



CHAT Client Placement ASAM Worksheet

This worksheet presents a summary of relevant client self-reported data from CHAT into each of the six dimensions of the ASAM Criteria. It is intended to assist the clinician with making level of care (LOC) placement decisions, based on the ASAM Criteria, but does not generate recommendations, because it does not contain all the data needed to do so. Because the clinician's face-to-face meeting with the client is an essential part of the assessment, the clinician needs to evaluate this information and include his or her data and clinical impressions to develop the LOC placement recommendation.

Please refer to the Narrative Report for more details on information presented in this worksheet.

SAMPLE

Dimension 1: Acute Intoxication and/or Withdrawal Potential

1	2	3	4
None	Mild	Moderate	Severe

Debbie responded to a number of alcohol and drug questions as follows:

Question	Past 30 Days	Past Year
Did things while drunk or high that you could not remember	NO, not in the past 30 days	YES, in the past year
Blacked out	NO, not in the past 30 days	YES, in the past year
Used alcohol or other drugs before or during school or work	NO, not in the past 30 days	YES, in the past year
Told by a friend or relative that you have a problem with alcohol or drugs or need to cut down	YES, in the past 30 days	YES, in the past year
Used more alcohol or other drugs than you planned to	NO, not in the past 30 days	YES, in the past year
Felt sick when you were not using and/or not able to get alcohol or other drugs	NO, not in the past 30 days	YES, in the past year
Tried to cut down or quit but weren't able to	NO, not in the past 30 days	YES, in the past year
Continued to drink or use drugs even though it caused problems for you	NO, not in the past 30 days	YES, in the past year

Debbie reported that she has used the following substances:

Substance	Days Used in Past 2 Days	Days Used in Past 30 Days
Alcohol - any use	Neither Day	3 in the past 30 days
Drank to Intoxication (Alcohol - 4 or more drinks in a row female)	Neither Day	2 in the past 30 days
Any Drugs (including illicit use of prescription drugs)	Neither Day	1 in the past 30 days
Tobacco		30 in the past 30 days
Cocaine		1 in the past 30 days

Debbie did not report using any prescription drugs illegally in the past 30 days.

She reported being in: inpatient alcohol or drug treatment or a controlled environment for 3 day(s) of the past 30 days.

She thinks of mother and father as family.

She feels she could trust her mother and her father if she had a problem.

Additional information:

Dimension 2: Biomedical Conditions and Complications

1	2	3	4
None	Mild	Moderate	Severe

- Debbie rated her health as good.
- She is a little worried about her physical health.
- She indicated that it is a little important to her now to get help with issues related to her physical health.
- Debbie did not report any physical problems or illnesses.

She reported never having been pregnant.

Additional information:

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

1	2	3	4
None	Mild	Moderate	Severe

Debbie has been in the following settings inpatient alcohol or drug treatment for 3 day(s) in the past 30 days.
She has met with a therapist or counselor in past 30 days and it has helped.

Debbie takes medication for emotional, behavioral, or learning problems and feels they help.

She does not know if she has been diagnosed with a learning disability, Attention Deficit Disorder, or Attention Deficit Hyperactivity Disorder.

Psychiatric Risk Related Behaviors

Listed below are nine questions in the Psychological Health section along with Debbie's answers to them. This is important information, which may require immediate face-to-face intervention or follow-up if there are "YES" answers.

Symptom	Past 30 Days	Past Year	Lifetime
Had thoughts about committing suicide	no		no
Tried to commit suicide	no	no	no
Hurt self on purpose	no		no
Serious plan to hurt or kill someone else	no	no	no
Experienced sexual abuse	no	no	no
Experienced physical abuse	no	no	no
Sexually assaulted or raped	no	no	no
Heard voices talking to you when no one was there.	no		
Saw things that other people couldn't see.	no		

Depression Related Feelings and Behaviors

Debbie gave the following responses to questions about feelings or behaviors related to depression:

Question	Past 2 Days	Past 30 Days
Felt like crying, or started crying and felt like you couldn't stop	YES, in the past 2 days	YES, in the past 30 days

Anxiety Related Feelings

Debbie responded "No" to questions about feelings related to anxiety.

Antisocial Related Behaviors

Debbie did not endorse items that report antisocial or violent behavior in the past year, past 30 days or past 2 days.

Anger Related Feelings

Debbie did not endorse the items related to feelings of anger.

Attention Related Feelings and Behaviors

Debbie reported the following experiences related to attention problems:

Question	Past 2 Days	Past 30 Days
Had trouble paying attention at school, work, or at home	YES, in the past 2 days	YES, in the past 30 days

Mania Related Feelings

Debbie responded "No" to the questions related to mania.

Eating Related Feelings and Behaviors

Debbie responded "No" to the questions about eating related feelings and behaviors.

Stress Related Events

Debbie reported experiencing the following potentially stressful events:

Event	Past 30 Days	Past Year	Lifetime
Parent lost a job or family had money problems	no	YES	YES
Broke up with a boyfriend or girlfriend	no	YES	YES
Had sex for the first time	no	YES	YES

During the past 30 days, Debbie reported having problems related to her emotions or behaviors on 15 calendar day(s).

Additional Information:

Dimension 4: Readiness to Change

1	2	3	4
None	Mild	Moderate	Severe

The table below presents Debbie's answers to questions about different areas of her life and indicates how worried she is and how important it is to her to get help in each of these areas.

Possible Problem Areas	How Worried	How Important to get Help
Physical Health	A little worried	A little important
Psychological Health	Very worried	Very important
Family Relationships	A little worried	A little important
Peer Relationships	A little worried	Moderately important
Romantic Relationships	Moderately worried	Moderately important
Tobacco use	A little worried	Not at all important
Alcohol use	Extremely worried	Extremely important
Drug use	Moderately worried	Very important
Issues related to School	Moderately worried	Moderately important
Issues related to Work	Not at all worried	Not at all important
Issues related to Legal problems	Extremely worried	Extremely important
Issues related to Free Time	Moderately worried	Moderately important

- Debbie reported that she has a problem with alcohol.
- Debbie reported that she was not sure if she had a problem with drugs.
- She said that she is very ready to stop using alcohol or drugs.

Additional Information:

Dimension 5: Relapse Potential

1	2	3	4
None	Mild	Moderate	Severe

During the past 30 days, Debbie reported experiencing problems related to her alcohol use on 15 of those days. She is extremely worried about this and reported that she believes it is extremely important to get help at this time.

Debbie reported using the following illicit substances:

Substance	Age drug first used	Used Past 2 Days	Used Past 30 Days	Past Year	Lifetime	Route of Administration
Alcohol – any use:	9	Neither day	3	YES	YES, during her lifetime	
Drank to Intoxication (Alcohol- 4 or more drinks in a row for female, 5 or more drinks for a male)		Neither day	2			
Any Drugs (including illicit use of prescription drugs)		Neither day	1			
Tobacco/Cigarettes	10		30	YES	YES, during her lifetime	
Tobacco/Other						
Marijuana/Cannabis	-		0	no	Did not report using this drug	
Cocaine	13		1	YES	YES, during her lifetime	Inhaled, snorted, or sniffed
Cough Syrups	-		0	no	Did not report using this drug	-
Ecstasy/MDMA	-		0	no	Did not report using this drug	-
GHB/Rohypnol	-		0	no	Did not report using this	-

					drug.	
Hallucinogens	-		0	no	Did not report using the drug	-
Heroin	-		0	no	Did not report using this drug.	-
Inhalants	-		0	no	Did not report using this drug.	-
Methadone	-		0	no	Did not report using this drug.	-
Methamphetamines	-		0	no	Did not report using this drug.	-
PCP/Ketamine	-		0	no	Did not report using this drug.	-
Other Illicit	-		0	no	Did not report using this drug.	-

Debbie reported alcohol as her primary problem drug.

Debbie reported cocaine, for example coke, crack, rock, or freebase as her secondary problem drug.

Debbie reported using the following prescription drugs illegally, or not as medically prescribed:

Substance	Age first used	Used Past 30 Days	Lifetime
Prescription Sedatives / Tranquilizers	-	0	Did not report using this drug.
Prescription Opioids / Painkillers	-	0	Did not report using this drug.
Prescription Stimulants	-	0	Did not report using this drug.

Debbie did not report using any prescription pain medications/opioids.

Debbie did not report using any prescription stimulants.

Debbie reported trying to quit or cut down her drinking in the past 30 days.

See table in Dimension 1 for a list of symptoms that Debbie reported as a result of drinking or using drugs.

Debbie reported the following events related to drinking or using drugs:

Event	Past 30 Days	Past Year
Got in trouble with the law or arrested	YES, in the past 30 days	YES, in the past year

Debbie has been in counseling or treatment for alcohol or drug use in 18 of the past 30 days.

She reported that treatment helped.

Debbie reported trying to quit or cut down her drinking in the past 30 days.

Debbie is not currently taking medication to help her stop using alcohol or drugs.

Additional Information

Dimension 6: Recovery Environment

1	2	3	4
None	Mild	Moderate	Severe

Current Living Situation and Trusted Relationships

In the past 30 days Debbie has been in the following types of controlled environments: inpatient alcohol or drug treatment or a controlled environment for 3 day(s).

When not there, Debbie reported living with two biological or adoptive parents most of the time.

Debbie reported the following feelings about the relationships or environments indicated in the columns (a "√" means yes):

How Do You Feel Most of the Time	In your Family	With your Friends	With your Boyfriend or Girlfriend	At School	At Work
Supported or encouraged	√				
Loved or cared for	√				
Accepted or liked				√	
Stressed or pressured				√	
Bullied or teased		√			
Worried or anxious		√			

Family/Home Related**Relationships**

Debbie reported that she thinks of her mother and her father as family. She reported that she feels she could trust her mother and her father if she had a problem.

Debbie reported feeling very close to her mother (or the female adult most responsible for taking care of her).

Debbie reported feeling very close to her father (or the male adult most responsible for taking care of her).

She has a parent or parent-figure who she admires and wants to be like. This may or may not be the same person as her mother (or female most responsible for taking care of her) or the father (or male most responsible for taking care of her).

She indicated that her parent or parents would be supportive if she decided to quit drinking alcohol or using other drugs.

Home Environment and Stressful Events

Debbie made the following responses to the items listed in this table.

Family Description	Not at all	A little	Moderately	Very	Extremely
People in my family care about each other					√
People in my family get into physical fights with each other	√				
People in my family support each other				√	
People in my family argue a lot with each other			√		

See the Stressful Events table in the Dimension 3 section of this report for additional stressful events that have happened in Debbie's family.

She reported experiencing family problems in 4 of the past 30 days.

She is very satisfied with how well she gets along with her family.

Potential Substance Use By or With Relatives

Debbie is moderately sure that she could avoid using alcohol or drugs at home.

Other Relationships and School, Work and Legal Environments**Relationships****Romantic or Sexual Relationships**

Debbie does not currently have a boyfriend or girlfriend.

Peers

Debbie does not have a close friend or someone around her age who she can talk to about personal things.

The table below shows close friends' behaviors or attributes:

Close friends who:	None of them	A few of them	About half of them	Most of them	All of them
Drink or use drugs at least once a week			√		
Sell drugs		√			
Have a job		√			
Are in school					√
Do well in school			√		
Are involved in activities like sports, music, organization or other clubs			√		
Are in a gang	√				
Get in lots of fights or get in trouble with the law		√			

She reported experiencing peer related problems in 3 of the past 30 days.

She is a little satisfied with her friends.

Debbie is a little sure that she could avoid using alcohol or drugs if friends are drinking or using around her.

School Environment and Stressful Events

Debbie is in public school.

Currently, her performance in school is fair.

She feels that there is a teacher or other adult at school who she can talk to and who cares what happens to her.

Debbie is moderately satisfied with school.

She is moderately sure that she could avoid using alcohol or drugs at school.

Work Issues

Debbie does not have a job that she gets paid for.

Legal Issues

Debbie reported being in trouble with the law or arrested for the following reasons:

Crime	Arrested or in trouble with the law	Charged
Underage drinking or buying or possessing alcohol	YES, arrested or in trouble with the law	YES, charged with the offense

She reported that 1 of these charges resulted in convictions.

She has been in trouble with the law or arrested in the past year and in the past 30 days. This may refer to the same or different events.

She has been in trouble with the law or arrested 1 day(s) in the past 30 days. This may refer to the same or different events.

She has been in jail, juvenile jail, or a detention center for 0 day(s) in the past 30 days.

She is currently on probation.

Free Time

Debbie reported being involved in the following activities during the past year.

- After school programs

She has not been a leader in activities listed above, for example, a captain, peer mentor, coach, assistant teacher.

Debbie selected the following options from a list of 13 to show how she spends her free time. She was instructed to select only three.

- Read books or magazines on your own
- Write creatively or in a journal on your own
- Party, drink, or do drugs

She is moderately satisfied with how she spends her free time.

Potential Substance Use By or With Others

She uses alcohol, marijuana, other illicit drugs, and/or prescription drugs with the following people:

Type of Relationship	Alcohol	Marijuana	Other illicit drug	Prescription drug
Friend or friends	No		YES	

Debbie is a little sure that she could avoid using alcohol or drugs if they were offered to her.

Additional Information:

Treatment Issues / Problem List / Placement Consideration:

1. Risk (insert score): _____ Acute Intoxication and/or Withdrawal Potential: _____

2. Risk (insert score): _____ Biomedical Conditions: _____

3. Risk (insert score): _____ Emotional / Behavioral Conditions: _____

4. Risk (insert score): _____ Readiness to Change: _____

5. Risk (insert score): _____ **Relapse/Continued Use Potential:** _____

6. Risk (insert score): _____ **Recovery Environment:** _____

Clinician Signature _____

Clinician's Name _____

Today's Date _____