VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Progress Assessment Worksheet

Name: Date:
Duration: Initiated by: CLIENT / Therapist Phone/Person
Step UP / Step Down/ NONE

Item	Scoring	Patient's Score (circle)
General Status Items		
A. Since we last spoke on ___, how many days have you been clean from cocaine? From alcohol? From other drugs?	No substance use 0 Any substance use 1	0 1
B. HIV risk behavior How often have you [engaged in high-risk behavior identified in orientation]?	No risky behavior 0 Any risky behavior 1	0 1
C. [Confirm IOP status – has pt stepped down, graduated, dropped out?] If in IOP: How many of your group sessions have you attended? Have you had any one-on-one sessions scheduled? If any 1:1 scheduled: How many did you attend?	Group attendance: 100% 2 75% or better 1 Less than 75% 0 Attends 1:1 (if available):	Groups: 0 1 2 One:one 0 1
Risk Items: Higher Score = More Risk		
1. Have you had any medical appointments? Any changes in prescribed medications? How often have you taken your medications as prescribed?	Engaged in all or nearly all medical or psych self-care (appointments, meds) or NA 0 Engaged in some medical or psych self-care 1 Engaged in little or no medical or psych self-care 2	0 1 2
2. How often have you felt depressed or like you had no interest in anything? How long did it last? *Probe for sustained depression – most of day, most days – and worsening of mood.*	No depression 0 Depressed less than half the time or lessening 1 Depressed more than half the time or worsening 2	0 1 2
3. On a scale of 0 to 100, with 0 being not at all confident, and 100 being 100% completely confident, how confident are you that you can stay clean and sober until our next call?	90% or better 0 75% or better 1 less than 75% 2	0 1 2

4. How often have you had thoughts of using, even if you didn't want to use? How much did those thoughts bother you or make you want to pick up?	Frequency: Once a week or less 0 2-3 times per week 1 4 or more times per week 2 More than "a little" bother +1	0 1 2
5. How often were you in the situations you identified as your people, places, and things? *Prompt for situations ID'd at orientation and/or prior call.*	No ppl, pl, things 0 1-2 encounters per week 1 More than twice per week 2	0 1 2
Risk Total	0-10	
Upcoming Risks	Plan:	
6. [Probe for coping skills depending on answers to #4 and #5] How did you stay away from/deal with those thoughts/high-risk situations? *Probe for avoiding/managing problem situations; use of social support or other relapse prevention strategy*	Proactively managed risky situations, used social support, "thinking through," reading 12-step literature, prayer, involvement in constructive activity, etc. 2 Sometimes used coping skills 1 Relied solely on isolating self, watching TV, etc. 0	0 1 2
7. How often have you done things with people who are sober or who don't have an alcohol/drug problem? *Prompt for social/leisure activities selected at orientation and/or prior call*	At least 3 times per week 2 1-2 times per week 1 None 0 Social Networking: Goal Contact: Person: _____ (name) Type: Check in | Recovery | Sober/leisure	0 1 2 YES / NO YES / NO
8. What have you done to pursue your personal goals? *Prompt for longer-term and/or shorter-term goals ID'd at orientation and/or prior calls. Includes health-related goals.*	Meaningful activity toward goal 2 Limited activity toward goal, or fulfilled "maintenance" goal 1 No activity toward goal or no goal 0	0 1 2
9. How many AA/NA/CA meeting have you attended? How often did you share? How often did you "do" service?	Attendance: At least 3 times per week 2 1-2 times per week 1 None 0 Any active involvement or service +1	0 1 2
10. How often have you spoken to your sponsor? At meetings? Not at meetings? On the phone? In person? *Contact with other significant support people (e.g., clergy) gets counted here.*	At least 2 times per week, including at least one time not at a meeting 2 At least 1 time per week, or only at meetings 1 Never or no sponsor 0	0 1 2
Protective Total	0-10	

High Risks & Plan:

Goals:

Date of next Call _____ Time _____ am/pm
_____ Informed Participant that call valid for voucher (*if TMAC+ condition*)