



Substance Use Assessment (Adults)

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|--------------------------------------|----------------------------|--------------|
| Patient/Client's Name (first & last) | Medical Record (MR) Number | Today's Date |
|--------------------------------------|----------------------------|--------------|

Person Completing Form (*if patient/client needs help*) Family Member Friend Peer/Staff

This information will help your care team know how you typically use alcohol and other drugs. We understand this information is sensitive, and will be kept private in your health record except as authorized by you, your legal representative, or as allowed or required by law.

Please respond to each item by selecting one response option per row.

| | No | Yes |
|--|-----------------------|-----------------------|
| A. In the past 30 days, did you drink any type of alcoholic beverage (including beer or wine)? | <input type="radio"/> | <input type="radio"/> |
| B. In the past 30 days, did you use any drugs (including marijuana)? | <input type="radio"/> | <input type="radio"/> |
| C. In the past 30 days, did you take any prescription medication differently, or for different reasons, than the label said to? | <input type="radio"/> | <input type="radio"/> |

If you answered "No" to questions A, B and C above, please skip the remaining questions below.

| In the past 30 days... | Never | Rarely | Sometimes | Often | Almost Always | For office use only |
|--|-------|--------|-----------|-------|---------------|---------------------|
| 1. I drank too much, or more than I'd planned. | 0 | 1 | 2 | 3 | 4 | |
| 2. It was difficult for me to stop drinking after one or two drinks. | 0 | 1 | 2 | 3 | 4 | |
| 3. It was difficult to get the thought of drinking out of my mind. | 0 | 1 | 2 | 3 | 4 | |
| 4. My alcohol use caused problems with people close to me. | 0 | 1 | 2 | 3 | 4 | |
| Total = | | | | | | |

In the questions below the word 'drug' refers to illegal drugs, prescription medications and marijuana.

| In the past 30 days... | Never | Rarely | Sometimes | Often | Almost Always | For office use only |
|---|-------|--------|-----------|-------|---------------|---------------------|
| 5. It was difficult to stop using drugs other than alcohol once I started. | 0 | 1 | 2 | 3 | 4 | |
| 6. It was difficult for me to get the thought of using drugs other than alcohol out of my mind. | 0 | 1 | 2 | 3 | 4 | |
| 7. My drug use other than alcohol caused problems with people close to me. | 0 | 1 | 2 | 3 | 4 | |
| 8. I used drugs other than alcohol too much, or more than I'd planned. | 0 | 1 | 2 | 3 | 4 | |
| Total = | | | | | | |

Items adapted from PROMIS item banks ©2008-2015 PROMIS Health Organization and PROMIS Cooperative Group

Substance Use Assessment Scoring Instructions for Staff

The Substance Use assessment has two parts: three screening items (A, B and C) followed by eight questions to assess alcohol and drug use.

Scoring the screening items: The three screening items are used to determine if the patient/client should answer the substance use assessment questions.

- If the patient/client answers “Yes” to any of the screening questions, they should be instructed to also complete the alcohol and drug use assessment questions.
- If the patient/client responds “No” to all three screening items, please document the negative screen in the Systematic Population Review notes within the Registry. The subsequent assessment questions should not be answered. You should not record a score of 0 in the registry if the screening is negative.

Scoring the Substance Use assessment questions: To support measurement-based care needs, it is recommended that the alcohol and drug use questions be scored separately (so, both sections would have a range from 0 to 16; higher score would indicate greater severity/impact from use).

- Each of the substance use assessment questions have five response options ranging in value from 0-4 (excluding the yes/no screening questions).
- To score a completed assessment, record the number response circled by the patient/client in the “For office use only” column of the form.
- To calculate the Total score for the Alcohol use questions (Questions 1-4), add (sum) the first four numbers in the “For office use only” column.
- To calculate the Total score for the Drug use questions (Questions 5-8), add (sum) the four numbers in the “For office use only” column for questions 5-8.
- In the Registry, staff should report both scores.



Substance Use Assessment Clinical Guidelines

A total of 2 or greater in either question block (*'alcohol'* question block, or *'other drug'* question block), triggers further assessment by a member of the healthcare team (the assessment may result in inclusion of the patient in the cohort that receives intervention, if patient disclosures indicate problematic alcohol or other drug use).

A total of 5 or greater in either question block (*'alcohol'* question block, or *'other drug'* question block), **or any endorsement of "Often = 3" or "Almost Always = 4"** in either block, triggers further assessment *and* inclusion into the cohort that receives intervention* (unless the assessment disproves the score).

Ongoing: Cohort receiving any intervention* self-administers the SUD tool at monthly intervals to track intervention efficacy.

*Intervention is broadly defined as a continuum of services: brief intervention by member of the healthcare team, outpatient treatment by BHICCI behavioral health clinician, MAT services onsite, or referral to specialty services.