

Impact Assessment Tool

Purpose: *The Impact Assessment Tool is designed to help individuals evaluate how addiction affects various aspects of their life. By systematically examining the impact of addiction on physical health, mental well-being, relationships, finances, and daily functioning, this tool provides valuable insights into the areas of life that may require attention and support during recovery.*

Instructions:

- Step 1: Review each section and the corresponding questions.
- Step 2: Reflect on your personal experiences and answer each question honestly.
- Step 3: After completing the assessment, review your responses to identify key areas of concern.
- Step 4: Use the insights gained to inform your recovery planning and seek targeted support where needed.

Section 1: Physical Health

Objective: To assess how addiction has impacted your physical health, including any changes in your body, overall well-being, and ability to carry out daily activities.

1. Energy Levels:

How often do you feel fatigued or lack energy due to your substance use or addictive behavior?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

2. Sleep Patterns:

How has your addiction affected your sleep? (e.g., difficulty falling asleep, frequent waking, insomnia)

- ☐ No effect
- ☐ Minor disruptions
- ☐ Moderate disruptions
- ☐ Severe disruptions
- ☐ Complete disruption

3. Nutrition and Appetite:

Has your addiction led to changes in your eating habits, weight, or nutritional health? Describe any noticeable effects.

- ☐ No effect
- ☐ Minor changes in appetite or weight
- ☐ Moderate changes, leading to noticeable weight loss/gain or nutritional deficiencies
- ☐ Severe changes, resulting in significant health concerns

4. Physical Illness or Injuries:

Have you experienced any physical illnesses or injuries as a direct or indirect result of your addiction? (e.g., liver disease, infections, accidents)

- ☐ No physical issues
- ☐ Minor health issues
- ☐ Moderate health issues, requiring medical attention
- ☐ Severe health issues, with long-term or chronic conditions

5. Overall Physical Health:

How would you rate your overall physical health in relation to your addiction?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

Section 2: Mental and Emotional Well-Being

Objective: To evaluate the psychological and emotional impact of addiction, including its effects on mood, mental health, and emotional stability.

1. Mood Stability:

How frequently do you experience mood swings, irritability, or emotional instability due to your addiction?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

2. Anxiety and Stress:

How do you feel after engaging in substance use or the behavior?

- ☐ No effect
- ☐ Minor increases in anxiety/stress
- ☐ Moderate increases, affecting daily functioning
- ☐ Severe increases, leading to panic attacks or chronic stress

3. Depression or Sadness:

Do you experience feelings of sadness, hopelessness, or depression related to your addiction?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

4. Cognitive Functioning:

Have you noticed any changes in your ability to concentrate, remember things, or make decisions?

- ☐ No changes
- ☐ Minor difficulties with focus or memory
- ☐ Moderate difficulties, leading to noticeable cognitive impairment
- ☐ Severe difficulties, affecting daily life and responsibilities

5. Self-Esteem and Self-Worth:

How has your addiction impacted your feelings of self-esteem and self-worth?

- ☐ No effect
- ☐ Slight decrease in self-esteem
- ☐ Moderate decrease, leading to negative self-perception
- ☐ Severe decrease, with feelings of worthlessness or shame

Section 3: Relationships and Social Life

Objective: To explore how addiction has affected your relationships with family, friends, colleagues, and your social interactions.

1. Family Relationships:

How has your addiction impacted your relationships with close family members? (e.g., trust issues, conflicts, estrangement)

- ☐ No impact
- ☐ Minor strain on relationships
- ☐ Moderate strain, with occasional conflicts or communication breakdowns
- ☐ Severe strain, with frequent conflicts or loss of contact

2. Friendships:

How has your addiction influenced your friendships and social connections?

- ☐ No impact
- ☐ Minor impact, with some distancing or changes in social circles
- ☐ Moderate impact, with loss of friendships or increased isolation
- ☐ Severe impact, leading to social withdrawal or complete isolation

3. Workplace/School Relationships:

How has your addiction affected your relationships with colleagues, classmates, or supervisors?

- ☐ No impact
- ☐ Minor impact, with occasional tension or misunderstandings
- ☐ Moderate impact, leading to strained relationships or reduced performance
- ☐ Severe impact, resulting in conflicts, disciplinary actions, or job loss

4. Social Activities and Engagement:

Have your social activities or hobbies changed due to your addiction? Describe any differences.

- ☐ No change
- ☐ Minor reduction in social activities
- ☐ Moderate reduction, with avoidance of certain activities or events
- ☐ Severe reduction, with withdrawal from most social interactions

5. Support System:

How has your addiction affected your support system? Are you still able to rely on friends, family, or professionals for help?

- ☐ No effect on support system
- ☐ Slight weakening of support network
- ☐ Moderate weakening, with loss of some support or reluctance to ask for help
- ☐ Severe weakening, with loss of trust, support, or access to help

Section 4: Financial Stability

Objective: To assess the financial impact of addiction, including spending habits, debt, and overall financial health.

1. Spending on Substances/Addictive Behaviors:

How much of your income or savings do you spend on substances or addictive behaviors?

- ☐ None
- ☐ A small portion
- ☐ A moderate portion
- ☐ A large portion
- ☐ Almost all of it

2. Financial Stress:

How much stress or anxiety do you experience about your finances due to your addiction?

- ☐ None
- ☐ Minor financial stress
- ☐ Moderate financial stress, with occasional worry about bills or expenses
- ☐ Severe financial stress, with frequent worry about debt or financial ruin

3. Debt and Financial Obligations:

Have you accumulated debt or fallen behind on financial obligations due to your addiction? Describe the extent.

- ☐ No debt or missed payments
- ☐ Minor debt or occasional missed payments
- ☐ Moderate debt, with significant missed payments or creditor actions
- ☐ Severe debt, leading to financial crisis or bankruptcy

4. Employment/Income Stability:

How has your addiction impacted your ability to maintain employment or stable income?

- ☐ No impact
- ☐ Minor impact, with occasional absences or reduced hours
- ☐ Moderate impact, leading to job instability, demotion, or reduced income
- ☐ Severe impact, resulting in job loss or inability to maintain consistent work

5. Financial Priorities:

How has addiction affected your ability to prioritize spending on essentials (e.g., housing, food, healthcare)?

- ☐ No effect on financial priorities
- ☐ Slight difficulty managing finances, with occasional neglect of essentials
- ☐ Moderate difficulty, leading to frequent neglect of essentials
- ☐ Severe difficulty, resulting in consistent neglect of basic needs

Section 5: Daily Functioning and Quality of Life

Objective: To evaluate how addiction has influenced your ability to perform daily tasks, manage responsibilities, and overall life satisfaction.

1. Daily Responsibilities:

How has your addiction affected your ability to manage daily responsibilities (e.g., work, school, household tasks)?

- ☐ No effect
- ☐ Minor impact, with occasional neglect of responsibilities
- ☐ Moderate impact, leading to frequent neglect or difficulty managing tasks
- ☐ Severe impact, resulting in consistent neglect or inability to manage tasks

2. Hygiene and Self-Care:

How has your addiction influenced your ability to maintain personal hygiene and self-care routines?

- ☐ No effect
- ☐ Slight decline in self-care habits
- ☐ Moderate decline, with noticeable neglect of hygiene or appearance
- ☐ Severe decline, with significant neglect of basic self-care

3. Enjoyment and Leisure:

Has your addiction affected your ability to enjoy leisure activities or hobbies?

Describe any changes.

- ☐ No change
- ☐ Slight reduction in enjoyment or participation in hobbies
- ☐ Moderate reduction, with loss of interest in activities previously enjoyed
- ☐ Severe reduction, with complete withdrawal from leisure activities

4. Overall Quality of Life:

How would you rate your overall quality of life since your addiction began?

- ☐ Excellent, no negative impact
- ☐ Good, with minor impacts
- ☐ Fair, with noticeable impacts on daily functioning
- ☐ Poor, with significant impacts on life satisfaction
- ☐ Very poor, with severe impacts on all aspects of life

5. Life Satisfaction:

How satisfied are you with your life as a whole, considering the effects of addiction?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

Reflection and Next Steps

After completing the Impact Assessment Tool:

Identify Areas of Concern: Review your responses and highlight any areas where addiction has had a significant negative impact on your life.



Set Goals: Consider setting goals to address these areas, whether by seeking professional help, making lifestyle changes, or strengthening your support network.

Use in Recovery Planning: Integrate your findings into your personalized recovery plan, focusing on the areas where you need the most support or improvement.



Facilitation Instructions

The Impact Assessment Tool is designed to help clients and clinicians evaluate the extent to which addiction has affected different areas of the client's life, such as physical health, mental health, relationships, work, and financial stability. This tool is useful for identifying areas of concern that need to be addressed in the treatment plan.

- ***When to Use:***

- Use the Impact Assessment Tool early in the treatment process to gain a comprehensive understanding of how addiction has affected the client's life.
- Re-administer the tool periodically to monitor progress and adjust the treatment plan as needed.

- ***Preparation:***

- Familiarize yourself with the tool's content and scoring method before administering it to the client.

- ***Administering the Symptom Checker:***

- Explain to the client that the Impact Assessment Tool is designed to help them and you understand how addiction has impacted various aspects of their life.
- Emphasize that this assessment is a critical step in creating a treatment plan that addresses the client's specific needs and challenges.
- Encourage the client to reflect on each question and answer honestly based on their experiences. Let them know that the purpose of the assessment is to highlight areas where they might need additional support.
- Inform the client that they can ask questions if they need clarification on any of the items.

- ***Reviewing the Results:***

- Review the results together, focusing on the sections where the client scored highest. These are the areas where addiction has had the most significant impact and may require immediate attention in the treatment plan.
- Discuss each section's subtotal to explore the specific ways addiction has affected that area of the client's life. For example, if the "Relationships" section has a high score, discuss how addiction has impacted the client's connections with family, friends, or partners.
- Help the client understand the broader implications of their overall score. For example, if the overall impact is high, emphasize the importance of addressing these issues comprehensively in the treatment plan.
- Use the assessment as a foundation for discussing changes in the client's life, addressing both improvements and ongoing challenges.

- **Scoring the Assessment:**

- The Impact Assessment Tool is typically divided into several categories, each representing a different life domain affected by addiction. Common categories might include:
 - Physical Health
 - Mental Health
 - Relationships
 - Work/School
 - Financial Stability
 - Legal Issues
 - Social Activities

- **Scoring Method:**

- Each question within these categories is rated on a scale from 0 to 4 or 0 to 5, depending on the tool's design. An example scale might be:
 - 0: No impact
 - 1: Minimal impact
 - 2: Moderate impact
 - 3: Significant impact
 - 4: Severe impact

- **Section Subtotals:**

- Calculate a subtotal for each section by summing the scores for all questions within that category. This subtotal reflects the degree of impact addiction has had on that specific area of the client's life.

- **Overall Total Score:**

- Sum all the section subtotals to get an overall impact score. This score provides an indication of the overall severity of the impact of addiction on the client's life.

- **Interpreting Scores:**

- Low Impact (0-20% of total possible score): Suggests that addiction has had a minimal impact on the client's life. The client may be managing well in most areas but may still need support in specific domains.
- Moderate Impact (21-50% of total possible score): Indicates that addiction has had a noticeable effect on the client's life, affecting multiple areas. Targeted interventions may be needed in several domains.
- High Impact (51-75% of total possible score): Suggests that addiction has significantly disrupted the client's life, requiring comprehensive support and intervention across several domains.
- Severe Impact (76-100% of total possible score): Indicates that addiction has severely affected most aspects of the client's life, necessitating intensive treatment and possibly additional resources to address the wide-ranging impact.