

PSYCHOACTIVE DRUG HISTORY QUESTIONNAIRE

DRUG CATEGORY Note: First Use Card Sort With Client To Determine Which Drugs Ever Used	a Ever Used 1 = No 2 = Yes	b Total Years Used	Injection Drug Use 1 = No 2 = Yes NA=not applicable	Year Last Used 19 __	c Frequency of Use in Past 6 Months
ALCOHOL			NA		
CANNABIS: Marijuana, hashish, hash oil			NA		
STIMULANTS: Cocaine, crack					
STIMULANTS: Methamphetamine — speed, ice, crank					
AMPHETAMINES/OTHER STIMULANTS: Ritalin, Benzedrine, Dexedrine			NA		
BENZODIAZEPINES/ TRANQUILIZERS: Valium, Librium, Halcion, Xanax, Diazepam, “Roofies”			NA		
SEDATIVES/HYPNOTICS/BARBITURATES: Amytal, Seconal, Dalmane, Quaalude, Phenobarbital			NA		
HEROIN					
STREET OR ILLICIT METHADONE			NA		
OTHER OPIOIDS: Tylenol #2 & #3, 282’S, 292’S, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid			NA		
HALLUCINOGENS: LSD, PCP, STP, MDA, DAT, mescaline, peyote, mushrooms, ecstasy (MDMA), nitrous oxide			NA		
INHALANTS: Glue, gasoline, aerosols, paint thinner, poppers, rush, locker room			NA		
OTHER: (specify) _____ _____					

a If “EVER USED” is NO (1) for any given line, the remainder of the line should be left blank.	b Code 87 = Infrequent Use (≤ 2 x/year) Code 88 = Brief Experimental Use (< 3 months lifetime use)	c Frequency Codes: 0 = no use 3 = 2 to 3x/mo. 6 = 4 to 6x/wk. 1 = < 1x/mo. 4 = 1x/wk. 7 = daily 2 = 1x/mo. 5 = 2 to 3x/wk
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