

**MAT/ TELE-MAT PRE  
APPOINTMENT PATIENT  
SELF-ASSESSMENT  
(GROUP OR INDIVIDUAL)**



**For Telehealth Appointments Only**

**Where are you physically located today and what is the phone number there?**

- Address \_\_\_\_\_
- Phone \_\_\_\_\_

**Please circle all that apply:**

- I am alone / No one can hear me/ I feel comfortable speaking

- Date of appointment** \_\_\_\_\_
- Date form completed** \_\_\_\_\_
- Name** \_\_\_\_\_

**Withdrawal Symptoms? Circle one. 0 = Low and 10 = High**

- 0 1 2 3 4 5 6 7 8 9 10

**Specify symptoms**

\_\_\_\_\_  
\_\_\_\_\_

**Substance use this week? Circle one.**

- Yes / No

**Cravings? Circle one. 0 = Low and 10 = High**

- 0 1 2 3 4 5 6 7 8 9 10

**Please provide details.** This could include time of day, what you were doing when the cravings occurred, or any other details.

\_\_\_\_\_  
\_\_\_\_\_

**What I did for my recovery this week:**

\_\_\_\_\_  
\_\_\_\_\_

**Please describe your living situation: Circle one.**

- Helpful to my recovery / Not affecting my recovery either way / Harmful to my recovery

**Are you experiencing any medication side effects?**

Constipation? Circle one.

- Not Present / Mild / Moderate / Severe

Nausea, diarrhea, or other intestinal/stomach issues? Circle one.

- Not Present / Mild / Moderate / Severe

Sedation? Circle one.

- Not Present / Mild / Moderate / Severe

Dizziness? Circle one.

- Not Present / Mild / Moderate / Severe

**Specify any other side effects:**

\_\_\_\_\_

**Are you experiencing any of the following?**

Pain? Circle one. 0 = Low and 10 = High

- 0 1 2 3 4 5 6 7 8 9 10

Depression? Circle one. 0 = Low and 10 = High

- 0 1 2 3 4 5 6 7 8 9 10

Anxiety? Circle one. 0 = Low and 10 = High

- 0 1 2 3 4 5 6 7 8 9 10

Trouble sleeping? Circle one. 0 = Low and 10 = High

- 0 1 2 3 4 5 6 7 8 9 10

**Do you have other health issues that you need addressed? Circle all that apply.**

- Medical Issues / Mental Health Issues

**Other concerns that I need addressed today:**

\_\_\_\_\_

**How motivated are you to continue with your substance use disorder? Circle one. 0 = Low and 10 = High**

- 0 1 2 3 4 5 6 7 8 9 10