

Brief Addiction Monitor (BAM)

Client ID _____ Date _____ Administration Method: Interview _____ Self Report _____ Phone _____

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 by placing a in the or stating the number of days.

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| <p>1. In the past 30 days, how would you say your physical health has been?</p> <p><input type="checkbox"/> Excellent
<input type="checkbox"/> Very Good
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor</p> <p>2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?</p> <p>_____ days</p> <p>3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?</p> <p>_____ days</p> <p>4. In the past 30 days, how many days did you drink ANY alcohol?</p> <p>_____ days (if answer is zero, skip to question #6)</p> <p>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]</p> <p>_____ days</p> <p>6. In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications?</p> <p>_____ days (if answer is zero, skip to question #8)</p> | <p>7. In the past 30 days, how many days did you use any of the following drugs:</p> <p>A. Marijuana (cannabis, pot, weed)?</p> <p>_____ days</p> <p>B. Sedatives and/or Tranquilizers (e.g., benzos, Valium, Xanax, Ativan, Ambien, barbs, Phenobarbital, downers, etc.)?</p> <p>_____ days</p> <p>C. Cocaine and/or Crack?</p> <p>_____ days</p> <p>D. Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, crystal meth, ice, etc.)?</p> <p>_____ days</p> <p>E. Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?</p> <p>_____ days</p> <p>F. Inhalants (glues, adhesives, nail polish remover, paint thinner, etc.)?</p> <p>_____ days</p> <p>G. Other drugs (steroids, non-prescription sleep and diet pills, Benadryl, Ephedra, other over-the-counter or unknown medications)?</p> <p>_____ days</p> |
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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 that you will NOT use 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 meetings like AA or NA to support your recovery?
- _____ 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")?
- _____ days
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?
- _____ days
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 did you contact or spend time with any family members or friends who are supportive of your recovery?
- _____ days
17. How satisfied are you with your progress toward achieving your recovery goals?
- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely
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