

Vermont's Treatment Need Questionnaire

Patient Name/ID:

Date:

Staff Name/ID:

Ask patient each question, circle answer for each:

Question	Yes	No
Are you employed?	0	1
Do you have 2 or more close friends or family members who do not use alcohol or drugs?	0	1
Do you have a partner that uses drugs or alcohol?	1	0
Is your housing stable?	0	1
Do you have any legal issues? (e.g., charges pending, probation/parole, etc)?	1	0
Have you ever been charged (not necessarily convicted) with drug dealing?	1	0
Are you currently on probation?	1	0
Do you have any psychiatric problems (e.g., major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline or sociopathy)?	1	0
Do you have a chronic pain issue that needs treatment?	2	0
Do you have access to reliable transportation?	0	1
Do you have a reliable phone number?	0	1
If you have ever been on medication-assisted treatment (e.g., methadone, buprenorphine) before, were you successful?	0	2
Do you have a problem with alcohol, have you ever been told that you have a problem with alcohol, or have you ever gotten a DWI/DUI?	2	0
Do you ever use cocaine, even occasionally?	2	0
Do you ever use benzodiazepines, even occasionally?	2	0
Are you motivated for treatment?	0	1
Are you currently going to any counseling, AA, or NA?	0	1
Do you have any significant medical problems (e.g., hepatitis, HIV, diabetes)?	1	0
Have you ever used a drug intravenously (IV)?	2	0
Did you receive a high school diploma (e.g., did you complete at least 12 years of education)?	0	1

Calculate total: _____

Total possible points is 26.

Score: 0-13 Consider as candidate for lower-intensity/office-based treatment, with movement toward more intensive treatment if patient destabilizes.

Score: 14-26 Consider as candidate for higher-intensity/clinic-based treatment, followed by a potential reduction in intensity contingent upon documented treatment success.