ALCOHOL & DRUG USE QUESTIONNAIRE

Client _____ Age/DOB _____ Gender_____

1. Do you currently use any alcoholic beverages?   YES☐   NO☐

If yes:

    Type of alcohol: _____

    Number of drinks: _____   Daily☐   Weekly☐   Monthly☐

2. Did you ever drink more alcohol than at present? YES☐   NO☐
If yes, please provide details (type, amount, dates): _____

_____

3. Do you currently use any illegal drugs or marijuana? YES☐   NO☐

If yes:

    Type of drugs: _____

    Quantity of drugs used: _____   Daily☐   Weekly☐   Monthly☐

4. Did you ever use substantially more drugs than at present? YES☐   NO☐
If yes, please provide details (type, amount, dates): _____

_____

5. Have you ever consulted a physician, received treatment, advice or been hospitalized
due to alcohol or drug use? YES☐   NO☐

If yes, please provide details (dates, in-patient, out-patient, etc.): _____

_____

6. Have you ever been advised by a physician to change your drinking habits?
YES☐   NO☐

If yes, please provide details: _____

7. Were there any relapses from sobriety/abstinence? YES☐   NO☐

If yes, please provide details: _____

8. Have you ever had a DUI or equivalent (drugs or alcohol)? YES☐   NO☐

If yes, please provide details including dates: _____

_____

9. Have you ever been arrested for using or possessing drugs? YES☐   NO☐

If yes, please provide details including dates, charges, convictions, etc.: _____

_____

10. Are you an active member of AA, NA or another support group? YES☐   NO☐
If yes, since when? _____

11. Have you ever joined a support group in the past & then left: YES☐   NO☐

12. How long have you been sober/drug free? _____

13. Have you ever had any of the following (check all that apply):
    ☐ Elevated liver enzymes
    ☐ Positive alcohol marker on insurance testing
    ☐ Positive drug test
    ☐ Family/friends concern over drinking/drug habits
    ☐ Blackouts
    ☐ Withdrawal symptoms or seizures
    ☐ Medical complications related to alcohol or drug use (heart, etc).

14. Please list any other medical impairments: _____

_____

15. Please list any medications: _____

_____

16. Please provide any other details you think would be helpful (lifestyle, job/occupation, family life):

_____

_____