

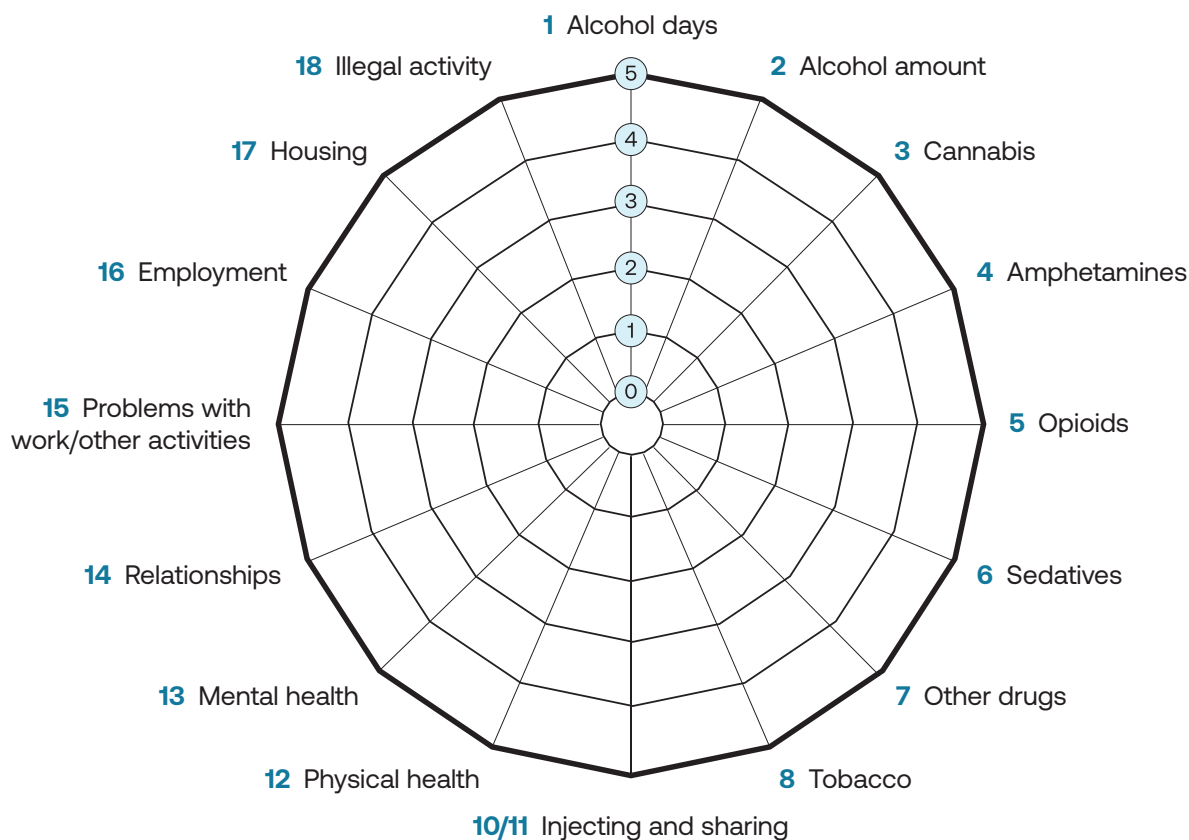
ADOM feedback wheel



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 _____



Main substance of concern

Q.9 Substance _____ Substance _____ Substance _____

Recovery progress

Q.19 Overall, how close are you to where you want to be in your recovery (Where 10 = best possible)

1	2	3	4	5	6	7	8	9	10

Q.20 How satisfied are you with your progress towards achieving your recovery goals?

Not at all	Slightly	Moderately	Considerably	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	