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Licensed Clinical Social Worker

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NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Substance Use Assessment**

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