

COMMUNITY SUBSTANCE ABUSE CENTERS
IMPAIRMENT ASSESSMENT TOOL

Date: _____ Time: _____ Patient: _____

Impression: _____

CHECK ALL THAT APPLY:

Hx of ETOH Problems _____
Smell of Alcohol on Breath _____ Breathalyzer Test Result _____
UDS Obtained _____

Mental Status: Oriented _____ Disoriented _____
Time _____ Person _____ Place _____

Alert _____ Drowsy _____ Lethargic _____ Inattentive _____ Forgetful _____

Stuporous _____ Cooperative _____ Combative _____

Mood: Normal _____ Angry _____ Elation _____

Emotional Status: Calm _____ Friendly _____ Evasive _____ Fearful _____
Anxious _____ Irritable _____ Withdrawn _____
Euphoric _____ Hostile _____

Speech: Spontaneous _____ Sudden Silences _____
Articulation Slow and Deliberate _____ Content Clear _____
Not Clear _____ Logical Progression _____ Slurring _____
Speech Rate/Rhythm: Slow _____ Rapid _____

Eyes: Nystagmus _____ Poor Eye Contact _____ Drooping Lids _____
Pupils Constricted/Pin Point _____ Dilated _____
Equal _____ Unequal _____

Gait: Heel to Toe Steady _____ Unsteady _____

Finger to Nose (Eyes Closed): Good _____ Poor _____

Vital Signs: Temperature _____ Pulse _____ Per Minute _____
Irregular _____ Bounding _____ Diaphoretic _____
Respirations _____ Per Minute _____
Non-Rhythmic _____ Labored _____ Shallow _____ S.O.B. _____
Blood Pressure: Systolic _____ Diastolic _____

Refused to Medicate _____ Medicate _____
Counselor Notified _____
Take-Home Privileges Suspended _____

Nurse's Signature _____