



# Adult SUD Form –Initial

<b>4. Please answer the following question</b>	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? <small>*Federally Required Element</small>	—	<input type="checkbox"/>

<b>5. Please answer the following questions based on the past 30 days...</b>		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Federally Required Element

<b>6. Please answer the following questions based on the <u>past 30 days...</u></b>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	—	<input type="checkbox"/>

<b>7. I would be able to resist the urge to drink heavily and/or use drugs...</b>	Not at all confident	Very Confident
... if I were angry at the way things had turned out	0	10
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	10
... if other people treated me unfairly or interfered with my plans	0	10
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	10

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<b>8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <u>past 30 days</u>. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required</b>	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question **required** to be completed by Clinician

<b>10. At this interval period, what is your (clinician’s) assessment of the client’s understanding and willingness to engage in their treatment program? Please circle a number on the scale below:</b>				
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>