

Substance Use Assessment

Instructions: Fill out the section for each of the drugs you have used, even if that substance was never a problem for you. If you don't remember specifics, give your best estimate.

	Age of first use. (ex. "16")	When did you last use? (ex. "1 month ago")	Frequency of most recent use. (ex. "3x per week")	Was this substance ever a problem? (yes / no)
Alcohol				
Benzodiazepines (Xanax, Valium, etc.)				
Cocaine				
Crack				
Hallucinogens (LSD, mescaline, etc.)				
Heroin				
Inhalants ("Huffing")				
Marijuana				
Methamphetamine				
Methadone				
MDMA ("Ecstasy")				
PCP ("Angel Dust")				
Prescription Medicine (Vicodin, "Oxys", etc.)				
Other (list)				

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Instructions: Answer each of the following questions by circling **YES** or **NO**. Try not to overthink your responses (if you're unsure about a question, go with your first instinct).

- YES** **NO** Have your relationships with friends, family, or a significant other ever been strained or damaged by your drug / alcohol use?
- YES** **NO** Have you ever had difficulty reducing or ending your drug / alcohol use?
- YES** **NO** Have you ever missed work, or had reduced productivity / judgment at work due to drug / alcohol use?
- YES** **NO** Have you ever used drugs / alcohol to self-medicate anger, depression, anxiety, or other negative emotions?
- YES** **NO** Have you ever spent a great deal of time thinking about using, or thinking about how to obtain drugs / alcohol?
- YES** **NO** Have you ever experienced strong cravings for drugs / alcohol?
- YES** **NO** Have you ever developed a tolerance to a drug / alcohol that required you to use more of the substance to reach a desirable level of intoxication?
- YES** **NO** Have you ever operated a vehicle, or engaged in a dangerous activity while under the influence of drugs / alcohol?
- YES** **NO** Have you ever given up other enjoyable or healthy activities, such as hobbies, socializing, or exercising due to drug / alcohol use?
- YES** **NO** Have you ever engaged in risky sexual behaviors (e.g. unprotected sex or infidelity) while under the influence of drugs / alcohol?
- YES** **NO** Have you ever experienced withdrawal symptoms, such as a hangover, physical discomfort, or irritability due to abstinence from a drug.