Doorways, LLC

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SUBSTANCE USE ASSESSMENT

Name ____ Age _________ Date ____________________

Please check any substances you have used:

- ☐ Acid
- ☐ Alcohol
- ☐ Cigarettes
- ☐ Cocaine/Crack
- ☐ Ecstasy
- ☐ Heroin
- ☐ Inhalants
- ☐ Marijuana
- ☐ Meth/Crystal
- ☐ Mushrooms
- ☐ PCP
- ☐ Prescription pills
- ☐ Other (i.e. cough med, herbal, salvia, etc.) ______________________

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

Substance	Age 1st 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:

- ☐ I don't want to change
- ☐ Considering change
- ☐ Ready to change
- ☐ Making changes
- ☐ Changes have been maintained for 3 or more months