

PRACTICE: _____; PATIENT: _____; DOB: ___/___/___; DATE FORM COMPLETED: ___/___/___

Results of past month UDS: Opioids: # ___; # + ___; Bup: # ___; # + ___; Other: 1) _____; # ___; # + ___
 2) _____; # ___; # + ___

Current opioid medication: Bup ___ Meth ___ N IM ___; Dose: _____; Frequency of visits: ___/week or ___/month

TREATMENT OF OUD COMPLEXITY INDEX (VSI) Version 1.3 (11/11/17) TOTAL SCORE: _____

ASAM CRITERIA DIMENSIONS		RISK ASSESSMENT				
		0 Minimal/None	1 Mild	2 Moderate	3 Significant	4 Severe
1	Acute intoxication and/or withdrawal potential	No use of opioids, alcohol or sedative-hypnotics	Sporadic use of alcohol or sedative/hypnotics (i.e. less than 4 times a week); No use of opioids	Regular use of alcohol or sedative-hypnotic drugs- no history of symptomatic withdrawal; Episodic use of opioids	Regular use of opioids, alcohol or sedative-hypnotic drugs- no history of complicated withdrawal	In active withdrawal from opioids, alcohol or sedative hypnotic drugs or with a history of complicated withdrawal
2	Biomedical conditions and complications	No significant history of medical problems	Some chronic medical problems- but well controlled/ on stable medication regimen	Chronic medical conditions that are stabilizing or responding to adjustments in treatment	Active medical problems, requiring close monitoring and follow-up	Active medical problems that are acute and interfere with functioning
3	Emotional, behavioral, or cognitive conditions and complications	No psychiatric history	On stable, well controlled regimen for any psychiatric condition and/or integrated in care with a therapist	History of psychiatric hospitalization, suicide attempts or para-suicidal behaviors and/or no mental health care established, but there is an identified need	Active psychiatric problems requiring close mental health care and follow-up	Active psychiatric problems that are acute (risk to self or others; unable to self-regulate) and interfere with functioning
4	Readiness to change	Maintenance phase- already on stable medication regimen from previous provider	Action phase- engaging in treatment, taking steps to enact change	Preparation phase- compiling information and considering options-	Contemplation phase (willing to think/ talk about the need for a change)	Pre-contemplation phase (unwilling to think/talk about the need for change)
5	Relapse, continued use, or continued problem potential	In stable recovery- integrated in recovery community	Engaged in treatment and/ or peer support- lives close to clinic	Engaged in treatment and peer support- lives far from clinic	Sporadically attending treatment and/or peer support	Not attending treatment or peer recovery support
6	Recovery/Living Environment	Lives with sober, supportive, and concerned family/ friends; Is working and employer is supportive; Has no legal issues	Lives alone but is not isolated from social supports; Is working but not supportive of recovery; Has legal issues but is fully compliant	Lives with people who use substances recreationally; Lives alone and isolates; Is working but job is in jeopardy; Has legal issues and is engaged in risky or marginal activities	Unstable or tenuous housing situation; Is unemployed and interested but unable to work; Has legal issues but is not compliant and may be engaged in illegal activities presently	Homeless or living with active opioid users or dealers; Is unemployed and not interested in work; Has legal issues and is currently engaged in illegal activities

Transportation issues: