

Addictive Behaviors and Substance Use Service History Addendum

Data Field	Addictive Behaviors and Substance Use Service History
None Reported	If None Reported, skip to the next question.
Substance Use Treatment	Check all boxes that apply.
Type of Service	Record the type of service received; be as specific as possible. Example: Inpatient, Detox, 30 Day Residential, Outpatient Group.
Dates of Service	Record the approximate date range of service.
Reason	Record the reason that person received treatment. Example: Cocaine addiction
Name of Provider/ Agency	Record the name of the provider and/or agency.
Completed	Check if person completed the originally planned service. Example: Check No if person left 30 day treatment program after 12 days.
Toxicology Screen Completed	Check all boxes that apply. If yes, record the results of the screen.
American Society of Addiction Medicine (ASAM) Degree of Severity at Admission (SU persons served only)	<p>The ASAM matrix has been included in the assessment for those agencies that choose to utilize it as part of the assessment process. If ASAM level of care has been determined prior to assessment, this area may be optional. If completion of the scale is not required or the scale has already been completed, check NA. Refer to your agency's policies and procedures for completion of the ASAM Matrix.</p> <p>The following websites provide additional information on the use of the ASAM matrix:</p> <p>http://www.asam.org/PatientPlacementCriteria</p> <p>http://mass.gov/dph/bsas</p> <p>http://www.neias.org</p> <p>For Person's Readiness to Change, Prochaska's Stages are used as the scale.</p>
If under age 18 dates of two attempts to quit prior to today	Person must have made two previous documented attempts to attain sobriety from opiates prior to today to qualify for admission to an OTP. Note dates (or approximate) of two previous attempts
Evidence of two or more proofs of narcotic dependence	Note details of symptoms that indicate that person is opiate dependent
Other Comments Regarding Substance Use	Record SU by other family members/significant others, SU-related legal problems, and stage of treatment for providers information. Include any additional comments on Substance Use/Addictive Behavior History.