E5 Brief Integrated Substance Use Assessment

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.

Substance Use Information - Check Substances Used:

☐ Alcohol ☐ Marijuana ☐ Opioids ☐ Heroin ☐ Benzodiazepine ☐ Cocaine (☐powder or ☐ IV) ☐ Crack cocaine	☐ Methamphetamine ☐ Over the Counter ☐ Inhalant ☐ Hallucinogen (Specify type) Click here to enter text. ☐ Other – *Describe below* Click here to enter text.

Substance Use History Chart:

Current Age Choose an item.

Substance	*Age of 1st 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/ THC	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.

Do you now, or have you ever thought that you may have a substance use problem?
☐No ☐ Not Sure ☐ Yes – Details: Click here to enter text.
Why would you say that you use substances? Click here to enter text.

Family History- *Does your have a family history of substance use issues?*
☐No ☐Yes – Describe: Click here to enter text.

Legal History- Have you ever been arrested directly or indirectly or had any other legal issues due to substance use?
☐No ☐Yes – Describe: Click here to enter text.

Have you ever had prior substance use related treatment or other services? (Check all that apply)
☐No history of any substance use related treatment or community support involvement
☐Outpatient Details (When/where/why, etc.)- Click here to enter text.
☐Intensive Outpatient Details (When/where/why, etc.)- Click here to enter text.
☐Detoxification Details (When/where/why, etc.)- Click here to enter text.
☐Inpatient/Residential Details (When/where/why, etc.)- Click here to enter text.
☐12 Step/Community Details (When/where/why, etc.)- Click here to enter text.

In which social situation do you mostly use substances? Choose an item **Comments:** Click here to enter text.

Have you had any significant periods of abstinence or recovery from using substances since you've started?
☐Not applicable
☐No significant periods of abstinence or recovery
☐Yes - Describe details below: When? How long? When did it end? What was working for you at that time?
Click here to enter text.

Diagnostic information - Please answer the following questions as openly and honestly as possible. (Clinician check if "yes" and then provide comments on any related details)
☐ Do you ever end up using substances in larger amounts or for longer time periods than intended?
If YES comments: Click here to enter text.
☐ Have you ever wanted to cut down or quit using substances but struggled to do so?
If YES comments: Click here to enter text.
☐ Do you ever experience cravings or strong desire to use substances?
If YES comments: Click here to enter text.
☐ Has your substance use interfered with obligations such as work, school, or home responsibilities?
If YES comments: Click here to enter text.
☐ Have you experienced social or interpersonal problems caused or made worse by substance use?
If YES comments: Click here to enter text.
☐ Have you ever experienced any reduction in important social, occupational or recreational activities due to substance use?
If YES comments: Click here to enter text.
☐ Have you ever used substances in dangerous or hazardous situations/ (e.g. while driving, at the workplace, etc.)
If YES comments: Click here to enter text.
☐ Have you ever used substances despite knowledge of physical or psychological difficulties related to use?
If YES comments: Click here to enter text.
☐Have you ever experienced tolerance?
If YES comments: Click here to enter text.
☐Have you ever experienced withdrawal symptoms or used non-prescribed substance to prevent withdrawal?
If YES comments: Click here to enter text.

Have you ever been prescribed Medicated Assisted Treatment? (Such as Methadone, Naltrexone, Suboxone, etc.)
☐No ☐ Yes: Details (When/why/ by whom?) - Click here to enter text.

SUBSTANCE USE RELATED RISK/SAFETY –

Overdose -Do you have any history of accidental overdose?
☐No
☐Yes - Describe details: When? How many? What happened? Have you ever been given Naloxone for OD? - Click here to enter text.

Danger to Self or Others – Have you ever had thoughts of harming yourself or others when using substances?
☐No
☐Yes - Describe details: When? How many? What happened? - Click here to enter text.

Hospitalizations – Have you ever been hospitalized medically or psychiatrically directly or indirectly due to substance use?
☐No
☐Yes - Describe details: When? How many? What happened? - Click here to enter text.

CLINICAL OBSERVATIONS

Are there any observable signs of intoxication or withdrawal at this time?
☐No ☐ Yes: Describe - Click here to enter text.

Observations and perceptions regarding consumer attitude and communication about substance use – (Check all that apply)
☐Open ☐Cooperative
☐Guarded ☐Defensive
☐Inconsistent ☐Quiet/withdrawn
Comments on observations of client communication and attitude: Click here to enter text.

Clinician perception on consumer's insight and motivation levels – Select a choice for all three areas:
Insight level: Choose an item. External Motivation: Choose an item. Internal Motivation: Choose an item.
Current Motivational Stage of Change for Substance Use: Choose an item.
Overall comments on insight and motivation: Click here to enter text.

Additional Information: Click here to enter text.

SUBSTANCE USE DIAGNOSIS:
Click here to enter text.

CLINICAL SUMMARY:
Click here to enter text.

SUBSTANCE USE LEVEL OF CARE REFEREAL:
Click here to enter text.

SIGNATURES/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.