

DRUG-ALCOHOL QUESTIONNAIRE

USAGE OF MOOD ALTERING CHEMICALS AND ALCOHOL

Drugs: (Medical or Recreational):

Have you ever been arrested for anything as a result of your usage of drugs? _____

If yes, what was the outcome _____?

Have you ever taking any medicine that was not prescribed to you?

If yes, what was the medication _____?

Have you ever taken prescription or over-the-counter drugs (medicines) in excess of the prescribed dosage in order to achieve a different "state of mind"? () yes () no

Have you ever attempted to get refillable prescriptions and use the drug for longer than originally prescribed? () yes () no

Have you ever used marijuana, hashish, or THC in any form? () yes () no

Have you ever used "speed" or any type of amphetamine for recreational purposes? () yes () no

Have you ever taken "downers" or any type of barbiturate for recreational purposes? () yes () no

Have you ever used "acid" or any type of hallucinogenic drug? () yes () no

Have you ever used cocaine in any form (snort, freebase, "boot," etc.)? () yes () no

Have you ever used heroin? () yes () no

I have had trouble in my life as a result of using:

___ THC (marijuana, hashish)	_____ cocaine
___ "speed," etc	_____ heroin
___ downers," etc	_____ "acid," etc.
___ have had no trouble with the above-named drugs	

Family History of Substance Abuse:

Do you have any family members who have had or now have a substance abuse problem?

If yes, please explain _____

ALCOHOL:

Have you ever been arrested (for anything) as a result of your usage of alcoholic beverages? ____

Has your usage of alcohol ever interfered with your ability to responsibly fulfill your daily functions (including employment, if applicable)? _____

Has your usage of alcohol ever resulted in your inability to successfully manage your finances? _____

Have you ever had physical (medical) problems which were determined to be somehow connected to your alcohol usage? _____

Has your usage of alcohol ever caused problems in your relationship with other people? _____

Do you have a driver's license? _____

Do you have a car? () yes () no

If not, what are your current transportation arrangements? _____
