

NOTE: This report contains a brief set of questions and a preliminary analysis that may not be used to justify an ASAM Level of Care placement. This report **MAY** help identify a recommended setting where a complete multi-dimensional interview according to the ASAM Criteria, published by the American Society of Addiction Medicine, may be obtained. CONTINUUM TriageTM is not a replacement for individual provider assessment and sound clinical judgement.

ASAM and its partners, affiliates, and/or licensees (including FEI Systems) assume no direct or indirect liability for improper care or negative outcomes that may ensue from the use of this instrument. Consider your patient’s needs carefully, using this instrument as an introductory source of data, along with additional clinical interviewing. The ASAM Criteria **MAY NOT** encompass all levels and types of services which may be available in a changing health field. Therefore, the criteria **MAY NOT** be wholly relevant to all levels and modalities of care.

Questions	Answers
1) Does interviewee accept screening?	Yes
2) Wants help with substance use problem? For self or other?	Yes, substance use problem of self
3) Relationship to identified patient? Identified patient willing to be interviewed? Willing to learn how to help identified patient?	
4) Problem substance(s) for which help is sought? Name of other drug(s) Comments:	Alcohol; Marijuana or cannabis; Methadone or buprenorphine or Suboxone [®] , even if from a program or a doctor; Non-barbiturate sleeping pills, anti-anxiety pills, sedatives, or hypnotics such as benzodiazepines (e.g., Ativan, Xanax, Ambien), even if by prescription; Solvents or inhalants

Dimension 5 - Relapse, Continued Use, or Continued Problem

5) Able to stop using alcohol/drug(s) for several days or a week or longer, OR need to use every day? Comments:	Able to stop
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Dimension 1 - Acute Intoxication and/or Withdrawal Potential

6) Withdrawal Management (detox) needs? Comments:	3-Withdrawal OR evidence of imminent withdrawal AND no risk of severe withdrawal syndrome AND moderate withdrawal is safely manageable at Level 3.2-WM
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Dimension 2 - Biomedical Conditions and Complications

7) Any medical problems these days?	Neurological, seizures or fits; Cardiovascular (heart, circulation, heart attacks, or hypertension);
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Name of other medical problem(s)

- 8) Medical problems severity? Moderate problems require close outpatient follow-up (e.g., diabetes, patient needs regular healthcare visit(s) but not urgently)
 - 9) Pregnant? Not applicable - male patient
 Any high risk?
 Beyond 4th month?
 Is baby moving regularly?
- Comments:

Dimension 3 - Emotional, Behavioral, or Cognitive Conditions

- 10) Psychological or emotional problems? Panic Disorder; Social Phobia; Eating Disorder; Depressive Disorder;
 Name of other problem(s)
 - 11) Presence, severity & relationship to substance use of: Symptoms not present
 trouble understanding, concentrating, or remembering things?
 - 12) Presence, severity & relationship to substance use of: Symptoms present but not serious/no impairment with
 hallucinations, that is, seeing, hearing, smelling or activities and no imminent risk of harm
 feeling things that are not there?
 - 13) Presence, severity & relationship to substance use of: Symptoms present but not serious/no impairment with
 serious thoughts of suicide, that you would be better off activities and no imminent risk of harm
 dead, or wanting to hurt yourself?
 - 14) Presence, severity & relationship to substance use of: Not answered
 serious thoughts or urges to hurt.
 - 15) At this point, how difficult is/are this/these problem(s), Moderately (some difficulty taking care of things)
 making it for patient to work OR take care of home or
 life OR get along with others?
- Comments:

Dimension 4 - Readiness to Change

- 16) Any concerns about pursuing treatment for substance No; open to fully participating in any recommended treatments
 problem(s)?
 Comments:

Dimension 6 - Recovery / Living Environment

- 17) Involved in any court or legal/criminal case that requires Yes, legally mandated to residential care
 residential/inpatient program or halfway house?

- 18) Does patient have a safe place to live and begin treatment? No/homeless or unable to consistently attend without the support of supervised shelter
- 19) Does patient have safe transportation to treatment? Has both license AND car & can use safely
- 20) Would ambulation/mobility problems impede attending treatment? Not sure/possibly
- 21) Will daily routine keep patient occupied most days AND free from problematic alcohol or drug(s)? Yes

Comments:

FINAL SCORING & PROVISIONAL RECOMMENDATION
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This individual has met the provisional requirements for: Level 3 - Residential/Inpatient Services.

QUALIFIERS - SUBLEVELS OF CARE
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This patient also shows need(s) for the following type(s) of care: Withdrawal Management, Co-Occurring Capable, Co-Occurring Enhanced.

Note:

1. L-0.5, L-1, L-2 and L-4 in this Triage Tool are fully specified, whereas L-3 has specifications but can also be selected as a default, when none of the other LOCs are specified. This is to insure adequate services for the initial evaluation site, where additional detail will become known in the full CONTINUUM(TM) assessment.
2. L-OTS is not one LOC but includes: OTP – Opioid Treatment Programs (federally-regulated methadone clinics); OBOT – Office-Based Opioid Treatment (with buprenorphine or oral or extended-release naltrexone plus outpatient psychosocial management); or one of these FDA-approved medications *in combination with* another Level of Care. IN PREGNANCY: Patient should be sent to either OTP, or if unavailable, OBOT. Otherwise, the choice between OTP, OBOT & XR-NTX should be by patient choice. L-OTS can be combined with any other LOC; therefore, if L-OTS is recommended in addition to L-3 or L-4, the patient should proceed to a L-3 or L-4 site for full evaluation.
3. If L-4 is recommended, consider ambulance transport, e.g., if patient is frankly psychotic, acutely suicidal, or acutely medically ill.