



## ESIS – Escalator Substance Impact Scale

### General Admission Information

**Consumer Name:** Click here to enter text.

**Consumer DOB:** Click here to enter a date.

**Consumer Age** Choose an item.

**Today's Date:** Click here to enter a date.

**Assessor Name/Credentials:** Click here to enter text.

**Consumer Identified Gender:** Choose an item.

➤ Other Describe - Click or tap here to enter text.

### Consumer Self-Perception of Substance Use

**Briefly, in your own words: Why do you believe that you are receiving a substance use assessment today?** (If referred for substance use assessment include referral source and brief explanation of why substance use assessment was recommended)

Click here to enter text.

**What is your goal? (What do you personally want to achieve from this substance use assessment?)**

Click here to enter text.

**When it comes to substance use, do you think you have a problem that this or another facility like this can help you with?**

Choose an item

➤ **Comments** - Click or tap here to enter text.

**Do you have a desire to change this issue?**

Choose an item.

➤ **Comments** - Click or tap here to enter text.

### Substance Use Treatment History and Personal Impact

**To the best degree that you can remember, how many times have you received treatment for a substance-related issue in the following levels of care?**

<b>Psychiatric Hospitalization</b>	Choose an item.	<b>Partial Care/Day Program</b>	Choose an item.
<b>Long Term Residential</b>	Choose an item.	<b>Outpatient</b>	Choose an item.
<b>Short Term Residential</b>	Choose an item.	<b>Ambulatory Withdr. Mgmt.</b>	Choose an item.
<b>Inpatient Detox</b>	Choose an item.	<b>Medication Assisted Tx</b>	Choose an item.

**Comments (Include details of most recent treatment episodes and discuss outcomes)**

Click or tap here to enter text.

**Have you ever experienced any of the following?**

<b>Withdrawal symptoms</b>	Choose an item.	<b>Overdose</b>	Choose an item.
<b>Psychosis</b>	Choose an item.	<b>Narcan Reversal</b>	Choose an item.

**Comments (Include details of any of the above withdrawal, overdose, etc. – Describe current where applicable)**

Click or tap here to enter text.



## Substance Use History

[<click any blue link in this assessment for additional instructions and guidelines>](#)

**Current Age** Choose an item.

Substance	*Age of 1 <sup>st</sup> Use	*Date of last use	Describe Recent Frequency/Quantity/Method	*Age(s) of Peak Use	Describe Peak Use Frequency/Quantity/Method
Alcohol	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Marijuana	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
1- Substance: Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2- Substance: Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3- Substance: Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Nicotine/Tobacco	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**OTHER – Summarize any other significant substance use patterns or other relevant information about substance use not recorded in the above chart here:**

Click here to enter text.

***In which social situation do you mostly use substances?*** Choose an item

**Do you have a substance of choice?**

Click or tap here to enter text.



### Substance Use Impact Grid

Life area	Score
<p><b><u>Family History of Substance Use</u></b></p> <p>➤ Does consumer have a family history of substance use?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Current Living Environment</u></b></p> <p>➤ Is consumer around substance use at home?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Social Environment</u></b></p> <p>➤ To what extent is consumer around substance use socially?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Mental/Emotional</u></b></p> <p>➤ Does consumer report using substances to cope mentally/emotionally?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Educational/Employment</u></b></p> <p>➤ Has substance use ever impacted school/work attendance or performance?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Legal</u></b></p> <p>➤ Has substance use impacted consumer legally?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Medical/Physical Health</u></b></p> <p>➤ Has substance use impacted consumer's health?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.
<p><b><u>Relationships</u></b></p> <p>➤ To what extent has substance use affected family and social relationships?</p> <p>COMMENTS - Click or tap here to enter text.</p>	Choose an item.



## **CONCLUSIONS/FINDINGS**

### **ADDITIONAL INFORMATION (Not otherwise recorded in other sections)-**

Click or tap here to enter text.

### **CLINICAL SUMMARY – Summarize findings from this assessment here.**

Click or tap here to enter text.

### **SUBSTANCE USE DIAGNOSIS – [Click to view DSM-5 Criteria](#)**

Not applicable/unknown at this time

➤ **List SUD diagnoses below**

Click or tap here to enter text.

### **SUBSTANCE USE LEVEL OF CARE RECOMENDATION - [Click to view ASAM Placement Criteria Guidelines](#)**

Click or tap here to enter text.

### **SIGNATURES, CREDENTIALS & DATE SIGNED**

Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

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**End of Substance Use Assessment**



## **INFORMATION and GUIDELINES**

### **Directions for Substance Use History –**

The goal is to get a basic substance use history or overview. Start with alcohol and marijuana and then for the additional sections select substances based on consumer's viewpoint on substances used based on perception of which substances were used most often or had the most impact. Remember to ask about illicit, legal, and prescribed substances that may have been used/misused. Alcohol, marijuana and tobacco are already included in the grid provided

[Return to Substance Use History Chart](#)

### **Directions for Substance Use Impact Grid –**

This section takes some clinical skill on behalf of the assessor. The best way to assess the areas in this grid is through an open and non-confrontational dialogue with the consumer. It may be best to engage in a conversation in each area and record information in your comments, then go back at the end and assess the score in the right column once information has been gathered.

[Return to Substance Impact Grid](#)

### **Guidelines for Family History of Substance Use**

- ❖ None – Consumer denies any history of substance use problems or other concerns in current family or past family situation
- ❖ Mild – Consumer is reporting some history of family substance use or problems but nothing that impacted consumer's upbringing, and nothing is seriously affecting consumer currently
- ❖ Moderate – Consumer is reporting that there is significant substance use in family currently or in history. This substance use may have impacted consumer's childhood or impact current functioning to some degree
- ❖ Severe – Either a past history or a present issue with family substance use is directly impacting consumer's functioning today or has had a significant impact on consumer's childhood. Things such as severe family arguments/fights, domestic violence, trauma, or abuse history related to substance use would be considered severe. Active addiction in the home may also be considered severe depending upon the extent and how it effects consumer's substance use and overall functioning

[Return to Family History](#)

### **Guidelines for Current Living Environment**

- ❖ None – Consumer denies any history of substance use problems or other concerns impacting living situation
- ❖ Mild – There may be some substance use in the home but overall there is little impact on daily functioning
- ❖ Moderate – Substance use in home impacts consumer's decisions. For example, consumer may avoid a family member who is using or find that family member to be a relapse trigger or temptation when consumer trying not to use
- ❖ Severe – Someone in the home has a significant addiction that directly impacts the behavior or emotions of the family.

[Return to Current Living Environment](#)



### **Guidelines for Social Environment**

- ❖ None – Consumer denies being around substance use or misuse in social situations.
- ❖ Mild – There may be some substance use in consumer’s social environment but overall there is little impact on daily functioning
- ❖ Moderate – The majority of consumer’s social contacts use substances. Consumer’s social life to some degree revolves around substance use
- ❖ Severe – Consumer’s social contacts almost entirely revolves around substance use. Consumer may have few if any non-substance using supports

[Return to Social Environment](#)

### **Guidelines for Mental Health/Emotional Functioning**

- ❖ Denied or Never– Consumer denies using substances to cope with stress, difficult emotions or mental health issues or only does so infrequently
- ❖ Occasionally – Consumer may use substances to relax, ease stress, to manage mental health issues or to escape however this is not client’s primary way of coping as client has other methods
- ❖ Moderately/Frequently – Consumer regularly uses substances as a means to cope with stress, challenging emotions or as a means to cope with other co-occurring mental health issues or symptoms
- ❖ Severe/Almost Always – Using substances is client’s primary way to cope with life, with stress, with challenging emotions and/or with co-occurring mental health conditions or symptoms

[Return to Mental Health/Emotional](#)

### **Guidelines for Educational/Employment Functioning**

- ❖ Never or Rarely- Consumer denies that substance use has ever adversely impacted either past or present work or school attendance or performance.
- ❖ In the past but not currently – Consumer reports that in the past substance use may have impacted school and/or work functioning but this has not occurred in the past year
- ❖ Moderate impact – Within the past year substance use has affected work or school functioning including missed days at work or school, decrease in grades or work performance, losing a job, inability to find a job because of substance use, etc.
- ❖ Severe impact – Consumer is experiencing current or recent work or school problems due to substance use such as positive drug test at work or school, threat of expulsion or job loss, long term unemployment due to inability to work because of substance use, etc.

[Return to Educational/Employment](#)

### **Guidelines for Legal Functioning**

- ❖ Never or Rarely- Consumer denies that substance use has resulted in criminal activity, arrest or other legal problems
- ❖ In the past but not currently – Consumer reports past substance use resulted in legal issues but none in past year
- ❖ Moderate impact – Within the past year substance use has resulted in illegal behavior and/or arrest(s) or probation
- ❖ Severe impact – Consumer has a current legal issue related to substance use that needs to be resolved or consumer recently incarcerated or at risk of incarceration due to substance use related criminal activity and/or legal status

[Return to Legal](#)



### Guidelines for Medical/Physical Health

- ❖ Never or Rarely- Consumer denies that substance use has impacted health or is causing any known health risk
- ❖ In the past but not currently – Consumer reports substance use has resulted in past health risk, health issues or injuries but none in the past year
- ❖ Moderate impact – Consumer reports some health risk or health concerns or injury either directly or indirectly related to substance use but nothing that is currently life threatening
- ❖ Severe impact – Consumer substance use has potentially life changing or life-threatening health issue either caused or impacted by substance use (for example using stimulants with heart condition, drinking with pancreatitis, etc.)

[Return to Medical/Physical](#)

### Guidelines for Relationships

- ❖ Never or Rarely- Consumer denies that substance use has adversely impacted relationships with family or friends
- ❖ In the past but not currently – Consumer reports past substance use resulted in social or family problems such as arguments, fights, breakups of relationships, etc. – but none in past year
- ❖ Moderate impact – Within the past year substance use has resulted in some social and/or family problems such as arguments, family or friends opposed to consumer's substance use, arguments or fights, lost relationships or broken friendships, etc.
- ❖ Severe impact – Consumer's relationships with family and/or friends has been significantly impacted by substance use (For example, social isolation due to ongoing substance use, getting kicked out of home by family or relationship partner due to substance use, loss of custody of children due to substance use, etc.)

[Return to Relationships](#)

### DSM-5 Substance Use Disorder Criteria

Clinician goals for this section – Gather information to determine substance use diagnosis as well as ASAM level of care info:

DSM – 5 criteria (Clinician does not need to ask each question verbatim, however through discussion with consumer try to determine if any of the following criteria are present for consumer's primary substance(s))

- Does the consumer ever use a substance in larger amounts and for longer than intended?
- Has the consumer wanted to cut down or quit but struggled to do so?
- Does the consumer spend a lot of time using and obtaining the substance?
- Does the consumer report cravings or strong desire to use substances?
- Has the consumer's substance use interfered with obligations such as work, school, or home responsibilities?
- Has the consumer experienced social or interpersonal problems caused or made worse by substance use?
- Has there been any reduction in important social, occupational or recreational activities due to substance use?
- Has there been repeated use in dangerous or hazardous situations/ (e.g. While driving, at the workplace, etc.)?
- Has consumer used substance despite knowledge of physical or psychological difficulties related to use?
- Has consumer experienced tolerance?
- Has the consumer experienced withdrawal symptoms or used nonprescribed substance to prevent withdrawal?

➤ *A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe*

[Return to Substance Use Diagnosis](#)