## ADOM feedback wheel



This form can be used for up to three ADOM collections.

Record the date below and use a **different colour pen** each collection to show changes.

Date		Date			Date								
1 Alcohol days 18 Illegal activity 2 Alcohol amount													
Alcohol arrount													
17 Housing 3 Cannabis													
3													
16 Employment 2 4 Amphetamines													
							1						
	<b>15</b> F	roblems w	ith /	O:-:-I-									
work/other activities 5								Opioids					
			\		\\\\\			/ /					
	1	4 Relations	ships		$\overline{}$		$\times$	6 Se	datives				
		<b>13</b> M	ental health		<del>/</del>			7 Other dru	gs				
				_									
			12 Phys	ical health	)/11 Injecting	g and sharir	8 Tobacco	0					
			_			g al la si la li	19						
Main			f concern										
Q.9	9 Substance Su			ubstance _			Substance						
Reco	very	progress	3										
Q.19	Over	all, how clo	ose are you	to where yo	u want to b	e in your re	covery (Wh	ere 10 = bes	t possible)				
- 1		2	3	4	5	6	7	8	9	10			
Q.20	How	/ satisfied a	are vou with	vour progre	ess towards	achievina v	our recover	rv goals?					
	20 How satisfied are you with your progre  Not at all Slightly		Moderately		Considerably		Extremely						
	11000	ic on	Olig	nay	Wiode	ratory	OONSIC	Clabiy	Extremely				
Plan/goals													

## ADOM feedback wheel – interpretation and completion guide

ADOM questions	0	1	2	3	4	5
Q1 alcohol	0	1-4	5-15	16-25	26+	Not answered
Q2 standard drinks	0	1-4	5-10	11-15	16+	
Q3 cannabis	0	1-4	5-15	16-25	26+	
Q4-7 other drugs e.g. amph/opioids	0	1	2-8	9-15	16+	
Q8 cigarettes	0	1-10	11-20	21-30	31+	
Q10 days injecting / Q11 *sharing	0	1 / Safe	2-28 / Safe	1-9 / *Unsafe	10+ / *Unsafe	
Q12, 13, 14, 15, 17 and 18	Not at all	Less than weekly	Once or twice a week	3 or 4 times a week	Daily or almost daily	
Q16	Daily or almost daily	3 or 4 times a week	Once or twice a week	Less than weekly	Not at all	