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Substance Use Evaluation / Initial Questionnaire

By answering this questionnaire completely and honestly you will assist me in gathering the information I need in order to help you. The information disclosed is considered *Confidential & Privileged* and will not be released to any other party without your express written consent unless mandated by a Court of Law.

NAME_____ ATTORNEY_____

ADDRESS_____ DAY PHONE_____

CITY/STATE_____ NIGHT PHONE_____

ZIP CODE_____ CELL / PAGER_____

BIRTHDATE_____ E-MAIL_____

TODAY'S DATE_____

Jurisdiction

Court District_____ Name of Judge_____

Custody Evaluator_____

Whom do we contact in case of an emergency?_____

Your relationship to this person?_____ Phone_____

Personal Information

Occupation:_____ Employer:_____

Educational Level: *Circle one of the following:*

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Do you have any children? _____

Child's Name	Date of Birth	Mother's Name

Child's Name	Date of Birth	Mother's Name

Medical Information

Have you participated in either outpatient or inpatient drug or alcohol rehabilitation?_____

If yes, how many different times?_____ What are the names of the last 4?

(1) Most recent_____ City_____ Year_____

(2) _____ City_____ Year_____

(3) _____ City_____ Year_____

(4) Earliest_____ City_____ Year_____

If there are more than 3, list the others on the back of this page.

Besides substance abuse counseling, have you had prior treatment or counseling for mental health issues?_____ If yes, how many counselors or psychotherapists have you had in the past 10 years? _____ Starting with the most recent, list them:

(1)_____ (City)_____

(2)_____(City)_____

(3)_____(City)_____

(4)_____(City)_____

If there are more than 4, list the others on the back of this page.

Are you presently on any medication? ____Yes ____No

If yes, please list:_____

_____

Have you ever been prescribed any medications to properly withdraw from drugs?_____

_____

Have you ever taken Prozac, Paxil, Zoloft, Effexor, Serzone, Cymbalta, Lexapro, Celexa, or any other anti-depressants or anti-anxiety medications? _____

Were you ever prescribed, or did you ever take opiates for pain?_____ If yes, which of the following: Vicodin, Lartabs, Hydrocodone, Percodan, Percocet, Oxycodone, Oxycontin, Morphine, or something else?_____

_____

Were you ever prescribed, or did you ever take anti-anxiety medication for panic, or anxiety, or because you needed to "come down"?_____

_____

Which of the following have you been prescribed / or taken without a prescription? Klonopin, Clonazepam, Lorazepam, Xanax, Xanbar, Diazepam, Valium, Halcion, Librium, Attivan, or other benzodiazepine?_____

_____

Have you ever been prescribed any of the following medications: Haldol, Loxitane, Mellaril, Moban, Navane, Prolixin, Serentil, Stelazine, Trilafon, Thorazine?_____

_____

Have you ever been prescribed any of the following medications: Abilify, Clozaril, Geodon, Risperdal, Seroquel, Zyprexa?_____

_____

Were you ever prescribed, or did you ever take Barbiturates, Fiorinol, Phenobarbitol for seizures, migraine headaches, or anything else?_____

_____

Have you used CBD?_____

Have you used anabolic steroids?_____

Have you used Kratom?_____

Have you ever been or are you now a Methadone maintenance patient?_____

If yes, name of clinic_____ City_____

Have you ever been or are you now a Suboxone/Subutux maintenance patient?_____

If yes, name of doctor_____ City_____

Have you been told by others that you are a different person when you drink alcohol?_____

Have you, or others noticed, that you have mood changes when you drink alcohol?_____

In the last 5 years have you become depressed after binge-drinking?_____

In the last 5 years have you become enraged following an episode of binge-drinking?_____

How many DWIs or DUIs have you been arrested for?_____

Which of the following beverage alcohol do you prefer?

Beverage Alcohol	**Check √ if you like it**	**Check √ if you drank in last month**	**Check √ if you drank in last week**	**Check √ if you drank in last 72 hours**
Beer				
Ale				
Hard Cider				
Mead				
Saké				
Red Wine (Cabernet)				
Red Wine (Merlot)				
Red Wine (Pinot Noir)				
Red Wine – Others				
White Wine – (Pinot Grigio)				
White Wine – (Sparkling)				
White Wine – (Chardonnay)				
White Wine – (Riesling)				
White Wine – Others				
Gin				
Brandy, Cognac, Grand Marnier				
Whiskey				
Rum				
Tequila				
Vodka				
Jägermeister, Absinthe				
Liquers				
Other:_____				
Other:_____				
Other:_____				

Substance Abuse Assessment

Class of Drug	Your **Age** when you **first used it**	Your **Age** when you **last used it**	Office Use
Alcohol Includes beer, wine, hard Liquor, etc			
Marijuana Includes joints, blunts, hash, etc.			
Benzodiazepines Includes Valium, Xanax, Xanbar, Halcion, Librium, Klonopin, Diazepam, Attivan, etc.			
Other Muscle Relaxers e.g. Soma, etc.			
Barbiturates Includes Fiurinol, Phenobarbitol, etc.			
Opiates Includes Vicodin & Lartabs (Hydrocodone); Codeine; Percocet & Percodan (Oxycodone); Oxycontin; Heroin; Methadone; Morphine; Opium; Poppy Seeds, etc.			
Hallucinogens Includes LSD or Acid (Lysergic Acid); Phencyclidine or Angel Dust (PCP); Mushrooms, etc.			
Amphetamines Includes Speed, black mollies; Phen-Fen or other diet pills; Ephedra; Crystal Meth (methamphetamine); Coke, Cocaine; Crack Cocaine;			
Other Designer Drugs Ecstasy, others			
Inhalants e.g. Rush (Amyl or Butyl Nitrate); Freon, others			
Intravenous Use			
Other			

Have you ever tried to quit drinking or using any substances? ____ Yes ___No

Have you ever tried to control your drinking or using drugs? ____Yes ___No

Have you been prescribed pain medications to alleviate pain? ____Yes ___No

Are you currently taking pain medications to alleviate pain? ____Yes ___No

If yes, please list_____

_____

Name of physician or nurse practitioner attending to your pain and pain meds:

_____

Have you had a DWI or DUI? ____Yes ___No If yes, how many? _____

Have you been cited by any professional boards because of drug or alcohol use,

Or for any other reason? ____Yes ___No

Have you ever attended alcohol or substance abuse rehab? ____Yes ___No

If yes, how many times? _____ Which years?_____

Are you currently practicing abstinence or sobriety? ____Yes ___No ____N/A

If yes, what is the longest length of sobriety achieved?_____

If yes, what is your current length of sobriety?_____

Briefly describe the tools you use to manage your sobriety:_____

_____

_____

_____

Have you ever taken methadone, or suboxone-replacement? ____Yes ___No

Have you ever taken Tramadol as an opiate-replacement? ____Yes ___No

Have you used synthetic marijuana, spice, legal bud, or incense? ___Yes __No

Do others tell you your personality changes when you use or drink? ___Yes __No

Medical Information

Who is your primary care physician?_____

When is the last time you had a physical examination?_____

How many times have you been hospitalized?_____ If yes, for what?_____

_____

_____

Are you currently being treated for any illnesses?_____

_____

Do you have (had you had) any injuries?_____

_____

Do you have any infectious diseases?_____

Have you ever had hepatitis? If yes, which type – A, B or C_____

Are you HIV+?_____ If yes, name of doctor treating you_____

Do you have frequent problems with skin rashes?_____ If yes, what is the cause?

_____ What is the treatment?_____

Have you had problems with your libido (sex drive)?_____

If you're male, any problems achieving or maintaining an erection?_____

If yes, what is the cause?_____

What is the treatment?_____

Clinical Information

Place a check (√) by all which apply. Put two checks (√√) for more serious problems and three checks (√√√) for the ones you consider really severe:

_____depression
_____alcohol abuse
_____nightmares
_____feeling down, blue
_____money problems
_____worried about my spouse
_____drug abuse
_____medical problems
_____thoughts of suicide
_____haunted by my past
_____anger
_____seeing things
_____highly irritated
_____chemical dependency
_____overeating
_____inability to concentrate
_____cravings
_____sexual issues
_____sluggishness
_____feeling misunderstood
_____people are trying to frame me
_____problems at work
_____pregnancy
_____attention deficits
_____problems with intimacy
_____problems at work
_____homicidal thoughts
_____arrests
_____financial problems
_____body weight issues
_____migraine headaches
_____respiratory problems
_____compulsive behaviors
_____sexual compulsivity
_____HIV
_____afraid of getting old
_____afraid I may be gay
_____partner's immaturity
_____bipolar disorder
_____keeping secrets
_____parenting

_____anxiety
_____marital problems
_____work or school performance
_____agitation
_____legal problems
_____mood swings
_____difficulty making friends
_____worried about my child
_____worried about the future
_____stress
_____demons
_____always stressed out
_____panic attacks
_____gambling
_____anorexia or bulimia
_____short attention span
_____impulse control
_____obsessive thoughts
_____deviant fantasies
_____problems relaxing
_____my partner is an addict
_____job loss / unemployment
_____DWI / DUI
_____low frustration-tolerance
_____sexual dysfunction
_____partner violence
_____feeling unloved
_____arguments with the ones I love
_____vomiting
_____chronic pain
_____divorce / child custody problems
_____hallucinations
_____urges to steal
_____sexually transmitted diseases
_____perfectionism
_____death of a loved one
_____living with a control freak
_____family problems
_____no one to talk to
_____people are out to get me
_____a loved one is terminally ill

Tell me about your history of substance use, and the extent to which you or others have deemed that it is/was a problem. (We will talk more about this in the interview, so it is not important to overly commit everything to paper.)