AWARENESS COUNSELING AGENCY, LLC

Brief Addiction Monitor-Revised (BAM-R)

Client Name:_____ Date:_____

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.

Report	Intake	Review	Discharge
In the past 30 days, would you say your physical health has been? 0-Excellent, 1-Very Good, 2-Good, 3-Fair, 4-Poor			
In the past 30 days, how many nights did you have trouble falling asleep or staying asleep? 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day? 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
In the past 30 days, how many days did you drink ANY alcohol? (If 00 skip the next question) 0=Skip next question, 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
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=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications? (If 00 skip next question) 0=Skip next question, 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
In the past 30 days, how many days did you use any of the following drugs:			
Marijuana (cannabis, pot, weed) 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
Sedatives and/or Tranquilizers (benzos, Valium, Xanax, Ativan, Ambien, barbs, etc.) 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
Cocaine and or Crack 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, etc.) 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, Oxy, codeine, Percocet, Vicodin, etc.) 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
Inhalants (glues, adhesives, nail polish remover, paint thinner, etc.) 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
Other drugs (steroids, non-prescribed sleep and diet pills, Benadryl, Ephedra, other over counter) 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)	_____	_____	_____
In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs? 0-Not at all, 1-Slightly, 2-Moderately, 3-Considerably, 4-Extremely			
How confident are you that you will NOT use alcohol and drugs in the next 30 days? 0-Not at all, 1-Slightly, 2-Moderately, 3-Considerably, 4-Extremely			
In the past 30 days, how many days did you attend self-help meetings like AA/NA to support your recovery? 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
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=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
Does your religion or spirituality help support your recovery? 0-Not at all, 1-Slightly, 2-Moderately, 3-Considerably, 4-Extremely			
In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work? 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents? Yes or No			
In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends? 0-Not at all, 1-Slightly, 2-Moderately, 3-Considerably, 4-Extremely			
In the past 30 days, how many days did you contact or spend time with any family member or friends who are supportive of your recovery? 0=(0), 1=(1-3), 2=(4-8), 3=(9-15), 4=(16-30)			
How satisfied are you with your progress toward achieving your recovery goals? 4-Not at all, 3-Slightly, 2-Moderately, 1-Considerably, 0-Extremely			