Assessment Form: Alcohol/Controlled Substance

Name:

Drug/Alcohol History:

	Date of 1st use	Method	Frequency	Amount	Date of last use
Alcohol					
Amphetamines					
Caffeine					
Cannabis					
Cocaine					
Hallucinogens					
Inhalants					
Nicotine					
Opioids					
Phencyclidine					
Sedatives, Hypnotics, Anxiolytics					
Other					

Drug of choice (favorite chemical, if any): _____

Periods of abstinence: _____

Triggers (things you identify as problems):

_____

_____

Other Addictions:

 Eating Spending Gambling Sexual

Describe:

_____

Physical Symptoms (Mark either "H" for "History" or "P" for "Present"):

_____ Tremors _____DT's _____ High blood pressure
_____ Seizures _____ Delusions _____ Hepatitis
_____ Ulcers _____ Hallucinations _____ Change in tolerance

Cognitive Symptoms (Mark either "H" for "History" or "P" for "Present"):

_____ Intrusive thoughts _____ Hyper-vigilance
_____ Blackouts _____ Poor decision-making
_____ Confusion _____ Poor problem solving
_____ Lack of concentration

Behavioral Symptoms (Mark either "H" for "History" or "P" for "Present"):

____ Binge drinking	____ Using Alone	____ Combative
____ Loss of control	____ Verbal Abuse	____ Unkept promises
____ Hiding supply	____ Liable mood	____ Sexual performance
____ A.M. drinking	____ Irritability	____ Dr. shopping (pharmaceu-
____ Feelings of guilt/remorse	____ Social Isolation	tical abuse)
____ Using at bars	____ Insomnia	____Unsuccessful attempts to
____ Using at home	____ Depression	stop

Legal Consequences:

☐ Reckless operation	☐ Breaking and entry	☐ Property damage
☐ DWI/DUI	☐ Domestic violence	☐ Distribution/ trafficking
☐ Public Intoxication	☐Hit and run	☐ Possession
☐ Disorderly Conduct	☐ Vagrancy	

Financial Consequences:

☐ Wages garnished ☐ Bankruptcy ☐ Repossession

Work Relate Consequences:

☐ Attendance	☐ Accident/safety violation	☐ Confrontational
☐ Deteriorating performance	☐ Using at workplace	☐ Interpersonal problems
☐ Corrective Action	☐ Suspension	
☐ Termination/discharge	☐ Erratic Behavior	

Health Problems:

_____

Date of last physical exam: _____

Medication/dosage: _____

Primary care physician: _____

Violence:

Have you ever physically harmed someone?	☐ Yes	☐ No
Are you presently causing harm to anyone?	☐ Yes	☐ No
Are you being physically harmed at present?	☐ Yes	☐ No
Do you have thoughts of self-harm?	☐ Yes	☐ No

If "yes", please describe:

_____

_____

Family:

Substance use patterns in immediate family (history and present):

_____

_____

Family response to your substance use:

_____

_____

Diagnosis:

DAST-20 score: _____

MAST score: _____

DSMIV: Axis I _____ Axis IV _____

Axis II _____ Axis V _____

Axis III _____