

Questionnaire: Intensive Outpatient Program (IOP)

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1. *Date of last use?*

2. *Please provide substances used, patterns of use, and other treatments member has tried*

3. *Frequency of use:*
(Please select one.)
 - Daily
 - Bi-weekly
 - Weekly
 - Monthly
 - Annually

4. *Has member participated in a lower level of service?*
(Please select one.)
 - Yes
 - No

If you answered "Yes" on question 4

4.1.1. *Please provide more details.*

If you answered "No" on question 4

4.2.1. *Please provide more details.*

5. *Is member engaged in treatment?*

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(Please select one.)

- Yes
- No

If you answered "No" on question 5

5.2.1. *Please provide current barriers to member engagement, and interventions planned to overcome barriers.*

6. *ASAM Level:*

(Please select one.)

- I II.1
- II.5 III.1
- III.3 III.5
- III.7 IV

7. *ASAM Dimension 1: Risks of withdrawal*

(Please select one.)

- Low
- Stable
- Medium
- High

8. *ASAM Dimension 2: Biomedical*

(Please select one.)

- Stable
- Medium
- High

9. *ASAM Dimension 3: Biopsychosocial*

(Please select one.)

- Stable
- Medium
- High

10. *ASAM Dimension 4: Motivation*

(Please select one.)

- Precontemplative
- Contemplative
- Preparation

- Action maintenance

11. *ASAM Dimension 5: Risk of Relapse*
(Please select one.)

- Stable
- Medium
- High

12. *ASAM Dimension 6: Recovery Environment*
(Please select one.)

- Stable
 - Medium
 - High
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