

INITIAL ADOLESCENT SCREENING TOOL

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

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Start time: _____ Stop time: _____ Total referral time: _____

Demographic Information

Name:		Date:	Phone Number:	
			Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
DOB:		Age:	Gender:	
Race/Ethnicity:		Preferred Language:	Medi-Cal ID #:	
			Other ID# (specify):	
Insurance Type: <input type="checkbox"/> None <input type="checkbox"/> Drug Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> Other				
(specify): (specify): (specify): (specify):				
Referred by (specify):				
How can we help you today?				

Dimension 1: Substance Use, Withdrawal Potential

Adolescent:

Do you drink any alcohol (more than a few sips)? ☐ Yes ☐ No
(Do not count sips of alcohol taken during family or religious events.)

Do you smoke marijuana? ☐ Yes ☐ No

Do you use anything else to get high? ☐ Yes ☐ No
("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")
If yes, Explain:

Do you ever forget things you did while using alcohol or drugs? ☐ Yes ☐ No

How do you feel when you stop using?

Please circle one of the following levels of severity

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

0 None	1 Mild	2 Moderate	3 Severe	4 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.

Comments: _____

Consumer Name: _____

Consumer Id: _____

Dimension 2: Biomedical Condition and Complications

Adolescent:

Do you have any medical problems? ☐ Yes ☐ No If yes, explain:

If female, are you pregnant? ☐ Yes ☐ No ☐ N/A

If yes, how many weeks/months?

Are you currently prescribed any medication for a medical issue? ☐ Yes ☐ No If yes, specify name:

Please circle one of the following levels of severity

Severity Rating- Dimension 2 (Biomedical Condition and Complications)

0 None	1 Mild	2 Moderate	3 Severe	4 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 problems present.	Serious medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

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 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?

☐ Yes ☐ No

Are you currently prescribed any medication for mental or behavioral needs?

☐ Yes ☐ No If yes, specify name:

Do you make decisions without thinking it through? ☐ Yes ☐ No

Please circle one of the following levels of severity

Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC])

0 None	1 Mild	2 Moderate	3 Severe	4 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 complications. 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 Id: _____

Dimension 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 to or feel like using or drinking?

Please circle one of the following levels of severity

Severity Rating- Dimension 4 (Readiness to Change)

0 None	1 Mild	2 Moderate	3 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: Relapse, Continued Use, or Continued Problem Potential

Adolescent:

Have you ever ridden in a car driven by someone (including yourself) that was "high" or had been using alcohol or drugs? ☐ Yes ☐ No

Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? ☐ Yes ☐ No

Does your family or friends ever tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No

Please circle one of the following levels of severity

Severity Rating- Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)

0 None	1 Mild	2 Moderate	3 Severe	4 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: _____

Dimension 6: Recovery/Living Environment/Social Network

Adolescent:

Have you ever gotten into trouble while you were using alcohol or drugs? ☐ Yes ☐ No

If yes, explain:

Do you feel supported at home? ☐ Yes ☐ No

Where do you live?

Consumer Name: _____

Consumer Id: _____

Does anyone else at home use drugs or alcohol? ☐ Yes ☐ No

If yes, explain:

Do your close friends use drugs and/or alcohol? ☐ Yes ☐ No

Please circle one of the following levels of severity

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

Dimension 1: Substance Use, Withdrawal Potential

Parent:

Do you know if your child is drinking alcohol? ☐ Yes ☐ No
(Do not count sips of alcohol taken during family or religious events.)

Do you know if your child is smoking marijuana or hashish?
☐ Yes ☐ No

Do you know if your child is using anything else to get high? ☐ Yes ☐ No
("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

If yes, Explain:

As far as you know, has your child ever forgotten things while using alcohol or drugs? ☐ Yes ☐ No

If yes, Explain:

Insert your criteria:

Please circle one of the following levels of severity

Severity Rating- Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)				
0 None	1 Mild	2 Moderate	3 Severe	4 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.

Comments: _____

Consumer Name: _____

Consumer Id: _____

Dimension 2: Biomedical Condition and Complications

Parent:

Does your child have any medical concerns? ☐ Yes ☐ No

If yes, explain:

If female, is your child pregnant? ☐ Yes ☐ No ☐ N/A

If yes, how many weeks/months?

With the health concerns, are there any medications that are prescribed by a physician? ☐ Yes ☐ No

If yes, specify name:

Please circle one of the following levels of severity

Severity Rating- Dimension 2 (Biomedical Condition and Complications)

0 None	1 Mild	2 Moderate	3 Severe	4 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 problems present.	Serious medical problems neglected. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

Comments: _____

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

Parent:

As far as you know, has your child ever used alcohol or drugs while they are alone or by themselves? ☐ Yes ☐ No

Have you ever taken your child to a therapist or counselor?

☐ Yes ☐ No

Does your child make decisions without thinking it through?

☐ Yes ☐ No

Has your child ever harmed themselves or someone else? ☐ Yes ☐ No

If yes, explain:

Please circle one of the following levels of severity

Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC])

0 None	1 Mild	2 Moderate	3 Severe	4 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 complications. 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 Id: _____

Dimension 4: Readiness to Change

Parent:

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)

0 None	1 Mild	2 Moderate	3 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: Relapse, Continued Use, or Continued Problem Potential

Parent:

Has your child ever ridden in a car driven by someone (including yourself) that was "high" or had been using alcohol or drugs? ☐ Yes ☐ No

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 friends ever tell your child that he or she should cut down on drinking or drug use? ☐ Yes ☐ No

Please circle one of the following levels of severity

Severity Rating- Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)

0 None	1 Mild	2 Moderate	3 Severe	4 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: _____

Dimension 6: Recovery/Living Environment/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 problems with transportation? ☐ Yes ☐ No

Do you have a stable living environment? ☐ Yes ☐ No

Do your child's friends 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 None	1 Mild	2 Moderate	3 Severe	4 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 (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	

Consumer Name: _____

Consumer Id: _____

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 consumer'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"/> Consumer preference | <input type="checkbox"/> Consumer 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

Consumer Name: _____

Consumer Id: _____