

Questionnaire: ASAM Assessment NEW

ASAM Assessment

1. *Which Level are you requesting?*

(Please select one.)

- Level 3.1 - Clinically Managed Low Intensity Residential Services
- Level 3.3 - Clinically Managed Population Specific High-Intensity Residential Services
- Level 3.5 - Adult Clinically Managed High-Intensity Residential Services
- Level 3.5 - Adolescent Clinically Managed Medium-Intensity Residential Services
- Level 3.7 - Adult Medically Monitored Intensive Inpatient Services
- Level 3.7 - Adolescent Medically Monitored High-Intensive Inpatient Services

2. *Date of Admission (Submissions for Admissions prior to 7/1/23 are not required):*

3. *Is this request for a Continued Stay Review (Not the first review)?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 3

3.1.1. *Member has been reassessed for withdrawal risk, biomedical and mental health condition severity by an appropriate licensed medical practitioner for necessity of continued stay at the current level of care?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 3.1.1

3.1.1.1. *Date*

3.1.2. *Please select one of the following:*

(Please select one.)

- Member is making progress but not yet achieved the goals in the individualized treatment plan, and continued treatment at the present level is necessary to continue to work toward goals.
- Member is not yet making progress but is able to resolve problems and is actively working toward the goals in the individualized treatment plan, and continued treatment

at the present level is necessary to continue to work toward goals.

- Member has reported and/or experienced new problems and require treatment at the present level, and the frequency and intensity of the new problems can only safely be delivered by continued stay in the current level.
- Other

3.1.3. *Please provide current mental health diagnosis and indicate whether additional/outside treatment is needed for the diagnosis*

Dimension 1 Acute Intoxication and/or Withdrawal Potential

1. *Date and time of most recent withdrawal risk assessment.*

2. *History of substance intake?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 2

2.1.1. *Substance intake:*

(Please select between 1 and 16 items.)

- Alcohol
- Cocaine / Crack
- Marijuana / Hashish / THC
- Heroin / Morphine
- Non Rx-Methadone/Suboxone
- Other Opiates and Synthetics
- Fentanyl
- PCP
- Other Hallucinogens LSD, DMT, STP, etc.
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines

- Other Tranquilizers
- Barbiturates
- Other Sedatives and Hypnotics

2.1.2. *Please provide historical and most recent patterns of use of substances selected above.*

3. *If member's substance use is assessed at imminent risk to self and/or others, please provide why/how member is currently presenting as imminent risk.*

4. *Previous withdrawal history?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 4

4.1.1. *Explain when last withdrawal occurred*

5. *Is member currently at risk of withdrawal? Please select one:*

(Please select one.)

- The member is not at risk of withdrawal
- In or at risk of withdrawal, but has minimal risk of severe withdrawal, and the anticipated withdrawal can be safely managed in an outpatient setting without extended on-site monitoring
- In withdrawal and at risk for moderate to severe withdrawal outside of a program setting, without serious physical or psychiatric complications, and would safely respond to several hours of monitoring, medication, and treatment
- In withdrawal or evidence of imminent moderate withdrawal, but no risk of severe withdrawal, and the anticipated withdrawal can be safely managed clinically (not medically) in a residential setting
- In or at risk of severe withdrawal which requires medical monitoring
- In or at risk of severe withdrawal which requires medical management
- Member will immediately begin or continue opioid agonist medication (methadone or buprenorphine) for ongoing SUD treatment; and IS NOT in or at risk of withdrawal from other substances

b. Please provide details

Dimension 2 Biomedical Conditions and Complications

1. Please enter all known medications for medical/physical health needs (including over the counter). (Please note: Psychiatric medications are requested in Dimension 3)

2. Is member able to self-administer medications prior to admission?
(Please select one.)

- Yes
- No

If you answered "No" on question 2

2.2.1. Please explain

3. Do you use marijuana or marijuana-related products (including CBD [cannabidiol] or other extracts) as medicine?
(Please select one.)

- Yes
- No

4. Is member Pregnant?
(Please select one.)

- Yes
- No

5. Please enter all Medical / Physical needs

6. Please select:

(Please select between 1 and 3 items.)

Stable-does not require medical or nursing monitoring.

Not stable-does require medical or nursing monitoring. Member has a

- Biomedical condition is not severe enough for inpatient tx but is sufficient to distract from treatment or recovery efforts and is being managed externally.
- Biomedical condition requires 24 hour medical staff attention that must be delivered concurrently with addiction tx. (nursing care, medical monitoring, or medical management)

7. *Does member need assistance with mobility?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 7

7.1.1. *Please explain*

Dimension 3 Emotional, Behavioral or Cognitive Conditions and Complications

1. *Does member self-report and/or have history in documentation of a mental health diagnosis?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1

1.1.1. *Please provide current mental health diagnosis and indicate whether additional/outside treatment is needed for the diagnosis*

2. *Please list any psychiatric medications*

3. *Is member able to self administer psychiatric medications prior to admission?*

(Please select one.)

- Yes
- No

If you answered "No" on question 3

3.2.1. *Please explain*

4. *Does member have a PCP?*
(Please select one.)

- Yes
- No

5. *Is there Suicidal Ideation?*
(Please select one.)

- Yes
- No

If you answered "Yes" on question 5

5.1.1. *Is there a plan?*
(Please select one.)

- Yes
- No

If you answered "Yes" on question 5.1.1

5.1.1.1. *Please explain*

5.1.2. *Is there means?*
(Please select one.)

- Yes
- No

If you answered "Yes" on question 5.1.2

5.1.2.1. *Please explain*

5.1.3. *Is there current intent?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 5.1.3

5.1.3.1.1. *Please explain*

6. *Is there Homicidal Ideation?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6

6.1.1. *Is there a plan?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6.1.1

6.1.1.1.1. *Please explain*

6.1.2. *Is there means?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6.1.2

6.1.2.1.1. *Please explain*

6.1.3. *Is there current intent?*

6.1.3.1.1. Please explain

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6.1.3

6.1.3.1.1. *Please explain*

7. *Self care deficits/hygiene*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 7

7.1.1. *Please explain*

8. *Impairments in social role functioning due to substance use*

(Please select between 1 and 4 items.)

- Social
- School
- Work
- None

If you answered "Social" on question 8

8.2.1. *Please explain (Please provide examples, and frequency of most recent impairments)*

If you answered "School" on question 8

8.3.1. *Please explain (Please provide examples, and frequency of most recent impairments)*

If you answered "Work" on question 8

8.4.1. *Please explain (Please provide examples, and frequency of most recent impairments)*

9. *Select all that are currently present for member:
(Please select between 1 and 15 items.)*

- Violent impulses
- Impulsivity
- Impaired Judgement
- Not Oriented to person, place, or time
- Disorganization
- Hallucinations
- Paranoid thoughts
- Impaired reality testing
- Impaired communication
- Delusions
- Disruptions in thought process
- Attention deficits.
- Cognitive deficits
- Agitation
- Brain injury

10. *For all selected above please discuss frequency, intensity and how it is currently impacting member's sobriety and/or placing member at risk for relapse*

11. *History of substance use treatment*

12. *Members engagement in substance use treatment prior to admission*

Dimension 4 Readiness to Change

1. *Readiness to Change - Select all that apply*

(Please select between 1 and 15 items.)

- Can Articulate personal recovery goals.
- Willing to cut out negative influences.
- Willing to enter treatment and explore strategies for changing substance use but is ambivalent about the need for change.
- Willing to explore the need for treatment and strategies to reduce or stop substance use.
- Willing to change substance use but believes it will not be difficult or will not accept a full recovery treatment plan or does not recognize that there is a substance use concern
- Reluctant to agree to treatment for substance use or mental health concerns but willing to be compliant to avoid negative consequences
- Able to articulate negative consequences of substance use but has low commitment to change use of substances.
- Low readiness to change and is only passively involved in treatment.
- Variably compliant with outpatient treatment, self-help, or other support groups.
- Exhibits inconsistent follow through and shows minimal awareness of substance use disorder and the need for treatment.
- Appears unaware of the need to change and unwilling or only partially able to follow through with treatment recommendations.
- Unable to follow through, has little or no awareness of substance use associated negative consequences.
- Not willing to explore change and is in denial regarding illness and its implications.
- Is not in imminent danger or unable to care for self.
- Unable to follow through with treatment recommendations resulting in imminent danger of harm to self/others or inability to care for self.

2. *Please explain Readiness to Change*

3. *Is member legally required to engage in treatment?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 3

If you answered "yes" on question 3

3.1.1. *Please explain*

Dimension 5 Relapse/Continued Use/Continued Problem Potential

1. *What is longest period of time member has not used substances, and when did this occur?*

Instructions: Please select only one choice below

2. *Understanding of Substance Use and Relapse:*
(Please select one.)

- Impaired recognition and understanding of substance use relapse concerns.
- Low relapse or continued use potential and good coping skills.
- Fair self-management and relapse prevention skills.
- Able to self-manage with prompting.

If you answered "Impaired recognition and understanding of substance use relapse concerns." on question 2

Instructions: Please select only one choice below

2.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Low relapse or continued use potential and good coping skills." on question 2

Instructions: Please select only one choice below

2.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Fair self-management and relapse prevention skills." on question 2

Instructions: Please select only one choice below

2.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Able to self-manage with prompting." on question 2

Instructions: Please select only one choice below

2.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

3. *Current Craving Level:*
(Please select one.)

- No current craving
- Some craving with the ability to resist use.
- Some craving with minimal/sporadic inability to resist.
- Severe craving with no ability to resist.
- Severe craving with minimal sporadic ability to resist.

If you answered "No current craving" on question 3

Instructions: Please select only one choice below

3.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Some craving with the ability to resist use." on question 3

Instructions: Please select only one choice below

3.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

frequency)

If you answered "Some craving with minimal/sporadic inability to resist." on question 3

Instructions: Please select only one choice below

3.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Severe craving with no ability to resist." on question 3

Instructions: Please select only one choice below

3.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Severe craving with minimal sporadic ability to resist." on question 3

Instructions: Please select only one choice below

3.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

4. *Relapse Risk:*

(Please select one.)

- No potential for further substance use.
- Minimal relapse potential with some vulnerability.
- Low relapse or continued use potential and good coping skills.
- Lack of/poor skills to cope with and interrupt addiction concerns or prevent/limit relapse or continued use.
- Is engaged with ongoing recovery/support groups.
- Needs support and counseling to maintain abstinence, deal with craving, peer pressure, and lifestyle and attitude changes

If you answered "No potential for further substance use." on question 4

Instructions: Please select only one choice below

4.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Minimal relapse potential with some vulnerability." on question 4

Instructions: Please select only one choice below

4.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Low relapse or continued use potential and good coping skills." on question 4

Instructions: Please select only one choice below

4.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Lack of/poor skills to cope with and interrupt addiction concerns or prevent/limit relapse or continued use." on question 4

Instructions: Please select only one choice below

4.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Is engaged with ongoing recovery/support groups." on question 4

Instructions: Please select only one choice below

4.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Needs support and counseling to maintain abstinence, deal with craving, peer pressure, and lifestyle and attitude changes." on question 4

Instructions: Please select only one choice below

4.7.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

5. *Understanding of current use patterns and risk of relapse:*
(Please select one.)

- Impaired recognition and understanding of substance use and relapse concerns.
- Little recognition and understanding of substance use relapse.
- Is in imminent danger or unable to care for self.

If you answered "Impaired recognition and understanding of substance use and relapse concerns." on question 5

Instructions: Please select only one choice below

5.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Little recognition and understanding of substance use relapse." on question 5

Instructions: Please select only one choice below

5.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Is in imminent danger or unable to care for self." on question 5

Instructions: Please select only one choice below

5.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

6. *Impulsivity:*

(Please select one.)

- No impulsivity noted.
- Somewhat impulsive.
- Very impulsive.

If you answered "No impulsivity noted." on question 6

Instructions: Please select only one choice below

6.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Somewhat impulsive." on question 6

Instructions: Please select only one choice below

6.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Very impulsive." on question 6

Instructions: Please select only one choice below

6.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

7. *Members confidence toward recovery:*

(Please select one.)

- Uncertain about ability to recover or ambivalent.
- Very pessimistic or inappropriately confident about ability to recover but is not in imminent danger or unable to care for self.
- Doubting and/or hesitation about ability to recover.

If you answered "Uncertain about ability to recover or ambivalent." on question 7

Instructions: Please select only one choice below

7.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Very pessimistic or inappropriately confident about ability to recover but is not in imminent danger or unable to care for self." on question 7

Instructions: Please select only one choice below

7.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Doubting and/or hesitation about ability to recover." on question 7

Instructions: Please select only one choice below

7.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

8. *Thrill seeking behaviors:*

(Please select one.)

- Not risk-taking or thrill seeking.
- Low level of risk-taking or thrill-seeking.

- Moderate level of risk taking or thrill seeking.
- High level of risk-taking or thrill-seeking.
- Dangerous level of risk-taking or thrill-seeking.

If you answered "Not risk-taking or thrill seeking." on question 8

Instructions: Please select only one choice below

8.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Low level of risk-taking or thrill-seeking." on question 8

Instructions: Please select only one choice below

8.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Moderate level of risk taking or thrill seeking." on question 8

Instructions: Please select only one choice below

8.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "High level of risk-taking or thrill-seeking." on question 8

Instructions: Please select only one choice below

8.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Dangerous level of risk-taking or thrill-seeking." on question 8

Instructions: Please select only one choice below

8.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

9. *Level of External Influences on member behavior:*
(Please select one.)

- Minimally affected by external influencers
- Moderately affected by external influences.
- Substantially affected by external influences.

If you answered "Minimally affected by external influencers" on question 9

Instructions: Please select only one choice below

9.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Moderately affected by external influences." on question 9

Instructions: Please select only one choice below

9.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Substantially affected by external influences." on question 9

Instructions: Please select only one choice below

9.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

INSTRUCTIONS: PLEASE SELECT ONLY ONE CHOICE BELOW

10. *Psychiatric Medication Adherence Pattern:*

(Please select one.)

- No psychiatric medication required or currently adherent with psychiatric medications.
- Mostly adherent with prescribed psychiatric medications.
- Not at all adherent with prescribed psychiatric medications with failure likely to result in severe problems.

If you answered "No psychiatric medication required or currently adherent with psychiatric medications." on question 10

Instructions: Please select only one choice below

10.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Mostly adherent with prescribed psychiatric medications." on question 10

Instructions: Please select only one choice below

10.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Not at all adherent with prescribed psychiatric medications with failure likely to result in severe problems." on question 10

Instructions: Please select only one choice below

10.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

Instructions: Please select only one choice below

11. *Treatment response history:*

(Please select one.)

- Repeated treatment episodes have positive effect on functioning.
- Difficulty maintaining abstinence despite engagement in treatment.
- Repeated treatment episodes had little positive effect on functioning.

If you answered "Repeated treatment episodes have positive effect on functioning." on question 11

Instructions: Please select only one choice below

11.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Difficulty maintaining abstinence despite engagement in treatment." on question 11

Instructions: Please select only one choice below

11.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Repeated treatment episodes had little positive effect on functioning." on question 11

Instructions: Please select only one choice below

11.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

12. *Demographic Risks:*

(Please select between 1 and 5 items.)

- Is under 25 years of age.
- Never Married.
- Divorced or Widowed.
- Unemployed.
- No high school diploma or GED.

Dimension 6 Recovery/Living Environment (Prior to Admission)

1. *Environmental Support (Prior to Admission):*

(Please select one.)

- Has a supportive environment or is able to cope with poor supports.
- Significant others are not interested in supporting addiction recovery, but member is not too distracted by this situation, and is able to cope with the environment.
- The environment is not supportive of addiction recovery, but with clinical structure individual is able to cope most of the time.
- The environment is not supportive of addiction recovery, and coping is difficult, even with clinical structure.
- The environment is not supportive of addiction recovery and is hostile and toxic to recovery or treatment progress.
- The environment is not supportive of addiction recovery, and is actively hostile to recovery, posing an immediate threat to safety and well-being-immediate action required.

If you answered "Has a supportive environment or is able to cope with poor supports." on question 1

1.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Significant others are not interested in supporting addiction recovery, but member is not too distracted by this situation, and is able to cope with the environment." on question 1

1.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "The environment is not supportive of addiction recovery, but with clinical structure individual is able to cope most of the time." on question 1

1.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "The environment is not supportive of addiction recovery, and coping is difficult, even with clinical structure." on question 1

1.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "The environment is not supportive of addiction recovery and is hostile and toxic to recovery or treatment progress." on question 1

1.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "The environment is not supportive of addiction recovery, and is actively hostile to recovery, posing an immediate threat to safety and well-being-immediate action required." on question 1

1.7.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

2. *Living arrangement/environment (Prior to Admission):*
(Please select one.)

- Living in a dry, drug-free home.
- Safe supportive living situation in a non-dry or non-drug-free home.
- Living alone.
- Someone in the household is currently dependent or using.
- Unstable residence, living in shelter or mission, homeless.

If you answered "Living in a dry, drug-free home." on question 2

2.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Safe supportive living situation in a non-dry or non-drug-free home." on question 2

2.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Living alone." on question 2

2.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Someone in the household is currently dependent or using." on question 2

2.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Unstable residence, living in shelter or mission, homeless." on question 2

2.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

3. *Current exposure to drugs/alcohol in community:*
(Please select one.)

- No overt drug dealing or alcohol access.
- Ready access to alcohol and drugs near the home.
- Extensive drug dealing/solicitation.

If you answered "No overt drug dealing or alcohol access." on question 3

3.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Ready access to alcohol and drugs near the home." on question 3

3.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Extensive drug dealing/solicitation." on question 3

3.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

4. *Cultural norms of member's immediate environment (Prior to Admission):*
(Please select one.)

- Member's immediate social group discourage use.
- Member's immediate social group inconsistent about use.
- Member's immediate social group encourages use.

If you answered "Member's immediate social group discourage use." on question 4

4.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Member's immediate social group inconsistent about use." on question 4

4.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Member's immediate social group encourages use." on question 4

4.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

5. Member's Leisure/Recreational environment (Prior to Admission):

(Please select one.)

- Positive leisure/recreational activities not associated with use.
- Leisure/recreational activities conducive to recovery available.
- Leisure/recreational activities neutral for recovery.
- Alcohol and/or drugs are readily available at preferred leisure/recreational activities.
- Leisure/recreational activities pose severe risks.

If you answered "Positive leisure/recreational activities not associated with use." on question 5

5.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Leisure/recreational activities conducive to recovery available." on question 5

5.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Leisure/recreational activities neutral for recovery." on question 5

5.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Alcohol and/or drugs are readily available at preferred leisure/recreational activities." on question 5

5.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Leisure/recreational activities pose severe risks." on question 5

5.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

6. *Risk of emotional, and/or physical abuse (Prior to Admission):*
(Please select one.)

- No risk for emotional, physical and/or sexual abuse.
- Some risk for emotional, physical and/or sexual abuse.
- Above average risk for emotional, physical and/or sexual abuse.
- Substantial risk for emotional, physical and/or sexual abuse.
- Currently being emotional, physical and/or sexual abuse.

If you answered "No risk for emotional, physical and/or sexual abuse." on question 6

6.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Some risk for emotional, physical and/or sexual abuse." on question 6

6.3.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Above average risk for emotional, physical and/or sexual abuse." on question 6

6.4.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Substantial risk for emotional, physical and/or sexual abuse." on question 6

6.5.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Currently being emotional, physical and/or sexual abuse." on question 6

6.6.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

7. *Current Barrier level to treatment and/or recovery organization and/or planning:*
(Please select one.)

- No logistical barriers to treatment or recovery.
- Logistical barriers to treatment or recovery can be readily overcome.
- Logistical barriers to treatment or recovery are serious but resolvable.
- Substantial logistical impediments to treatment or recovery.

If you answered "No logistical barriers to treatment or recovery." on question 7

7.2.1. *Please explain (Please provide details of selection made by examples and provide frequency)*

If you answered "Logistical barriers to treatment or recovery can be readily overcome." on question 7

7.3.1. Please explain (Please provide details of selection made by examples and provide frequency)

If you answered "Logistical barriers to treatment or recovery are serious but resolvable." on question 7

7.4.1. Please explain (Please provide details of selection made by examples and provide frequency)

If you answered "Substantial logistical impediments to treatment or recovery." on question 7

7.5.1. Please explain (Please provide details of selection made by examples and provide frequency)

8. *Is member currently working or employed?*

(Please select one.)

Yes

No
