

## SUBSTANCE USE ASSESSMENT

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Please check any substances you have used:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Acid          | <input type="checkbox"/> Heroin       | <input type="checkbox"/> PCP   |
| <input type="checkbox"/> Alcohol       | <input type="checkbox"/> Inhalants    | <input type="checkbox"/> Prescription pills                              |
| <input type="checkbox"/> Cigarettes    | <input type="checkbox"/> Marijuana    | <input type="checkbox"/> Other (i.e. cough med,<br>herbal, salvia, etc.) |
| <input type="checkbox"/> Cocaine/Crack | <input type="checkbox"/> Meth/Crystal | _____  |
| <input type="checkbox"/> Ecstasy       | <input type="checkbox"/> Mushrooms    | _____  |

Complete the following for any substances used more than 1 time:

Substance	Age 1 <sup>st</sup> Used	How long used	How Often	How Much	Last Time Used

- |   |         |        |
|---|---------|--------|
| 1. I use alcohol or drugs to get away from things that bother me                                | ___ Yes | ___ No |
| 2. I use alcohol or drugs to solve my problems  | ___ Yes | ___ No |
| 3. I need more or stronger kinds of alcohol or drugs to produce the same feeling I used to get. | ___ Yes | ___ No |
| 4. Sometimes after using I forget what happened   | ___ Yes | ___ No |
| 5. Sometimes I hide my drinking or drug using from others                                       | ___ Yes | ___ No |
| 6. I need alcohol or drugs to have fun  | ___ Yes | ___ No |
| 7. Other people have complained about my drug use   | ___ Yes | ___ No |
| 8. I feel guilty about my drug or alcohol use   | ___ Yes | ___ No |
| 9. I feel bad about how my using hurts other people   | ___ Yes | ___ No |
| 10. I make promises to change and then fail to do so  | ___ Yes | ___ No |
| 11. I have made efforts in the past to change.  | ___ Yes | ___ No |
| 12. I try to control my drug or alcohol use   | ___ Yes | ___ No |
| 13. I change jobs or relationships to make my life better                                       | ___ Yes | ___ No |
| 14. My drug or alcohol use has caused health, legal, work, or relationship problems in my life  | ___ Yes | ___ No |
| 15. I have experienced withdrawal symptoms  | ___ Yes | ___ No |
| 16. I've said or done things I wouldn't normally do when using drugs or alcohol                 | ___ Yes | ___ No |
| 17. Drugs or alcohol have become a focus of my life   | ___ Yes | ___ No |

Identify the response below that best represents your current level of willingness to change your substance use habits:

- |   |  |
|---|--|
| <input type="checkbox"/> Don't want to change | <input type="checkbox"/> Making changes                                    |
| <input type="checkbox"/> Considering change   | <input type="checkbox"/> Changes have been maintained for 3 or more months |
| <input type="checkbox"/> Ready to change      |  |