



**The American Society of Addiction Medicine (ASAM) Criteria:  
Treatment Criteria for Addictive, Substance-Related, and Co-Occurring  
Conditions (Third Edition, 2013)**

**Six Dimensional Assessment Questions: Pages 43-53 of Manual**

**Dimension I: Acute Intoxication and/or Withdrawal Potential:  
Scale 0-4: \_\_\_\_\_**

- What risk is associated with the patient's current level of acute intoxication?

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- Are intoxication management services needed?

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- Is there significant risk of severe withdrawal symptoms or seizures?

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- Are there current signs of withdrawal?

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- Standardized withdrawal scale score?

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- Vital signs?

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- Does the patient have supports to assist in ambulatory withdrawal management?

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**Dimension 2: Biomedical Conditions and Complications:**

**Scale 0-4:** \_\_\_\_\_

- Are there current physical illnesses, other than withdrawal that need to be addressed?

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- Are there chronic conditions that need stabilization or ongoing disease management?

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- Is there a communicable disease present?

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- Is the patient pregnant, what is her pregnancy history?

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**Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications:**

**Scale 0-4:** \_\_\_\_\_

- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive conditions that need to be addressed?

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- Are there chronic conditions that need stabilization or ongoing treatment such as bipolar or chronic anxiety?

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- Do any emotional, behavioral or cognitive signs or symptoms appear to be an expected part of the addictive disorder?

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- Are signs and symptoms severe enough to warrant specific mental health treatment?
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- Is the patient able to manage the activities of daily living?
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- Can he or she cope with any emotional, behavioral, or cognitive conditions?
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- Dangerousness/Lethality?
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- Interference with Addiction Recovery Efforts?
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- Social Functioning?
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- Ability for Self-Care?
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- Course of Illness?
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#### **Dimension 4: Readiness to Change**

##### **Scale 0-4:** \_\_\_\_\_

- How aware is the patient of the relationship between his or her alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or relief and his or her negative life consequences?
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- How ready, willing, or able does the patient feel to make changes?

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- How much does the patient feel in control of his or her treatment services?

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**Dimension 5: Relapse, Continued Use or Continued Problem Potential**  
**Scale 0-4:** \_\_\_\_\_

- Is the patient in immediate danger of continued severe mental health distress and/or drug use?

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- Does the patient have any recognition or understanding of, or skills in coping with, his or her addictive or mental disorder?

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- Have addiction and/or psychotropic medications assisted in recovery before?

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- What are the person's skills in coping with protracted withdrawal, cravings, or impulses?

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- How well can the patient cope with negative effects, peer pressure, and stress without recurrence of addictive thinking and behavior?

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- How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment?

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- How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?

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**Dimension 6: Recovery/Living Environment**

**Scale 0-4:** \_\_\_\_\_

- Do any family members, significant others, living situations, or school or work situations pose a threat to the person's safety or engagement in treatment?

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- Does the individual have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful recovery?

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- Are there legal, vocational, regulatory (eg professional licensure), social service agency, or criminal justice mandates that may enhance the person's motivation for engagement in treatment if indicated?

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- Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?

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**Overall Risk Rating Recommendation:   Low   Moderate   High**

**Overall Recommendation for Level of Care:**

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**Problems Identified per Dimension. Using complete sentences, please prioritize your problem list, which will be addressed in the treatment plan:**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_

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