## **INITIAL ADOLESCENT SCREENING TOOL**

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

Start time:	Stop tii	ne:	Total refer	Total referral time:						
Demographic Information										
Name:			Date:	Phone Number:						
				Okay to leave voicemail	? □ Yes □ No					
Address:										
DOB:		Age:								
Race/Ethnicity:		Preferred Langu	ıage:	Medi-Cal ID #:						
				Other ID# (specify):						
Insurance Type: No	ne □Drug Medi-Cal	$\square$ Medicare	☐ Medi-Cal	□Private	□Other					
		(specify):	(specify):	(specify):	(specify):					
Referred by (specify):										
How can we help you t	oday?									
	-									
	Dim	ension 1: Su	bstance Use, With	drawal Potential						
Adolescent:										
Do you drink any alcoh (Do not count sips of al			- 100	you smoke marijuana?	Yes No					
Do you use anything el	lse to get high?	'es No								
("anything else" include	es illegal drugs, over th	e counter and pr	escription drugs, and thir	ngs that you sniff or "huff")						
If yes, Explain:										
Do you ever forget thi	ngs you did while usin	g alcohol or drug	s? Yes No							
How do you feel when	you stop using?									
		Please circle	one of the following leve	els of severity						
Sever	ity Rating- Dime	nsion 1 (Subs	stance Use, Acute	ntoxication, Withdra	wal Potential)					
0	1	2		3	4					
None	Mild	Mode		Severe	Very Severe					
No signs of	Mild/moderate intoxica		ve severe intoxication but	Severe intoxication with	Incapacitated. Severe signs and					
withdrawal/intoxication present	interferes with daily functioning. Minimal ris		s to support. Moderate risk e withdrawal. No danger to	imminent risk of danger to self/others. Risk of severe	symptoms. Presents danger, i.e. seizures. Continued substance use					
	severe withdrawal. No		9	manageable withdrawal.	poses an imminent threat to life.					
	to self/others.									
Commonts										
Comments:										
			Co	onsumer Name:						

Consumer Id:

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Adolescent:    Do you have any medical problems?   Yes   No   If yes, explain:	evere
If female, are you pregnant?	evere
Are you currently prescribed any medication for a medical issue?	evere
Please circle one of the following levels of severity	evere
Severity Rating- Dimension 2 (Biomedical Condition and Complications)	evere
Severity Rating- Dimension 2 (Biomedical Condition and Complications)  O	evere
O 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.  Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications  Adolescent:  Do you ever use alcohol or drugs while you are by yourself, or alone? Yes No  Have you ever heard voices? Yes No  Have you ever wanted to harm yourself or others? Yes No  Incapacitated with semedical problems neglected. Severe medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.  Serious medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.  Moderate  Severe Severe Moderate Severe medical problems neglected. Severe medical problems neglected. Severe medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.  Medical problems.  Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical problems.  Medical problems neglected. Severe medical p	evere
None	evere
Fully functional/ able to cope with medical concerns.  Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with medical concerns.  Comments:  Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications  Adolescent:  Do you ever use alcohol or drugs while you are by yourself, or alone?	evere
Fully functional/ able to cope with medical concerns.  Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with medical concerns.  Comments:  Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications  Adolescent:  Do you ever use alcohol or drugs while you are by yourself, or alone? Yes No  Have you ever heard voices? Yes No  Have you ever wanted to harm yourself or others? Yes No  Have you ever talked to a therapist or counselor?  Are you currently prescribed any medication for mental or behavioral need.	evere
Comments:  Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications  Adolescent:  Do you ever use alcohol or drugs while you are by yourself, or alone? Yes No  Have you ever heard voices? Yes No  Have you ever wanted to harm yourself or others? Yes No  Have you ever talked to a therapist or counselor?  Are you currently prescribed any medication for mental or behavioral need.	
Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications  Adolescent:  Do you ever use alcohol or drugs while you are by yourself, or alone?	
Adolescent:  Do you ever use alcohol or drugs while you are by yourself, or alone? Yes No  Have you ever heard voices? Yes No Have you ever had trouble controlling your anger? Yes No Have you ever wanted to harm yourself or others? Yes No If yes, explain:  Have you ever talked to a therapist or counselor? Are you currently prescribed any medication for mental or behavioral need.	
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Do you ever use alcohol or drugs while you are by yourself, or alone? Yes No  Have you ever heard voices? Yes No  Have you ever wanted to harm yourself or others? Yes No  If yes, explain:  Are you currently prescribed any medication for mental or behavioral need.	
Have you ever heard voices? Yes No Have you ever had trouble controlling your anger? Yes No Have you ever wanted to harm yourself or others? Yes No If yes, explain:  Have you ever talked to a therapist or counselor? Are you currently prescribed any medication for mental or behavioral need.	
Have you ever wanted to harm yourself or others? Yes No  If yes, explain:  Have you ever talked to a therapist or counselor?  Are you currently prescribed any medication for mental or behavioral need.	
Have you ever talked to a therapist or counselor?  Are you currently prescribed any medication for mental or behavioral need.	
Have you ever talked to a therapist or counselor?  Are you currently prescribed any medication for mental or behavioral need.	
Yes No If yes, specify name:	s?
Do you make decisions without thinking it through?	
Please circle one of the following levels of severity	
Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EE	3C1)
0 1 2 3 4	
None Mild Moderate Severe Very Severe	
No impulsive or Suspect diagnosis of EBC Confirmed EBC complications. Severe EBC. Unstable without Very severe EBC. Require	s acute
dangerousness, no complications. May require No immediate threat to 24-hr supervision to prevent risk level of care and exhibits	
evidence of emotional intervention. No immediate issues.   of harm to self or others.   threatening symptoms (prime issues.   threat to self/others.   of harm to self or others.   threatening symptoms (prime issues.   of harm to self or others.   threatening symptoms (prime issues.   of harm to self or others.   threatening symptoms (prime issues.   of harm to self or others.   of harm to s	osing
*If consumer scores a 3 or 4 in severity, consider referral to Behavioral Health Clinic	0
Comments:	0
Comments:	0
	0
Consumer Name:	

Consumer Id:

	D	imens	ion 4: Readiness	to Change					
Adolescent:									
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									
How often do you want	How often do you want to or feel like using or drinking?								
Please circle one of the following levels of severity									
Severity Rating- Dimension 4 (Readiness to Change)									
0	1 2 3 4								
None	Mild	Mode	rate	Severe	Very Severe				
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	treatme to chan	nt to agree to ent. Low commitment ge substance use. engagement in ent.	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: Relap	se, Co	ntinued Use, or (	Continued Problem Po	tential				
Adolescent:									
Have you ever ridden ir	n a car driven by someone (in	cluding	yourself) that was "hig	h" or had been using alcohol	or drugs?				
Do you ever use alcohol	or drugs to relax, feel better	about y	ourself, or fit in?	Yes No					
Does your family or frie	nds ever tell you that you sho	ould cut	down on your drinking	g or drug use? Yes No	)				
	<u>Plea</u>	ase circle	one of the following l	evels of severity					
Severi	ty Rating- Dimension	5 (Rela	apse, Continued	Use, or Continued Prob	olem Potential)				
0	1	2		3	4				
None Low/no potential for relapse.	Mild  Minimal relapse potential.	Impaire relapse	ed recognition of risk for	Severe Little recognition of risk for relapse.	Very Severe Substance use/behavior, places self/others in danger.				
Comments:									
	Dimension 6:	Recov	ery/Living Enviro	nment/Social Networl	k				
Adolescent:									
Have you ever gotten in If yes, explain:	to trouble while you were us	ing alcol	hol or drugs? Yes	□No					
Do you feel supported a	t home? Yes No		Where do you live?						
				Consumer Name:					
Consumer Id:									

<u> </u>										
Does anyone else at home use drugs or alcohol? Yes No										
If yes, explain:										
Do your close friends u	Do your close friends use drugs and/or alcohol?									
Please circle one of the following levels of severity										
Severity Rating- Dimension 6 (Recovery/Living Environment/Social Network)										
0	1 2 3 4									
None	Mild	Moderate	Severe	Very Severe						
Environment is	Environment is supportive.	Supportive friends and family	Environment unsupportive to	Environment toxic/hostile to						
supportive.	May require clinical intervention.	but environment requires clinical support.	recovery process, difficulty in participating even with clinical support.	recovery. Unable to participate and the environment may pose a threat to safety.						
Community										
Comments:										
	Dimensio	n 1: Substance Use, Wit	hdrawal Potential							
Parent:	Billiciisio	II I. Substance Ose, Wit	inarawai i otentiai							
<u>raient.</u>										
-	ild is drinking alcohol?		you know if your child is smoki es	ing marijuana or hashish?						
-	ild is using anything else to go	et high? Yes No er and prescription drugs, and th	sings that you sniff or "buff")							
	es megai drugs, over the count	er and prescription drugs, and th	illigs that you shill of than j							
If yes, Explain:										
As far as you know, has	s your child ever forgotten thi	ngs while using alcohol or drug	s?   Yes   No							
If yes, Explain:	, year canada a garan an									
Insert your criteria:										
	Ples	use circle one of the following le	wels of severity							
		1 (Substance Use, Acute								
0	1	2	3	4						
None	Mild	Moderate	Severe	Very Severe						
No signs of withdrawal/intoxication	Mild/moderate intoxication, interferes with daily	May have severe intoxication but responds to support. Moderate ri		Incapacitated. Severe signs and symptoms. Presents danger, i.e.						
present	functioning. Minimal risk of	of severe withdrawal. No danger		seizures. Continued substance use						
	severe withdrawal. No danger	self/others.	manageable withdrawal.	poses an imminent threat to life.						
	to self/others.									
Comments:										
			Consumer Name:							
			Consumer Id:							

Dimension 2: Biomedical Condition and Complications									
Parent:									
Does your child have a If yes, explain:	any medical concerns? 🔲 Ye	es 🗌 No							
If female, is your child pregnant?									
With the health concerns, are there any medications that are prescribed by a physician? Yes No If yes, specify name:									
	Pl	ease circle one of the fo	ollowing	levels of severity					
	Severity Rating- Di	mension 2 (Biom	edical	Condition and Complica	ntions)				
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 problemsent.	i, lems	Serious medical problems neglected Severe medical problems present bu stable. Poor ability to cope with physical problems.	. Incapacitated with severe				
Comments:									
	Dimension 3: Emotion	ial, Benavioral, or	Cogni	itive Condition and Com	plications				
Parent:									
As far as you know, h	as your child ever used alcoh	ol or drugs while they a	are alon	e or by themselves? Yes	] No				
Yes No	your child to a therapist or co		Does y	rour child make decisions withous No	ut thinking it through?				
Has your child ever ha	rmed themselves or someon	e else?	0						
	<u>PI</u>	ease circle one of the fo	ollowing	levels of severity					
Severity Rat	ing- Dimension 3 (Em	otional, Behavior	al, or (	Cognitive Condition and	Complications [EBC])				
0	1	2		3	4				
None	Mild	Moderate		Severe	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 complic. 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:									
				Consumer Name:					
Consumer Name:  Consumer Id:									

		Dimension 4: Readiness	s to Change						
Parent:		Amension A negatives	- to change						
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>O</b> None	1 Mild	<b>2</b> Moderate	<b>3</b> 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: Relap	ose, Continued Use, or	Continued Problem Pot	ential					
Parent:									
Has your child ever ridd	len in a car driven by someor	ne (including yourself) that wa	s "high" or had been using alcoh	nol or drugs?					
As far as you know, has	your child ever used alcohol	or drugs to feel better about	themselves or fit in? Yes	No					
Does your family or frie	nds ever tell your child that l	he or she should cut down on	drinking or drug use?	No					
	<u>Ple</u>	ase circle one of the following	levels of severity						
Severi	ty Rating- Dimension	5 (Relapse, Continued	Use, or Continued Prob	lem Potential)					
0	1	2	3	4					
None	Mild	Moderate	Severe	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:									
comments.									
	Dimension 6:	Recovery/Living Envir	onment/Social Network						
Parent:									
Has your child ever gotten into trouble while they were using alcohol or drugs?    Yes    No  If yes, explain:									
Do you have any proble	ems with transportation?	Yes No Do you	have a stable living environme	nt?					
Do your child's friends i	use drugs and/or alcohol?	Yes No							
			Consumer Name:						
Consumer Id:									

## Please circle one of the following levels of severity

Severity Rating- Dimension 6 (Recovery/Living Environment/Social Network)									
0	1	2	3	4					
None	Mild	Moderate	Severe	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:		

## **Summary of Multidimensional Assessment**

Dimension	Severity	Rating (Bas	ed on ratir	ng above)	Rationale
<b>Dimension 1</b> Substance Use, Acute Intoxication, Withdrawal Potential	0 None	1 Mild	2 Moderate	3-4 Severe	
Dimension 2 Biomedical Condition and Complications	0 None	1 Mild	2 Moderate	3-4 Severe	
Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications	O None	1 Mild	2 Moderate	3-4 Severe	
Dimension 4 Readiness to Change	0 None	1 Mild	2 Moderate	3-4 Severe	
Dimension 5 Relapse, continued Use, or Continued Problem Potential	0 None	1 Mild	2 Moderate	3-4 Severe	
Dimension 6 Recovery/Living Environment	0 None	1 Mild	2 Moderate	3-4 Severe	

Consumer Name:	
Consumer Id:	

ASAM Criteria Level of Care – Withdrawal Management	ASAM Level	Sub: Int Wi	stance   Acute oxication otentia	Use, on, val	Bi Con	ensio omedio ditions nplicati	al and	Er Beh C Con	nensio motiona navioral lognitiv ndition nplicati	al, l, or e and	Re	nensio adiness Change	to	Conti	ensio Relapse nued U ontinue em Pot	se, or	Reco	ensioi very/ Li vironme	iving
Severity/Impairment Rating		0-1 Mild	2 Mod	3-4 Sev	0-1 Mild	2 Mod	3-4 Sev	0-1 Mild	2 Mod	3-4 Sev	0-1 Mild	2 Mod	3-4 Sev	0-1 Mild	2 Mod	3-4 Sev	0-1 Mild	2 Mod	3-4 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																		
Early Intervention	0.5																		
Outpatient Services	1																		
Intensive Outpatient Services	2.1																		
Partial Hospitalization Services	2.5																		
Clinically Managed Low-Intensity Residential Services	3.1																		
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/ NTP																		

## **PLACEMENT SUMMARY**

<b>Level of Care/Service Indicated</b> : Enter the A intensity given the consumer's functioning/sevo	ASAM level of care number that offers the most approperity:	priate level of care/service
	appropriate level of care/service intensity was not utiliable and circle the reason for this discrepancy (below	
Reason for Discrepancy:  ☐ Not applicable	☐ Service not available	□ Provider judgment
☐ Consumer preference	☐ Consumer on waiting list for more appropriate level	☐ Family responsibility
☐ Service available, but no payment source	☐ Geographic accessibility	
☐ Other (specify):		
Designated Treatment Location and Providence	der Name:	
Staff/Clinician Name	Signature	Date
Supervisor Name	Signature	Date
	Consumer Name:	
	Consumer Id:	