		
26. Have you ever been hospitalized for medical problems related to your substance use?		
27. Have you ever been involved in a treatment program specifically related to substance abuse?		
28. Have you been provided treatment in an outpatient setting for problems related to substance abuse?		

Global Assessment of Functioning

Global Assessment of Functioning (GAF) Scale• Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100-91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her many positive qualities. No symptoms.

90-81 Absent of minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80-71 If symptoms are present, there are transient and expectable reactions to psycho-social stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

70-61 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful relationships.

60-51 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

50-41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40-31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).

20-11 Some danger of hurting self or others (e.g., suicidal attempts without clear expectation of death; frequent violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10-1 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

GAF Score _____

Beck Depression Inventory -II ADULT

Circle the answer that best describes your feelings during the last two weeks for each of the categories 1 – 20 below:

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about the future.
- 1 I feel more discouraged than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failure.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I did from things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from things I use to enjoy.
- 3 I can't get any pleasure from things I use to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done.
- 2 I feel guilty most of the time.
- 3 I feel guilty all of the time.

6. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so wound up/agitated it's hard to stay still.
- 3 I am so restless/agitated that I have to keep moving or doing something.

7. Punishment Feelings

- 0 I do not feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

8. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

9. Self-Criticalness

- 0 I don't criticize/blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

10. Suicidal Thoughts or Wishes

- 0 I don't have any thought of killing myself.
- 1 I have thoughts of killing myself but wouldn't carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

11. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but can't.

12. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

Sub Total Page 1:

BDI-II page 2

13. Loss of Interest

0 I have not lost interest in other people/activities.

1 I am less interested in other people/activities.

2 I have lost most of my interest in other people/activities.

3 It's hard to get interested in anything.

2b My appetite is much greater than usual.

14. Indecisiveness

0 I make decisions about as well as ever.

1 I find it more difficult to make decisions than usual.

2 I have much greater difficulty in making decisions.

3 I have trouble making any decisions.

15. Worthlessness

0 I do not feel I am worthless.

1 I don't consider myself as worthwhile as I used to.

2 I feel more worthless as compared to other people long.

3 I feel utterly worthless.

16. Loss of Energy

0 I have as much energy as ever.

1 I have less energy than I used to have.

2 I don't have enough energy to do very much.

3 I don't have enough energy to do anything.

17. Change in Sleeping Patterns

0 I have not experienced any changes in sleeping patterns.

1a I sleep somewhat more than usual.

1b I sleep somewhat less than usual.

2a I sleep a lot more than usual.

3a I sleep most of the day.

3b I wake up 1-2 hours early & can't get back to sleep.

18. Change in Appetite

0 I have not experienced any changes in my appetite.

1a My appetite is somewhat less than usual.

1b My appetite is somewhat greater than usual.

2a My appetite is much less than usual.

3a I have no appetite at all.

3b I crave food all the time.

19. Concentration Difficulty

0 I can concentrate as well as ever.

1 I can't concentrate as well as usual.

2 It's hard to keep my mind on anything for very long.

3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

0 I am no more tired/fatigued than usual.

1 I get tired/fatigued more easily than usual.

2 I am too tired/fatigued to do a lot of things I use to do.

3 I am too tired/fatigued to do most things I use to do.

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be

2 I am less interested in sex now.

3 I have lost interest in sex completely.

Sub Total Page 1:

Sub Total Page 2:

Total Score BDI: _____

12 - 15 Mild to moderate depression - **296.31**

16 - 19 Moderate to severe depression - **296.32**

20 - 25 Severe Depression - **296.33**

Over 26 Significantly above even severely depressed person; suggesting possible exaggeration of depression; possibly characteristic of borderline personality disorders. - **296.33**

ATTENTION-DEFICIT HYPERACTIVITY DISORDER QUESTIONNAIRE

Previous ADHD diagnosis: _____

A. Inattention List [Circle; (1) if present; (0) if absent; (?) if unknown]

During the **past 6 months**, did your child show any of the following?

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities. 1 0 ?
2. Often has difficulty sustaining attention in tasks or play activities. 1 0 ?
3. Often does not seem to listen when spoken to directly. 1 0 ?
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties at work. 1 0 ?
5. Often has difficulty organizing tasks and activities. 1 0 ?
6. Often avoids, dislikes, or is reluctant to engage in tasks requiring sustained mental effort (schoolwork or homework). 1 0 ?
7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools). 1 0 ?
8. Is often easily distracted by extraneous stimuli. 1 0 ?
9. Is often forgetful in daily activities. 1 0 ?

TOTAL: Section A: _____

B. Hyperactive-Impulsive List [Circle; (1) if present; (0) if absent; (?) if unknown]

During the **past 6 months**, did your child show any of the following?

1. Often fidgets with hands or feet or squirms in his/her seat. 1 0 ?
2. Often leaves his/her seat in the classroom or in other situations in which remaining seated is expected. 1 0 ?
3. Often runs about or climbs excessively in situations in which it is inappropriate to do so. 1 0 ?
4. Often has difficulty playing or engaging in leisure activities quietly. 1 0 ?
5. Is often "on the go" or often acts as if "driven by a motor". 1 0 ?
6. Often talks excessively. 1 0 ?
7. Often blurts out answers before questions have been completed. 1 0 ?
8. Often has difficulty awaiting his/her turn. 1 0 ?
9. Often interrupts or intrudes on others (e.g., butts into conversations or games). 1 0 ?

TOTAL Section B: _____

C. Have these behaviors existed for more than 6 months? Yes (1) NO

D. At which age did these behaviors first cause problems for your child? _____ years

E. During the past 6 months, have these behaviors caused problems for this child in any of these situations?

Yes (1) No At home ___ In school ___ At daycare or baby sitters ___ Community activities ___

F. Have these behaviors created problems or impairment for your child in any of the following areas?

Social relation with others Yes (1) Academic performance Yes (1) _____

Requirements for diagnosis:

Does section A total 6 or more? If yes, record diagnosis below (314.00) Does section C total 1?

Does section B total 6 or more? If yes, record diagnosis below (314.01)

If both A and B total 6 or more each, record ADHD combined type diagnosis below

Does section E total 2 or more Does section F total 1 or more

ADHD, Combined Type (314.01) Meets criteria for both Inattentive (A) and Hyperactive-Impulsive (B) lists

ADHD, Predominantly Inattentive Type (314.00) Meets criteria only for Inattentive (A) items

ADHD, Predominantly Hyperactive-Impulsive Type (314.01) meets criteria only for Hyperactive-Impulsive (B)

ADHD, NOS (314.9) For disorders with prominent symptoms that do not meet full criteria for any subtype of ADHD

Diagnosis Code: _____

Alcohol Abuse		Symptoms	Diagnostic Criteria: Definite diagnosis of abuse is made when one of A is "yes" & both B and C "yes"		
		Yes	No		
A1	<input type="checkbox"/> Missing school/work <input type="checkbox"/> Use at work or school	<input type="checkbox"/> Intoxicated at home <input type="checkbox"/> Lost job	<input type="checkbox"/> Lost time from work <input type="checkbox"/> Other _____	A) 1 Recurring failure to meet social, family, work responsibilities	<input type="checkbox"/> <input type="checkbox"/>
2	<input type="checkbox"/> Driving while intoxicated <input type="checkbox"/> Other _____	<input type="checkbox"/> Drinking with activities such as boating, skiing	<input type="checkbox"/> Drinking when health problems aggravated by alcohol	2 Recurrent use when this is physically hazardous.	<input type="checkbox"/> <input type="checkbox"/>
3	<input type="checkbox"/> DWI <input type="checkbox"/> Domestic disputes	<input type="checkbox"/> Arrests <input type="checkbox"/> License suspension	<input type="checkbox"/> Unpaid child support <input type="checkbox"/> Other _____	3 Recurring legal problems	<input type="checkbox"/> <input type="checkbox"/>
4	<input type="checkbox"/> Blackouts <input type="checkbox"/> Guilty about use <input type="checkbox"/> Arguments about drinking	<input type="checkbox"/> Alcohol related arrests <input type="checkbox"/> Friends/family express concern <input type="checkbox"/> Physical health harmed by use	Drinking causes life problems: <input type="checkbox"/> relationship <input type="checkbox"/> legal <input type="checkbox"/> job <input type="checkbox"/> Other _____	4 Continued use despite negative consequences or recurring problems due to use.	<input type="checkbox"/> <input type="checkbox"/>
				B) These symptoms have occurred repeatedly in a 12 mo. period.	<input type="checkbox"/> <input type="checkbox"/>
				C) Never having met the criteria for Dependence, the pattern is consistent with a diagnosis of abuse.	<input type="checkbox"/> <input type="checkbox"/>

Alcohol Dependence		Symptoms	Diagnostic Criteria: Definite diagnosis of dependence is made when any three of A and B is "yes."		
1	<input type="checkbox"/> Consumed as much as one case beer, 1 gallon wine, 1/5 hard liquor at one time <input type="checkbox"/> Other _____	<input type="checkbox"/> 4+ drinks/sitting	<input type="checkbox"/> Less required to achieve intoxication	A) 1 Marked tolerance (50% increase) to achieve effect.	<input type="checkbox"/> <input type="checkbox"/>
2	<input type="checkbox"/> Morning hand tremor <input type="checkbox"/> Morning drinking <input type="checkbox"/> Night sweats <input type="checkbox"/> Other _____	<input type="checkbox"/> Morning nausea <input type="checkbox"/> Headache <input type="checkbox"/> Use of substitute to self-medicate withdrawal symptoms	<input type="checkbox"/> Drinking before work <input type="checkbox"/> Hallucinations	2 Withdrawal symptoms or use to avoid withdrawal symptoms	<input type="checkbox"/>
3	<input type="checkbox"/> Not a social drinker <input type="checkbox"/> More frequently	<input type="checkbox"/> Drink more than intended <input type="checkbox"/> Greater quantity	<input type="checkbox"/> Experiences difficulty cutting down <input type="checkbox"/> Other _____	3 Drinking more or for longer periods than intended.	<input type="checkbox"/> <input type="checkbox"/>
4	<input type="checkbox"/> Guilty about use <input type="checkbox"/> Relief drinking	<input type="checkbox"/> Annoyed with concern of others <input type="checkbox"/> Sees self as problem drinker	<input type="checkbox"/> Thoughts of cutting down <input type="checkbox"/> Other <input type="checkbox"/> Periods of abstinence	4 A persistent desire, or one or more unsuccessful efforts to control use.	<input type="checkbox"/> <input type="checkbox"/>
5	<input type="checkbox"/> Daily drinking <input type="checkbox"/> Binge drinking	<input type="checkbox"/> Hidden alcohol <input type="checkbox"/> Preoccupation with alcohol	<input type="checkbox"/> Drinking alone <input type="checkbox"/> Needs drink <input type="checkbox"/> Other _____	5 Considerable time spent obtaining alcohol, or drinking it, or recovering from its effects.	<input type="checkbox"/> <input type="checkbox"/>
6	<input type="checkbox"/> Lost friends <input type="checkbox"/> Arguments about drinking	<input type="checkbox"/> Physical fights or property damage under the influence <input type="checkbox"/> Increased isolation	<input type="checkbox"/> Other _____	6 Important activities (social, occupational, recreational) given up or reduced because of drinking.	<input type="checkbox"/> <input type="checkbox"/>
7	<input type="checkbox"/> Prior DWI <input type="checkbox"/> Other arrests <input type="checkbox"/> Lost job due to alcohol <input type="checkbox"/> Other _____	<input type="checkbox"/> Told drinking harming liver <input type="checkbox"/> Told by MD to decrease use <input type="checkbox"/> Blackouts <input type="checkbox"/> Health would be better without etoh	After drinking: <input type="checkbox"/> rowdy/noisy <input type="checkbox"/> courage/self-confidence <input type="checkbox"/> angry/quarrelsome	7 Continued drinking despite knowledge of persistent social, psychological, or physical problems due to use.	<input type="checkbox"/> <input type="checkbox"/>
				B) The symptoms have occurred repeatedly during a 12 mo. period.	<input type="checkbox"/> <input type="checkbox"/>
				The pattern is consistent with a diagnosis of dependence.	<input type="checkbox"/> <input type="checkbox"/>
				If Substance Dependence: <input type="checkbox"/> with or <input type="checkbox"/> without physiological dependence	<input type="checkbox"/> <input type="checkbox"/>