Portland DBT INSTITUTE

PORTLAND DBT INSTITUTE, INC: DBT-S ADDITIONAL ASSESSMENT

Client Name: _____ **Date:** _____

Substance abuse history:

	1st substance choice:	2nd substance choice:	3rd substance choice:	4th substance choice:	5th substance choice:
Age of 1st use					
Current amount/ frequency of use					
Age of peak use (highest use)					
Amount/frequency at peak use					
Date of last use:					
Withdrawal history (specify symptoms)					
Family history with this substance					

Substance use history:

Have you ever attempted to quit	☐ No ☐ Yes, details:
What is your history of abstinence?	
What have you done to achieve/maintain abstinence?	☐Outpatient therapy ☐Residential treatment ☐IOP ☐ AA/NA ☐ Rational recovery ☐SMART ☐Other: _____
Longest period without using?	
What usually causes relapse?	

Recovery factors:

What are the obstacles to recovery?	
What does your recovery environment look like?	
What supportive factors are in place?	
What is your current desire to change this behavior (0-5)?	☐ 0=no desire ☐ 1=minimal desire ☐ 2=mild desire ☐ 3=moderate desire ☐ 4=strong desire ☐ 5=intense desire

Please list your pros and cons of substance use:

Pros	Cons

Other areas of possible addiction:

Are there behaviors you have tried to cut down on unsuccessfully?	☐ **No** ☐ **Yes, details:**
Are there behaviors that have lead you to get angry with others when they comment on them?	☐ **No** ☐ **Yes, details:**
Are there behaviors you have felt guilty about?	☐ **No** ☐ **Yes, details:**
Have you struggled to make it through days with out engaging in the behavior	☐ **No** ☐ **Yes, details:**
Gambling	☐ **No** ☐ **Yes, recognized consequences:**
Problematic sexual behavior	☐ **No** ☐ **Yes, recognized consequences:**
Overspending	☐ **No** ☐ **Yes, recognized consequences:**
Other potential addictive behaviors Describe:	☐ **No** ☐ **Yes, recognized consequences:**

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What is client's current stage of change?
☐**Precontemplation,** ☐**Contemplation,** ☐**Preparation,** ☐**Action,** ☐**Maintenance,** ☐**Recycling/Lapse/Relapse**

Recommended level of care and rationale for recommendation (outpatient, intensive outpatient, inpatient, detoxification, etc.):