

Annotated Brief Addiction Monitor (BAM)
DRAFT 11/02/09

Participant ID: _____

Date: _____

Interviewer ID (Clinician Initials): _____

Method of Administration:

Clinician Interview

Self Report

Phone

Time Started: _____ : _____

Instructions

This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc.

The questions generally ask about the past 30 days.

Please consider each question and answer as accurately as possible.

1. In the past 30 days, would you say your physical health has been?

- Excellent**
- Very Good**
- Good**
- Fair**
- Poor**

Help Text: The intent of this item is to measure how many days a client has experienced physical or medical problems. Include physical illnesses, injury, discomfort or pain. Minor ailments/complaints (e.g., cold, flu, headache, stomach upset), and serious ailments or symptomatic chronic diseases are included. Also, include illnesses related to drugs/alcohol use which would continue even if the client were abstinent (e.g., cirrhosis, sinus damage). Do not include acute problems that are directly caused by alcohol or drugs, such as hangovers, vomiting, and withdrawal symptoms that fully resolve with abstinence.

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

Help Text: The intent of this item is to determine the frequency of insomnia.

- *Trouble sleeping applies to the main sleep period which, for example, could be during the day for shift workers.*
- *Count the number of nights/days regardless of whether the problem was due to substance use or any other cause.*

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

Help Text: This item reflects the client's experience of sustained unpleasant or distressing feelings. Report of these feelings does not necessarily indicate a clinical diagnosis.

PROMPT: If individual reports more than _____ # of days, then conduct suicidal ideation follow-up.

4. In the past 30 days, how many days did you drink ANY alcohol?

- 0 (Skip to #6)
- 1-3
- 4-8
- 9-15
- 16-30

Help Text: The intent of this item is to assess the client's recent alcohol use.

- Include any alcohol use at all, even just a sip.
- Include the inappropriate use of any products that contain alcohol (e.g., Nyquil, vanilla extract).
- For products that contain alcohol and a drug (such cough syrup with codeine) count here as well under drug use.

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5 ounce glass of wine.]

- 0
- 1-3
- 4-8
- 9-15
- 16-30

Help Text: The intent of this item is to assess the number of days the client drank heavily, defined as 5 or more drinks in a day for men and 4 or more drinks in a day for women.

6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?

- 0 (Skip to #8)**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

Help Text: The intent of this item is to determine the frequency of client's recent drug use.

- *Include any use of illegal or street drugs.*
- *Include any abuse or misuse of prescription medications, such as using prescribed medications that were not prescribed for the client or using a prescribed medication not as it was prescribed.*
- *Include misuse of over-the-counter (OTC) medications (e.g., Sudafed, Benadryl) or other chemicals (e.g., huffing glue or gasoline) that are sedating, energizing, or mood altering in any way.*
- *Do NOT include alcohol, nicotine, or caffeine*

7. In the past 30 days, how many days did you use any of the following drugs:

Help Text: The intent of this item is to measure the variety and extent of a client's drug use.

7A. Marijuana (cannabis, pot, weed)?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

7B. Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

7C. Cocaine/Crack?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

7D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Help Text: The intent of this item is to assess the recent severity of the client's cravings or urges to use.

- *Include dreams about using, and strong thoughts or desires to drink or use drugs.*

- *If cravings/degree of being bothered differ across alcohol or drugs, or across specific drugs - code the most severe.*

9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?

- Not at all**
- Slightly**
- Moderately**
- Considerably**
- Extremely**

Help Text: This item evaluates the client's expectation about being completely abstinent from alcohol and drugs in the near future. This question could lead to clinically important discussions about why a client is or is not confident about their abstinence, including discussion about cravings, "risky" situations, recovery environment, etc.

- *Abstinence is defined as refraining from ANY use of alcohol AND drugs. This does not include refraining from using a prescribed medication appropriately or using prescribed maintenance medication such as methadone.*
- *This item is looking forward and not at past ability to maintain abstinence.*

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

Help Text: The intent of this item is to measure the client's participation in formally organized self-help or mutual-support groups for alcohol or other drug use.

- *While other social or support groups (e.g., team sports, bible study) may benefit the client, do not count them here.*
- *Do not record the number of times the client attended groups, but rather the number of days.*

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

Help Text: The intent of this item is to determine the frequency with which the client has been in situations that might increase their likelihood of using alcohol or drugs.

- *Count the client’s own personal potential triggers and ones that are clinically apparent such as going to a bar or seeing family/friends use.*
- *The list of possible risky “people, places, or things” is extensive and may include former people the client used with, a location where they obtained or used drugs, large amounts of cash, drug paraphernalia, a party, etc.*

12. Does your religion or spirituality help support your recovery?

- Not at all**
- Slightly**
- Moderately**
- Considerably**
- Extremely**

Help Text: The intent of the item is to measure the client’s perception of the helpfulness of religion/spirituality in their recovery.

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

Help Text: The intent of this item is to measure the frequency with which the client has engaged in formal activities that are generally considered prosocial and supportive of recovery. Time spent responsibly participating in such activities is typically inconsistent with using alcohol and other drugs.

- *While “much of the time” is clearly a subjective judgment and “part-time” participation can be included, an hour or two of structured activity during a day is not enough.*
- *A variety of activities can be appropriately recorded here, including but not limited to “under-the-table work”, helping out at a hospital or church, etc.*
- *Substance abuse treatment (e.g., IOP) is not included here.*

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- No (See Prompt)**
- Yes**

Help Text: The intent of this item is to measure the client’s current ability to financially support him/herself and any dependents through legitimate means. This item asks about paying for necessities, not luxuries or additional goods or services that the client or dependants may want.

PROMPT: *If the client reports “No,” inquire if they have a place to stay or should be considered homeless. This should not include an individual who is temporarily staying with family or friends, but instead, literal homelessness*

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- Not at all**
- Slightly**
- Moderately**
- Considerably**
- Extremely**

Help Text: Type, intensity and frequency of arguments and interpersonal problems can vary widely across clients. This question attempts to assess the global extent of the client's distress related to such occurrences during the time period under consideration.

- *Ongoing distress or bother about arguments or problems that happened prior to the time frame is included in the rating.*

16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?

- 0**
- 1-3**
- 4-8**
- 9-15**
- 16-30**

Help Text: The intent is to assess the frequency of contact the client has with individuals within their close social network who are supportive of the client's recovery.

- *Count in-person contact only.*

17. How satisfied are you with your progress toward achieving your recovery goals?

- Not at all**
- Slightly**
- Moderately**
- Considerably**
- Extremely**

Help Text: The intent of this item is to record the client's satisfaction with their progress in treatment.

- *This is not necessarily a measure of actual progress but of perceived satisfaction with progress.*
- *This is not a direct measure of satisfaction with their counselor or treatment provider.*

Time Finished: _____:_____