

Questionnaire

Do you have any history of treatment from mental health professionals due to emotional or behavior problems?

- Yes
- No

If yes, are you currently seeing a mental health professional?

- Yes
- No

If yes, how many years total have you received mental health services?

Years:

Have you ever been hospitalized for mental health reasons?

- Yes
- No

Treatment history

Month, Year, Agency name / Location # days Reason for service (Include DWI classes, detox, CD treatment, psychological/medical hospitalization in the last 6 months counseling/illness/accidents.)

In your LIFETIME, which of the following substances have you ever used?

- Cocaine (coke, crack, etc.)
- Prescription stimulants (Ritalin, Adderall, etc.)
- Methamphetamine (speed, crystal, etc.)
- Inhalants (nitrous oxide, glue, etc.)
- Sedatives (Valium, sleeping pills, etc.)
- Hallucinogens (LSD, acid, etc.)
- Street opioids (heroin, opium, etc.)
- Prescription opioids (oxycodone, etc.)

In the past year, how often have you used the following:

Cocaine

RX amphetamines

Street opioids

Methamphetamine

Inhalants

Sedatives

Prescription opioids

Hallucinogens

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

Tobacco products

Drug of choice

Date of last use

Have you tried to quit before?

- Yes
- No

Longest period of abstinence?

How many children do you have?

- 0
- 1
- 2
- 3 or more

How has your chemical use affected the relationship with your children?

How has your relationship with family/significant other been affected by your chemical use?

Have you ever been physically or sexually abused?

- Yes
- No

Does anyone in your immediate family have a problem with chemicals?

- Yes
- No

Have concerned person(s) complained about your use of chemicals?

- Yes
- No

What do you normally do with your leisure time?

How many close friends do you have?

What are your interests/hobbies?

Do you socialize with people who use drugs and/or alcohol?

- Yes
- No

Percent of leisure time spent drinking/using?

Is there anything else about either your history or your current condition that you feel is important to mention?