

Brief Addiction Monitor (BAM)

Client Name: _____ Date _____ SHARES ID # _____

Clinician: _____ Administration Method: Interview _____ Self-Completed _____

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

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

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

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

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 oz glass of wine)

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

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

7. In the past 30 days, how many days did you use:

A. Marijuana (cannabis, pot, weed)?

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

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

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

C. Cocaine/Crack?

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

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

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

E. 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

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

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

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G. 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

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

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

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

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

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

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

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

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
- Yes

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

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

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

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