ALL CLIENTS SELF EVALUATION PLAN

Rescuing and empowering children, teens and adults who seek freedom from addictions and compulsive behaviors.

recovery for life
hope, help and healing

MY GENERAL INFORMATION

NAME			**TODAY'S DATE:**	
Last 4 of SSN:	DOB:		☐ M ☐ F	
STREET			CITY:	
STATE			ZIP:	
CELL PHONE		H. PHONE	How long have you lived at this address?	
EMAIL		W. PHONE	____	
EMERGENCY		PHONE		

REFERRING / REPORTING AGENCY. WHO DO YOU REPORT TO?

☐ **ASAP**	☐ **COMMUNITY COR./PRETRIAL**	☐ **PARENTS**	☐ **SELF** ☐ **DOCTOR**	☐ **ATTORNEY**
MY CASE P.O. NAME		**PHONE**		
FAX		EMAIL		

INFORMED CONSENT / AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____ give permission for Recovery for Life to share information with the following for the purpose of providing assistance to me. This may include confidential health, disability, treatment, and progress-related information. ASAT/Recovery for Life/Transition Homes is an educational program which implies supervision at all levels. Susan Dye, LPC and Jack Mallery, LPC are our supervisors. I understand and consent to my information being shared via telephone, facsimile, mail, and e-mail.

	NAME	PHONE FAX
☐ PRETRIAL, PROBATION OFFICER		
☐ ASAP CASE MANAGER		
☐ ATTORNEY		
☐ FAMILY MEMBER		
☐ EMPLOYER		
☒ CASE MANAGEMENT	ASAT/Recovery for Life Team	757-456-0093
☐ OTHER		

STATEMENT OF UNDERSTANDING AND CONSENT (please check the boxes and sign)

☐ The RECOVERY FOR LIFE / TRANSITION HOMES / AFFORDABLE SUBSTANCE ABUSE TREATMENT STAFF seeks to help facilitate the resolution of the problem that brought you here. While information that you share is confidential, legal and/or medical intervention and/or sharing of information may occur in the following situations:

- if you direct Recovery for Life/ Transition Homes/Affordable Substance Abuse Treatment to tell someone else
- if Recovery for Life, etc. determines you are a danger to yourself and/or others
- it is always mandatory child abuse or endangerment, (under the age of 18) or of an elder (over the age of 65) be reported
- if ordered by a court to disclose information.

☐ "I am not expecting or depending on any recommendations to seek professional or licensed counselors, therapists, medical or psychology practitioners. I understand that I am not being advised to alter any prescription medications. I understand that I am free to leave at any time and that I am under no financial obligation. I understand that the Team/Staff are at liberty to discuss my case. I am also aware of my right to ask for clarification of any part of this 'Statement of Understanding.'"

☐ Recovery for Life prohibits discrimination against its clients on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information.

☐ If at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone ***else,*** please call 911 for assistance. Your signature below indicates consent for us to help you and/or members your family.

☐ I understand that by typing my name and continuing this assessment evaluation, I am electronically signing this document.

Signature: _____ **Date:** ____

MY PERSONAL STATUS

☐ MARRIED	☐SEPARATED	☐ SINGLE	☐DIVORCED	☐WIDOWED

WORK HISTORY	I am currently employed at	
	I am out of work because	
	Labor/Skills I possess	
	Children and their ages	

MY PRESENTING ADDICTION SYMPTOMS & EMOTIONAL ISSUES

☐DEPRESSION	☐ MARRIAGE ISSUES	☐ALCOHOL	☐ SEX	☐ INSOMNIA	☐ OTHER
☐INTERNET	☐GAMBLING	☐WORK	☐FOOD	☐PORNOGRAPHY	
☐ANXIETY	☐ ANGER ISSUES	☐ VIOLENCE	☐ DRUGS	☐ INTERNET	

LIFETIME CONVICTION - ARREST HISTORY

ARREST DATES	**EXPLAIN ALL ARRESTS (IF D.U.I. - LIST YOUR BLOOD ALCOHOL CONTENT (BAC) OR CHARGES)**		
	reason:	(BAC)	Details:
	reason:	(BAC)	Details:
	reason:	(BAC)	Details:

MY FAMILY HISTORY MENTAL HEALTH (EXPLAIN)

PLEASE EXPLAIN – PARENTS / GRANDPARENTS HAVE/HAD ISSUES WITH ANY OF THE FOLLOWING

☐ ALCOHOLISM	☐ DEPRESSION
☐ SUBSTANCES	☐ SUICIDE

EDUCATIONAL BACKGROUND

HIGHEST DEGREE EDUCATION	
CERTIFICATIONS	

MY MEDICAL HISTORY

FORMER SUBSTANCE ABUSE TREATMENT	Explain	
☐ I have been diagnosed with a disorder	Explain	
☐ I was in a psychiatric hospital for	Explain	
☐ I have gone to counseling for	Explain	
☐ I've had an increase or decrease in appetite.	Explain	
☐ I have unintentionally gained or lost weight . . .	Explain	
☐ Have you ever tried to hurt yourself or commit suicide?	Explain	
☐ Do you ever hear things that other people cannot hear?	Explain	
☐ Do you ever see things that other people cannot see?	Explain	
☐ Do you feel you have special gifts or powers?	Explain	
☐ Do you ever hear things that other people cannot hear?	Explain	
☐ Outside alcohol/drug use, has your behavior ever caused problems?	Explain	
☐ Have you stopped doing things you used to enjoy.	Explain	
☐ Do you have a history of trauma?	Explain	
☐ Have you experienced significant deaths/losses?	Explain	
☐ How do you tend to express grief?	Explain	
My current physical health is. . .	Explain	☐ GOOD ☐ POOR ☐ BAD
My current sleep patterns . . .		How many hours a night do you sleep? ____
Current prescribed medications	☐NONE	LIST:

MY SUBSTANCE USE HISTORY

☐ My main substance of use has been: _____	☐ How much do you spend on it weekly? $_____
☐ My secondary drug of choice is: _____	☐ How much time do you spend obtaining it? _____
☐ When did you become aware of your abusive substance use? explain:	☐ Have you ever been completely abstinent from all drugs for a period of time? __ yes __ no explain:

MY SUBSTANCE ABUSE HISTORY

AGE WHEN YOU FIRST USED?	CHECK IF YES	AGE FIRST TIME / LAST TIME USED - DATE	
Alcohol (liquor/ beer/wine)	☐	age first use -	I last used on _____
Marijuana, hashish, pot, THC	☐	age first use -	I last used on _____
Cocaine, crack cocaine	☐	age first use -	I last used on _____
Amphetamine, meth, Adderall, speed, ice	☐	age first use -	I last used on _____
Designer drugs, extasy, mdma	☐	age first use -	I last used on _____
Benzodiazepine, Xanax, Ativan, klonopin, valium	☐	age first use -	I last used on _____
Barbiturates, amytal, pentobarbital, seconal	☐	age first use -	I last used on _____
Ambien, sleep aids, lunesta, sonata	☐	age first use -	I last used on _____
Kratom, or other plant-based substance	☐	age first use -	I last used on _____
Opiates, heroin, codeine, fentayl, hydrocodone, vicodin, morphine, methadone, suboxone	☐	age first use -	I last used on _____
Hallucinogens, mushrooms, others	☐	age first use -	I last used on _____
Any other substance	☐	age first use -	I last used on _____

ETHNICITY

☐ CAUCASIAN ☐ AFRICAN AM. ☐ ASIAN ☐ OTHER

SPIRITUAL/RELIGIOUS AFFILIATION

RELIGION/DENOMINATION	LEVEL OF ACTIVITY ☐ High ☐ Moderate ☐ Low ☐ Inactive

Do you feel your religious beliefs will have an impact on your treatment here? ☐ No ☐ Yes (explain)

Would you identify yourself as: ☐ Protestant ☐ Catholic ☐ Jewish ☐ Other _____

_____

ARE YOU COMFORTABLE WITH THE 12 STEPS OF AA AND TALKING ABOUT SPIRITUALITY, GOD IN YOUR RECOVERY?	☐ YES	☐ SOMEWHAT __ NO

REFERRAL SOURCE

I WAS REFERRED BY

_____ PH. _____

DSM-5 QUESTIONNAIRE

(Please check the box(es) below for substances you have used)

☐ **ALCOHOL** ☐ **MARIJUANA** ☐ **COCAINE** ☐ **OPIATES** ☐ **AMPHETAMINES** ☐ **OTHER**

IN THE LAST YEAR, DID THE ABOVE SUBSTANCE (S) MAKE YOU . . . (CHECK THE BOX OF THE SUBSTANCE(S) YOU'RE HERE FOR (Note, if you did not complete ASAP or treatment previously, answer the questions about the time of most use)

Please check and explain any descriptions that apply to you and your substance use.

☐ **YES.** Sometimes I have used more (__ alcohol and or __ illegal drugs) than I meant to for a longer period of time than I planned on. *(Example: "I was going to have a beer with friends for an hour and shoot pool. Ended up drinking 3 beers and was there for 4 hours.")* **If yes, please explain.**

_____

☐ **YES.** I have tried to (or wanted to) cut down on or control the amount of my (alcohol / illegal drugs) use but didn't. *(Example: "I've stopped drinking for weeks, even months, but picked back up later.")* **If yes, please explain.**

_____

☐ **YES.** I have spent too much time and/or money getting (alcohol / illegal drugs), using them, and recovering from their effects (hangovers, etc.). *(Example: "Drinking/using has wasted a lot of my time and costs me too much!")* **If yes, please explain.**

_____

☐ **YES.** I have experienced cravings or urges to use (alcohol / illegal drugs). *(Example: "Often, when I haven't drank/used for a while, I just feel like a drink or a little bit of drugs would help me feel a lot better.")* **If yes, please explain.**

_____

☐ **YES.** My __ home, __ work, or __ school life has been negatively affected by my use (alcohol / illegal drugs). "I've shown up late, missed family events or meetings because of use. *(Example: "Family members say I'm just not there for them like I used to be.")* **If yes, please explain.**

_____

☐ **YES.** Even though my (alcohol / illegal drugs) use has caused relationship problems, I have continued to use. *(Example: "My parents, spouse, girlfriend, etc. get upset over my use. We have argued about it.")* **If yes, please explain.**

_____

☐ **YES.** Because of my (alcohol / illegal drugs) use, I have given up on or reduced my involvement in certain hobbies, sports, social events, occupational, or recreational activities. *(Example: "I don't play sports, enjoy hobbies, etc. like I used to because of my use.")* **If yes, please explain.**

_____

☐ **YES.** Even though (alcohol / illegal drugs) put me in danger, I used anyway. *(Example: "I got a DUI, I drove any type of vehicle after drinking/using, or operated machinery, made risky choices, etc.")* **If yes, please explain.** How many times did you drive/operate a vehicle, boat, machinery, etc. after drinking alcohol in the last year and did not get caught? ____

_____

☐ **YES.** Despite realizing that my (alcohol / illegal drugs) use was causing physical and/or psychological problems (or making such problems worse), I continued to use. *(Example: "It has complicated issues like diabetes, blood pressure, ADD, depression, etc.")* **If yes, please explain.**

_____

☐ **YES.** I consistently needed more of the substance (alcohol / illegal drugs) to get the same effect/high. *(Example: "I used to get a buzz from 3 drinks, now it takes me 5 to feel the same way.")* **If yes, please explain.**

_____

☐ **YES.** I have experienced withdrawal symptoms after stopping my use. *(Example: "I felt sick, had headaches, shakiness, dizziness, sweaty, heart palpitations, etc. after I stopped use.")* **If yes, please explain.**

_____

TOTAL: ____ The previous questions were adapted from the diagnostic criteria (DSM-5) developed by the American Psychiatric Association. These questions helped you identify the type and severity of problems and physical symptoms related to your use of alcohol or other drugs over

the last year. (DSM-5 = MLD4-5)

ALCOHOL USE DISORDERS IDENTIFICATION TEST (A.U.D.I.T.)

Questions about your ALCOHOL use in the last year or <u>when you were drinking</u>. If you have not gone to treatment when you were expected to, then answer for the time when you were drinking the most. (place your answer's number under "score")						
Remember, a serving is 12 oz. beer = 4 oz. glass of wine = 1.5 ounces of liquor						
Place the number that best describes your alcohol use in the gray column at the right	**0**	**1**	**2**	**3**	**4**	**SCORE 0-4**
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
How many drinks do you have on a typical day when you're drinking? (12 oz. beer = 4 oz wine = 1.5 ounces liquor)	1 or 2	3 or 4	5 or 6	7,8 or 9	10 or more	
How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session the night before? (eye opener)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year	
Has a relative, friend, doctor (or any another health worker) been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year	
TOTAL						

DAST: DRUG ABUSE SCREENING TEST

For Substance Use (other than alcohol).	CHECK IF YES
1. Have you used drugs other than those prescribed for medical reasons?	☐
2. Have you abused prescription drugs? (borrowed someone's prescription, bought someone's medication, taken more than the standard dose, etc.)	☐
3. Do you use more than one substance at a time? (alcohol plus marijuana, for example)	☐
4. Do you struggle with stopping drug use even if you want to?	☐
5. Have you had "blackouts" or "flashbacks" as a result of drug use?	☐
6. Do you ever feel bad about your drug abuse?	☐
7. Does your spouse/significant other (or parents) ever complain about your involvement with drugs?	☐
8. Has drug abuse ever created problems between you and your spouse/significant other (or parents)?	☐
9. Have you ever lost friends because of your use of drugs? (i.e. certain people no longer want to associate with you because you use).	☐
10. Have you ever neglected your family or missed work because of your use of drugs?	☐
11. Have you ever been in trouble at work because of drug abuse?	☐
12. Have you ever lost a job because of your drug abuse?	☐
13. Have you gotten into fights when under the influence of drugs?	☐
14. Have you engaged in illegal activities to obtain drugs? (bought, sold, distributed or stolen for drugs, etc.)	☐
15. Have you ever been arrested for possession of illegal drugs?	☐
16. Have you ever experienced withdrawal symptoms as a result of drug use?	☐
17. Have you had medical or mental health problems as a result of use (memory loss, lack of focus, depression, hepatitis, convulsions, or bleeding, etc.)?	☐
18. Have you ever gone to anyone for help for a drug problem?	☐
19. Have you ever been involved in a treatment program specifically related to drug use?	☐
TOTAL BOXES CHECKED	

CLIENT STATEMENTS ASSESSMENT

Questions about your ALCOHOL use in the last year when you were drinking. If you have not gone to treatment when you were supposed to, then answer for the time when you were drinking the most. If your answer is YES, put a 10 in the right column.		
STATEMENT		**A YES = 10**
"I realize I have an alcohol or other substance abuse **problem.** (Getting a DUI is a problem)."		
"I have had serious **consequences** from drinking/substance use." (arrest, jail, health, etc.)		
"I had an offense before this one within the last **6 years.**" (DUI, drunk in public, etc.)		
"I drank/used while I was in treatment or on probation." (i.e. since enrolling in ASAP program)		
"I have been to a **detox, treatment**, or a medical program before." (due to substance abuse).		
"My BAC was a **0.15** or higher." (or I refused the breathalyzer)		
"I've had more than one **non-driving** conviction/offense." (drunk in public, or other substance-related).		
"I had an **interlock violation**, or positive reading on a breathalyzer device or drug screen during ASAP."		
"I got another alcohol or other drug-related conviction/offense." (during the ASAP probationary period).		
"I have been using a substance that can be **addicting**." (has the potential to lead to dependence).		
"I used an **illegal substance** within 6 months of the current offense." (marijuana, any other illegal drugs)		
"I didn't **complete** my treatment assessment as instructed by VASAP."		
"I received an assessment at another treatment provider." (before coming here.) name:		
"I didn't **complete treatment** as required by a prior treatment provider."		

"1 or more of my **parents** drink/drank/used."			
"1 or more of my **grandparents** drink/drank/used."			
"People around me at **home** drink/use."			
"People around me at **work** drink/use while at work."			
"I need someone to help me stay sober/clean."			
"My life seems **dysfunctional** (out of control) from drinking/using."			
"It's been hard to be **motivated** to stop."			
"I cannot imagine my life without alcohol/ other substance."			
"I shouldn't have to stop drinking/using. No one can tell me I can't have a drink/use drugs."			
"I get/feel **defensive** when confronted about my use."			
"I have an **emotional drive** to use." (loss of a family member, bad mood, bad day, etc.)			
"I began alcohol / illegal drug use at ___ years of age." (if under 21, write a score of **10**)			
"Drinking/using has become more **important** than my goals."			
"Drinking/using has created **other health issues**."			
	TOTAL		

ADDICTION SEVERITY INDEX (ASI) TREATMENT PLAN

Client Name: _____ **Date:** _____
Counselor: _____

STRUGGLES	**"My main substance abuse struggles are …"**
	(Example: "I have a problem with _____.")
1.	
2.	
3.	
4.	
GOALS	**"I need to learn _____ to live a sober life …" (match the issues above)**
	(Example: "I need to learn to ask for help when I'm struggling with drinking/using.")
1.	
2.	
3.	
4.	
OBJECTIVES	**"So, I will commit to 'doing' the following …" (match the goals above)**
	(Example: "I will attend ____ number of treatment groups.")
1.	
2.	
3.	

4.	
CONSEQUENCES	**"Ways my life would change if I continue to use or get arrested again."**
	(Examples: "I would lose my job, children, become a felon, etc.")
TREATMENT	**"Substance abuse treatment could help me. . . "**
	__ develop coping skills
	__ interact with others in the same situation I'm in
	__ learn about addiction
	__ affirm my commitment to never drink/use and drive
	__ monitor my substance use intake, be accountable
	__ comply with probation, ASAP, etc.
	__ other
REWARDS	**"The benefits of staying sober are."**
VASAP Treatment Referral - YOU MUST remain alcohol and drug free during probation/treatment!	