SUBSTANCE USE QUESTIONNAIRE

Name: _____ Date: _____

Part I. Substance Abuse History

	Ever Used?		Ever a Problem?		Age of 1st Use	When last used?
Alcohol	Yes	No	Yes	No		
Barbiturates or other sleeping pills	Yes	No	Yes	No		
Benzodiazapines (Valium, etc)	Yes	No	Yes	No		
Caffeine	Yes	No	Yes	No		
Cocaine	Yes	No	Yes	No		
Crack	Yes	No	Yes	No		
Ecstacy (MDMA)	Yes	No	Yes	No		
Ephedra	Yes	No	Yes	No		
Gasoline	Yes	No	Yes	No		
Glue	Yes	No	Yes	No		
Heroin	Yes	No	Yes	No		
Other inhalants (paint, white-out)	Yes	No	Yes	No		
LSD	Yes	No	Yes	No		
Marijuana or hashish	Yes	No	Yes	No		
Methadone	Yes	No	Yes	No		
Methamphetamine	Yes	No	Yes	No		
Mescaline	Yes	No	Yes	No		
Mushrooms	Yes	No	Yes	No		
Nicotine	Yes	No	Yes	No		
Nitrous Oxide	Yes	No	Yes	No		
Opiates (pain pills)	Yes	No	Yes	No		
Opium	Yes	No	Yes	No		
PCP	Yes	No	Yes	No		
Peyote	Yes	No	Yes	No		
Poppers	Yes	No	Yes	No		
Prescription drugs	Yes	No	Yes	No		
Psilocybin	Yes	No	Yes	No		
Quaaludes	Yes	No	Yes	No		
Seconaol (Reds)	Yes	No	Yes	No		
Speedballs	Yes	No	Yes	No		
Steroids	Yes	No	Yes	No		
Tuinol (Yellows)	Yes	No	Yes	No		

Please put a circle around any of the drugs above that you feel you are addicted to or dependent upon.

How did you get started using drugs/alcohol? _____

_____

When you consume alcohol, what do you usually drink (circle)? Beer Wine Vodka

Gin Tequila Whiskey Scotch Rum Other: _____

How many drinks do you usually have per day? _____ **Per week?** _____

How much (name of drug) do you usually have per day?_____ **Per week**?_____

How have you ingested (the drug)? Swallow Smoke Sniff Inject Mix with other

What is the best thing about getting high? _____

What is your favorite thing to do when drinking or using drugs? _____

Are there any times you tend to use these substances less? More? When?

_____

Are there any times you have successfully stopped? When? For how long?

_____

How much do you spend each week on your drugs/alcohol?

_____

Do you usually drink/use drugs alone or with others? At home or elsewhere?

_____

What time of day do you usually start using drugs/drinking? Is there a pattern to your use?

_____

What effects does drinking/using drugs have on you? (circle)

Feel happier Feel more important Feel more alert Reduces physical discomfort

Increased irritability Less shy Think more clearly More creative Have more fun

Reduce stress/tension Help to sleep Relax socially Express self more easily

Avoid negative emotions (depression, anger, grief, boredom)

Forget something that happened Concentrate better

Have you ever experienced any of the following symptoms when you use drugs or alcohol (circle)?

Seizures Blackouts Hallucinations Paranoia Personality changes

Decreased need for sleep Increased aggression Increased sexual arousal

Severe weight loss Ulcers or other stomach problems Headaches

Excessive bleeding Sinus problems Heart palpitations Suicidal thoughts

Panic attacks Memory problems Depression Loss of sex drive

Sex with strangers Other: _____

Do you or have you ever experienced any physical symptoms when you try to stop drinking or use drugs?

Yes No If so, which ones? Shakes/tremors Sweating Seizures

Continuous vomiting Sleeplessness Disorientation Hallucinations Depression

Hypersomnia Increased appetite

Other: _____

Do you gamble when you drink or use drugs? Yes No

Is your gambling out of control or excessive? Yes No

Have you ever had an eating disorder (bulimia, anorexia, obesity)? Yes No

<u>Part II: Family History</u>

Which family members have had a drug or alcohol problem (circle)?

None Mother Father Brother(s) Sister(s) Stepparent Grandparent Uncle/Aunt

How were you affected by your family member's drug abuse?
Does in anyone in your current household use drugs or drink? Yes No

If so, who?_____

Do most of your friends drink or use drugs? Yes No

Part III: Consequences Related to Alcohol or Drug Use

Please circle any *problems that have persisted* following your use of drugs or alcohol:

Hepatitis or liver problems Persistent cough Hallucinations Strange thoughts

Congestion or wheezing Heart problems Depression Mania Loss of sex drive

Please circle any *social or relationship problems* that have resulted from your use of alcohol or drugs:

Arguments with spouse or partner Thrown out of house Social isolation

Arguments with parents or siblings Loss of friends Spouse or partner left you

Other: _____

Please circle any *job or financial problems* caused or worsened by your use of drugs or alcohol:

Lost a job Less productive at work Behind in paying bills Late to work In debt

Missed days at work Missed opportunities for raise or promotion

Other: _____

Please circle any *legal problems* caused or worsened by your use of alcohol or drugs:

Arrest for possession Arrest for forging prescriptions Auto accident while intoxicated

Arrested for assault Arrested for embezzlement or forgery Arrested for selling drugs

Arrested for driving under the influence Arrested for theft or robbery

Part IV: Treatment History

Have you ever attended a 12-step program? Yes No

Have you ever attended an outpatient program for drugs or alcohol? Yes No

Have you ever been treated in an inpatient facility for drugs or alcohol? Yes No

Have you ever been given a medication to help you abstain from drinking or using drugs?
Yes No

Have you ever been treated in an emergency room for a drug overdose or alcohol poisoning? Yes No

Have you ever made a suicide attempt while intoxicated or using? Yes No

What is the longest you have been able to stop drinking/using drugs? _____

How were you able to remain abstinent or sober this long? _____

_____

Why do you want to stop drinking or using drugs? _____

_____

What do you think will happen if you do not stop drinking or using drugs?

_____

Part V: True-False Questions

1. T F I drink/use drugs when I feel anxious.
2. T F I often try to hide or minimize my drinking/drug use.
3. T F Many of my friends drink or use drugs.
4. T F I sell, or used to sell drugs.
5. T F I would never consider going to a 12-step program.
6. T F Drinking or using drugs has never really caused me any problems.
7. T F I have tried to stop using drugs/drinking in the past.
8. T F I drink/use drugs when I feel depressed.
9. T F When I drink, I usually get drunk.
10. T F I feel more confident when I drink or use drugs.
11. T F Sometimes I use drugs or drink in the morning.
12. T F Friends or family have told me I should stop drinking or using drugs.
13. T F I spend too much time thinking about drinking or using drugs.
14. T F I become very anxious if I am unable to have a drink or do drugs.

15. T F I have never stolen in order to buy drugs or alcohol.

16. T F I am an alcoholic.

17. T F I am a drug addict.

18. T F I have experienced the need to use more drugs to get the effect I had the first time I used them.

19. T F If I stopped using drugs or drinking, I would lose many of my friends.

20. T F I am not a religious person.

21. T F I think better when I have a few drinks or use drugs.

22. T F I enjoy sex more when I'm high.

23. T F Drinking or using drugs helps me forget about my problems and relax.

24. T F I have never used drugs and alcohol at the same time.

25. T F I have sometimes alternated taking uppers and downers.