



ALCOHOL & DRUG USE, CURRENT and HISTORY

Please remember this is confidential, so please be honest

Y N Have you ever felt you ought to cut down your drinking or drug use?

Y N Have people annoyed you by criticizing your drinking or drug use?

Y N Have you ever felt bad or guilty about your drinking or drug use?

Y N Have you ever had a drink or used drugs first thing in the morning?

Y N Do you drink or use drugs alone?

If applicable, what does your drinking and/or the use of drugs do for you?

Y N Do you smoke cigarettes? If yes, how many and how often? And, what does smoking do for you?

Y N Do you drink caffeine-containing beverages? If yes, what type and amount? And, what does the caffeine do for you?

Y N Have you ever been in treatment for drug and/or alcohol use? If so, please list period of time(s) and the name of the program.

Y N Have you ever recognized any consequences (negative ways it has effected your life) to your drug and/or alcohol use? If so, please explain.

Y N Are there any family history of alcohol and/or drug use? If so, please explain.

Y N Have you ever experimented with drugs? If so, please list the names/type and the period(s) of time (your age and/or year) when you used.

Y N Have you ever abused the use of prescription drugs? If so, please explain.

Please remember this is confidential and I'm not here to judge you.

Y N Are you currently using illegal drugs? If so, please list the names, frequency and the amount of use.

Y N Do you currently drink alcohol? If so, please list the type, frequency and the amount of use.