Outpatient

Brief Addiction Monitor (BAM)

Problem: [BAMQ1] I am experiencing physical health problems, to include ~!specify health complaint(s)||F~!, as indicated by a BAM Q1 score of ~!specify BAMQ1 score and descriptor||F~!.
Goal: I want to improve my physical health, specifically: ~!Specify desired health improvement goal||F~!.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will rate my physical health fair/good/very good/excellent. (BAM Q1) as evidenced by an improved rating from my last BAMQ1 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will refer me to ~!Please indicate type of medical program||F~! to address my ~!Please indicate type of medical problem, such as diabetes, high blood pressure, etc.||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ2] I have been having sleep problems including ~!Specify sleep problem such as trouble falling asleep, staying asleep, nightmares, etc.||F~!, as indicated by a BAM Q2 score of ~!specify BAMQ2 score and descriptor||F~!.
Goal: I want to improve the quantity and quality of my sleep.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report a reduction in the number of nights that my sleep is disturbed compared to my previous BAMQ2 score.
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will refer me to the Sleep Medicine Clinic for an evaluation.

Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend|CBT-I|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|CBT-I|F~!
Intervention: My provider will discuss with me the various interventions used to treat sleep difficulties.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ3] I am having problems with my mood, such as ~!Specify Veteran's description of mood problems ||F~!, as indicated by a BAM Q3 score of ~!specify BAMQ3 score and descriptor||F~!.
Goal: I want to better manage my symptoms of ~!specify mood disturbance||F~!.
Goal: I want to maintain a stable and positive mood.
Goal: I want to decrease depression and improve mood.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report fewer days during which I felt depressed, anxious, angry or very upset throughout most of the day compared to my last BAMQ3 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend| i.e. CBT-D|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|i.e. CBT-D, ACT-D, Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Behavioral therapy/Behavioral activation (BT/BA), Interpersonal therapy (IPT), Mindfulness-based cognitive therapy (MBCT), Problem-Solving therapy (PST), Social Skills Therapy (SST), Interpersonal And Social Rhythm Therapy (IPSRT), Family Therapy (FT), Dialectical Behavior Therapy (DBT), Mentalization-Based Therapy (MBT), Stress Inoculation Training (SIT), Eye Movement Desensitization and Reprocessing (EMDR), Imagery Rehearsal Therapy, Hypnosis, Psychodynamic Therapy, Psychoeducation, Anger Management, Cognitive Therapy (CT) for suicide prevention, Seeking Safety|F~!
|F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will refer me to ~!Please indicate type of specialty mental health care, such as SUD-IOP, RRTP, SARRTP, PTSD, MST, TBI||F~!.
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will conduct a Suicide Risk Assessment with me.
Intervention: My provider will assist me with making a Suicide/Crisis Safety Plan.
Intervention: My provider will monitor my depression symptoms by administering me PHQ-9 and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!
Intervention: My provider will monitor my PTSD symptoms by administering me PCL-5 and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!
Intervention: My provider will monitor my anxiety symptoms by administering me GAD-7 and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ4-7] I have been misusing ~!specify alcohol and/or type of drug||F~!, as indicated by a BAM Q4-7 score of ~!specify BAMQ4-7 score and descriptor||F~!.
Goal: I want to be able to maintain abstinence from ~!specify alcohol and/or type of drug||F~!.
Goal: I want to use ~!specify alcohol and/or type of drug||F~! in a more responsible and controlled manner.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report no days of ~!specify alcohol and/or type of drug||F~! use. (BAMQ4-7)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, subox, buprenorphine/naloxone (Suboxone®)one||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report a reduced number of days using ~!specify alcohol and/or type of drug||F~! per month, compared to my last BAM use score. (BAMQ4-7)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!

Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, , buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report ~!specify desired amount of binge drinking episodes (i.e., "reduced" or "zero")||F~! instances of binge drinking. Last BAMQ5 score was ~!specify BAMQ5 score||N1~!.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Ssuboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will administer the Brief Addiction Monitor (BAM) to me ~!specify frequency: weekly, bi-weekly, monthly||F~! and review the results with me after each administration.

Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will reduce the harm associated with ~!specify alcohol and/or type of drug||F~! use by changing risky behaviors such as ~!specify identified targets of behavioral changes (e.g., drinking while driving)||F~!.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Ssuboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will take prescription medications ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!as prescribed.
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.

Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!

Problem: [BAMQ4-7] I have been unable to maintain abstinence from ~!specify alcohol and/or type of drug||F~!, as indicated by a BAM Q4-7 score of ~!specify BAMQ4-7 score and descriptor||F~!.
Goal: I want to be able to maintain abstinence from ~!specify alcohol and/or type of drug||F~!.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report no days of ~!specify alcohol and/or type of drug||F~! use. (BAMQ4-7)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol), methadone, suboxone||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.

Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report a reduced number of days using ~!specify alcohol and/or type of drug||F~! per month, compared to my last BAM use score. (BAMQ4-7)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!

Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol), methadone, suboxone||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will take prescription medications ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!as prescribed.
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!

Objective: I will avoid use of illicit substances for at least next month as shown by random observed urines and/or breathalyzer measurements.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.

Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ8] I am bothered by cravings or urges to use ~!specify alcohol and/or type of drug||F~!, as indicated by a BAM Q8 score of ~!specify BAMQ8 score and descriptor||F~!.
Goal: I want to reduce the frequency and intensity of urges and cravings to use ~!specify alcohol and/or type of drug||F~!.
Goal: I want to learn better ways of coping with cravings so that they bother me less.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report being bothered less by cravings or urges to use ~!specify alcohol and/or type of drug||F~!, compared to my last BAMQ8 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will administer the Brief Addiction Monitor (BAM) to me ~!specify frequency: weekly, bi-weekly, monthly||F~! and review the results with me after each administration.

Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will take prescription medications ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!as prescribed.
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!

Problem: [BAMQ9] I have limited confidence in my ability to be abstinent from ~!specify alcohol and/or type of drug||F~!, as indicated by a BAM Q9 score of ~!specify BAMQ9 score and descriptor||F~!.
Goal: I want to increase my confidence in my ability to be abstinent from ~!specify alcohol and/or type of drug||F~!.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report being considerably or extremely confident in my ability to be abstinent from alcohol and drugs. (BAMQ9)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.

Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ9, 4-7] I have a pattern of being overconfident that I can control my substance use, despite inability to do so in the past.
Goal: I want to have a more realistic expectation about my ability to remain abstinent from drugs and alcohol.
Goal: I want to behave in ways that support my confidence in my ability to be abstinent from drugs and alcohol.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report a reduced number of days using ~!specify alcohol and/or type of drug||F~! per month, compared to my last BAM use score of ~!specify score for BAMQ 4 and/or 6 and descriptor||F~!.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.

Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report behaviors I have used and/or actions I have taken to support my confidence in my ability to remain abstinent from drugs and alcohol.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will attend program groups ~!indicate time frame and frequency||F~!, participate in drug/alcohol screening ~!indicate time frame and frequency||F~! , and meet with individual case manager at least ~!indicate time frame and frequency||F~!.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will administer the Brief Addiction Monitor (BAM) to me ~!specify frequency: weekly, bi-weekly, monthly||F~! and review the results with me after each administration.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!

Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: I continue to seek addictive medications that are unnecessary for the treatment of any current medical condition.
Goal: I want to eliminate the use of unnecessary addictive medications.
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will take non-addictive medications as prescribed. Progress will be measured through ~!BAM Items 7a-g||F~!

Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ10] I have not been using community supports to their full potential, as indicated by a BAM Q10 score of ~!specify BAMQ10 score and descriptor||F~!.
Goal: I want to increase my attendance at appropriate community-based supports for sobriety.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report attending self-help meetings such as AA or NA at least ~!Specify desired numbers of self-help meeting Veteran will attend per month||N1~! times per month. (BAMQ10)
Objective: I will report an increase in number of self-help meetings attended, compared to my last BAMQ10 score.

Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend|TSF|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|TSF |F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me for Peer Support Services.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ10] I have not been successful in using available community-based supports for sobriety, as indicated by a BAM Q10 score of ~!specify BAMQ10 score and descriptor||F~!.
Goal: I want to attend appropriate community-based supports for sobriety.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
My ~!indicate specific strength and/or ability based on assessment||F~! will help me achieve this goal.
My ~!indicate specific barrier and/or limitation based on assessment||F~! may be a challenge to achieving this goal.

Objective: I will report attending self-help meetings such as AA or NA at least ~!Specify desired numbers of self-help meeting Veteran will attend per month||N1~! times per month. (BAMQ10)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend|TSF|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|TSF |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will refer me for Peer Support Services.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report an increase in number of self-help meetings attended, compared to my last BAMQ10 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend|TSF|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|TSF |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!

Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will refer me for Peer Support Services.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ11] I have been engaging in the following high risk situations: ~!specify high risk situations||F~!, as indicated by a BAM Q11 score of ~!specify BAMQ11 score and descriptor||F~!.
Goal: I want to avoid high risk situations (i.e., risky "people, places or things.")
Goal: I want to develop healthy habits and patterns, including social connections, that do not involve high-risk behaviors or situations.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
Goal: I want to be involved in a wider range of recreational activities.
Goal: I want to learn how to structure my recreation time more effectively.

Objective: I will report a reduction in involvement with high risk situations as compared with my last BAMQ11 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the following Housing support services: ~!Specify type of service to which the Veteran will be referred: HUD-VASH, GPD, Domiciliary |F~!
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report improvement in healthy habits and social connections. (BAMQ10, 12, 13)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program.Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e.

transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the following Housing support services: ~!Specify type of service to which the Veteran will be referred: HUD-VASH, GPD, Domiciliary |F~!
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ12] I lack religious/spiritual support in my recovery, as indicated by a BAM Q12 score of ~!specify BAMQ12 score and descriptor||F~!.
Goal: I want to increase my use of religious or spiritual support for my recovery.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."

Objective: I will report increased support for my recovery from religious or spiritual sources, compared to my last BAMQ12 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report increased involvement in self help programs that support the spiritual aspect of my recovery. (BAMQ10)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.

Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ13] I currently lack healthy and productive ways to spend my time, as indicated by a BAM Q13 score of ~!specify BAMQ13 score and descriptor||F~!.
Goal: I want to increase the amount of time I spend in productive activities, such as ~!specify productive activity in which vet would like to engage||F~!.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
Goal: I want to complete the necessary steps for a Compensated Work Therapy referral.
Goal: I want to access and use referrals for job finding and employment services, specifically: ~!indicate type of services||F~!.
Goal: I want to complete the necessary steps for vocational training program referral to: ~!specify program||F~!.

Objective: I will report an increased number of days in which I spent much of the time at ~! specify work, school, and/or doing volunteer work||F~!, compared with my last BAMQ13 score.
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will refer me to the following VBA services: ~!Specify type of population targeted by VBA services to which the Veteran will be referred: Elderly, Homeless, Incarcerated, Minority, Tribal, Women, GI Bill, Survivor-Dependent, Home Loans, Insurance|F~!.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ14] I have inadequate financial resources to meet my/my family's basic needs, as indicated by a BAM Q14 score of ~!specify BAMQ14 score and descriptor||F~!.
Goal: I want to secure a steady income (from legal sources) to support my/my family's basic needs.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."

Objective: I will report having enough income (from legal sources) to meet my/my family's basic needs. (BAMQ14)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend|Relapse Prevention Group|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|Cognitive Behavioral Therapy |F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.

Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ15] I am having the following problem with family/friends: ~!specify the nature of conflict, such as arguments with spouse, etc||F~!, as indicated by a BAM Q15 score of ~!specify BAMQ15 score and descriptor||F~!.
Goal: I want to develop healthy patterns of interaction with my family and friends.
Goal: I want to reduce the frequency with which I get into arguments or have problems getting along with family members or friends.
Goal: I want to improve my relationships with family and/or friends.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."
Goal: I want to learn how to better engage other people.
Goal: I want to learn basic interpersonal skills.
Goal: I want to learn how to better follow social norms.
Goal: I want to increase my comfort in being intimate with a significant other/partner.

Objective: I will report reduction in the amount I have been bothered by arguments or problems getting along with any family members or friends, compared to my last BAMQ15 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual/couples psychotherapy/counseling, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will set up a program of ~!Please indicate type of activities, such as recreation, socialization, crafts, milieu, etc.||F~! for me
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ16] I have limited contact with family/friends who are supportive of my recovery, as indicated by a BAM Q16 score of ~!specify BAMQ16 score and descriptor||F~!.
Goal: I want to have more contact with/spend more time with people who are supportive of my recovery, including ~!identify specific family and/or friends||F~!.
Goal: I want to develop more relationships with people who are supportive of my recovery.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."

Objective: I will report an increased number of days during which I had contact with or spent time with family or friends who support my recovery, compared with my last BAMQ16 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!

Intervention: My provider will work with me in individual/couplespsychotherapy/counseling, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will set up a program of ~!Please indicate type of activities, such as recreation, socialization, crafts, milieu, etc.||F~! for me
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report meeting at least ~!Specify minimum desired number of new supportive people Veteran will meet||N1~! new people who might be supportive of my recovery.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will set up a program of ~!Please indicate type of activities, such as recreation, socialization, crafts, milieu, etc.||F~! for me
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Problem: [BAMQ17] I am dissatisfied with my recovery progress because ~!specify Veteran's concerns||F~!, as indicated by a BAM Q17 score of ~!specify BAMQ17 score and descriptor||F~!.
Goal: I want to be more proactive in my recovery efforts.
Goal: I want to feel more satisfied with my progress toward my recovery goals.
Goal: I want to make more rapid progress toward my recovery goals.
Goal: I want to re-evaluate my recovery goals.
Goal: I want to restructure my treatment to better meet my recovery goals.
Goal: Veteran stated, "~!Insert veteran's stated goal||F~!."

Objective: I will report increased satisfaction with my progress toward achieving my recovery goals, compared to my last BAMQ17 score.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend|i.e. CBT-D, ACT-D, Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Behavioral therapy/Behavioral activation (BT/BA), Interpersonal therapy (IPT), Mindfulness-based cognitive therapy (MBCT), Problem-Solving therapy (PST), Social Skills Therapy (SST), Interpersonal And Social Rhythm Therapy (IPSRT), Family Therapy (FT), Dialectical Behavior Therapy (DBT), Mentalization-Based Therapy (MBT), Stress Inoculation Training (SIT), Eye Movement Desensitization and Reprocessing (EMDR), Imagery Rehearsal Therapy, Hypnosis, Psychodynamic Therapy, Psychoeducation, Anger Management, Cognitive Therapy (CT) for suicide prevention|F~!
IIntervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol®), methadone, buprenorphine/naloxone (Suboxone®)||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will set up a program of ~!Please indicate type of activities, such as recreation, socialization, crafts, milieu, etc.||F~! for me
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will refer me to ~!Please indicate type of medical program||F~! to address my ~!Please indicate type of medical problem, such as diabetes, high blood pressure, etc.||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will refer me for Peer Support Services.

Intervention: My provider will refer me to the following Housing support services: ~!Specify type of service to which the Veteran will be referred: HUD-VASH, GPD, Domiciliary |F~!
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will report being considerably or extremely satisfied with my progress toward achieving my recovery goals. (BAMQ17)
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol), methadone, suboxone||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will administer the Brief Addiction Monitor (BAM) to me ~!specify frequency: weekly, bi-weekly, monthly||F~! and review the results with me after each administration.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will set up a program of ~!Please indicate type of activities, such as recreation, socialization, crafts, milieu, etc.||F~! for me
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will refer me to ~!Please indicate type of medical program||F~! to address my ~!Please indicate type of medical problem, such as diabetes, high blood pressure, etc.||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION,

COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will refer me for Peer Support Services.
Intervention: My provider will refer me to the following Housing support services: ~!Specify type of service to which the Veteran will be referred: HUD-VASH, GPD, Domiciliary |F~!
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!

Objective: I will adjust my treatment plan to reflect my current goals.
Intervention: My provider will work with me in group treatment, specify group: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in group treatment, specify group: ~!Specify group(s) Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: ~!Specify type of therapy Veteran will attend: In alphabetical order: CBT-SUD, MET, CM, TSF, BCT-Alcohol |F~!
Intervention: My provider will work with me in individual psychotherapy, specify therapy: Veteran will attend| Health & Behavior (H&B) Groups relevant to behavior management of Primary Care issues, e.g. diabetes or hypertension management|F~!
Intervention: My provider will supply me with a list of self-help groups available in walking distance from my home.
Intervention: My provider will assist me with enrollment and scheduling in the Intensive Outpatient Program
Intervention: My provider will prescribe medication ~!specify MAT: disulfiram, acamprosate, topiramate, naltrexone, naltrexoneXR (Vivitrol), methadone, suboxone||F~!to manage my symptoms and monitor my response.
Intervention: My provider will prescribe for me an Opioid Education and Naloxone Distribution (OEND) kit.
Intervention: My provider will order urine toxicology screens for me ~!specify frequency: weekly, 2x/week, 3x/week, bi-weekly, monthly||F~! to monitor my recovery.
Intervention: My provider will administer the Brief Addiction Monitor (BAM) to me ~!specify frequency: weekly, bi-weekly, monthly||F~! and review the results with me after each administration.
Intervention: My provider will provide case management services ~!specify frequency: weekly, bi-weekly, monthly||F~! to identify and resolve ~!specify practical needs, i.e. transportation concerns, childcare responsibilities, housing concerns, legal involvements, financial concerns||F~!
Intervention: My provider will refer me to the following self-help group/program: ~!Please indicate type of self help groups||F~!
Intervention: My provider will refer me to the Chaplaincy Service for pastoral counseling.
Intervention: My provider will set up a program of ~!Please indicate type of activities, such as recreation, socialization, crafts, milieu, etc.||F~! for me
Intervention: My provider will work with me on medication management: ~!Specify the frequency and duration|F~!
Intervention: My provider will prescribe medication to manage my symptoms and monitor my response: ~!Specify the medication, dose, and frequency|F~!
Intervention: My provider will refer me to ~!Please indicate type of medical program||F~! to address my ~!Please indicate type of medical problem, such as diabetes, high blood pressure, etc.||F~!
Intervention: My provider will refer me for non-medicinal pain management~!Specify type of therapy Veteran will attend: In alphabetical order: Physical Therapy (PT), Relaxation Therapy, Biofeedback, Occupational Therapy (OT), Yoga, Massage, Mindfulness, Meditation, CBT-Pain, Other: "_____"|F~!
Intervention: My provider will refer me for Peer Support Services.

Intervention: My provider will refer me to the following services: ~!Specify type of service to which the Veteran will be referred: JOB READINESS, VOCATIONAL REHABILITATION, COMPENSATED WORK THERAPY, WORKFORCE INTEGRATION, GED PREPARATION, SECONDARY EDUCATION |F~!.
Intervention: My provider will refer me to the following Housing support services: ~!Specify type of service to which the Veteran will be referred: HUD-VASH, GPD, Domiciliary |F~!
Intervention: My provider will monitor my progress in recovery by administering me the ~!specify BAM version: BAM-R, BAM-IOP, BAM, BAM-C||F~!and discussing my results with me ~!specify frequency: weekly, bi-weekly, monthly||F~!