COD-alcohol and COD-opioid

Supplemental Co-Occurring Disorders Assessment

I. Current Substance Use

A. Alcohol Screening Questions (AUDIT-C)

1 Drink = 12 Ounces of Beer

Question					
1. How often do you have a drink containing alcohol? If never, proceed to Drug Screening Questions.	☐ (0) Never	☐ (1) Monthly or less	☐ (2) 2–4 times per month	☐ (3) 3 times per week	☐ (4) 4+ times per week
1a. How many drinks containing alcohol do you have on a typical day when you are drinking?	☐ (0) 1 or 2	☐ (1) 3 or 4	☐ (2) 5 or 6	☐ (3) 7 to 9	☐ (4) 10+
1b. How often do you have six or more drinks on one occasion?	☐ (0) Never	☐ (1) Less than monthly	☐ (2) Monthly	☐ (3) Weekly	☐ (4) Daily or almost daily

Alcohol screening score: _______ (Add numbers in parentheses)

For men: > 4 = positive for alcohol misuse—brief intervention is recommended
For women: > 3 = positive for alcohol misuse—brief intervention is recommended
(See alcohol use disorder (AUD) Workflow Task 7)

Was a brief intervention provided? ☐ Yes ☐ No

B. Drug Screening Questions

1. Have you used any drugs in the last 30 days that were NOT prescribed by a doctor? ☐ Yes ☐ No

2. Drug type(s) used (Indicate with an "*" which substances are most preferred)	Ever Used?		Recently Used? (Past 6 Months)		Route of Administration or Other Comments (injecting, smoking, snorting, etc.)
	Yes	No	Yes	No	
Amphetamines (meth, crank, ice, etc.)	☐	☐	☐	☐	
Cocaine or crack	☐	☐	☐	☐	
Hallucinogens	☐	☐	☐	☐	
Inhalants	☐	☐	☐	☐	
Marijuana	☐	☐	☐	☐	
Nicotine (cigarettes, cigars, smokeless tobacco)	☐	☐	☐	☐	
Opiates (heroin, codeine, etc.)	☐	☐	☐	☐	
Over-the-counter meds (cough syrup, diet aids, etc.)	☐	☐	☐	☐	
Sedatives (pain meds, etc.)	☐	☐	☐	☐	
Other (specify): ______________________	☐	☐	☐	☐	

C. Additional Comments (i.e., frequency, duration of use):

II. Family History of Alcohol and/or Drug Use

Please describe any history of family alcohol and/or drug use (mother, father, etc.)

III. Past and Current Substance Use Treatment/Self-Help

1. Have you received help in the past for substance use issues (e.g., self-help or professional)? ☐ Yes ☐ No

   If yes, please list the dates you were enrolled: From ______________ To ______________ From ______________ To ______________

   Was it beneficial? If so, how?

2. Are you currently enrolled in a substance use program? ☐ Yes ☐ No

   If yes, what was the date of enrollment? ______________

   Please specify the type of program it is: ____________________________

   Were you referred to mental health services by this program? ☐ Yes ☐ No

   Referred by: ____________________________ Contact Number: ____________________________

   ☐ Records were requested on (date): ______________

3. Additional comments:

IV. Benefits of Substance Use

How true is the following about substance use for you?	Very True	Somewhat True	Not True	Comments
It is important in socializing with friends	☐	☐	☐	
It helps me meet and get to know people	☐	☐	☐	
It lowers my anxiety when I'm with people	☐	☐	☐	
It makes me feel less depressed or empty	☐	☐	☐	
It makes me feel less anxious	☐	☐	☐	
It helps me forget my problems	☐	☐	☐	
It helps me sleep better	☐	☐	☐	
It gives me something to look forward to	☐	☐	☐	
It is an important source of pleasure to me	☐	☐	☐	
It helps reduce my boredom	☐	☐	☐	
It is one of the only things that makes me feel okay	☐	☐	☐	
It is chiefly a habit or helps me avoid withdrawal	☐	☐	☐	
It enhances sexual experiences	☐	☐	☐	
It helps me lose weight	☐	☐	☐	

V. Costs of Substance Use		
Is it possible that your substance use has played a role in or contributed to any of the following?	Yes	No
Problems keeping or getting housing (e.g., eviction, homelessness)	☐	☐
Problems at school or work	☐	☐
Legal problems (e.g., DUI, possession, public intoxication, dealing)	☐	☐
Money problems (i.e., lack of money)	☐	☐
Developing or not attending to health problems (e.g., physical exams, dental exams, treatment)	☐	☐
Feeling sick before or after using	☐	☐
Ignoring my mental health treatment	☐	☐
Increasing my mental health symptoms	☐	☐
Not taking my medication as prescribed	☐	☐
Being rejected or judged by others	☐	☐
Conflicts with or losing friends and/or family	☐	☐
Getting into dangerous situations (e.g., situations that involve weapons, unprotected sex, trading sex for drugs, sharing needles)	☐	☐
Feeling a sense of anger, guilt, or shame or feeling like a failure	☐	☐

VI. Readiness for Change/Treatment Plan Identification

1. In looking over the benefits and costs of your alcohol or drug use, how do the costs compare to the benefits?
2. Which benefits seem most important to you?
3. If we could identify or develop healthier ways for you to achieve those benefits (identified in section IV), do you think it might be easier for you to cut down on your alcohol or drug use? ☐ Yes ☐ No
4. Which of these costs do you think causes the most overall problems for you?
5. Are you willing to address any of these costs? If so, how?
6. Which of these costs do you think affects your mental health symptoms the most and which might be important to try to reduce?
7. On a scale of 0–5, how ready are you to start working on finding new ways of achieving the benefits? _______

   On a scale of 0–5, how ready are you to start working on reducing the costs? _______

______________________	________	______________________	________
Assessor's Signature and Discipline	Date	Co-Signature and Discipline (if required)	Date