



Trilogy Counseling Services

Client Name: _____

| Criterion | First Drug of Choice | Second Drug of Choice | Third Drug of Choice | Other |
|--|-----------------------------|------------------------------|-----------------------------|--------------|
| <i>Tolerance</i> | | | | |
| <i>Withdrawal</i> | | | | |
| <i>Loss of Control (Frequency/Duration)</i> | | | | |
| <i>Repeated Quitting Attempts</i> | | | | |
| <i>Intense Cravings</i> | | | | |
| <i>Substantial Time Devoted to Using</i> | | | | |
| <i>Physical & Physiological Problems R/T Using</i> | | | | |
| <i>Activities/Hobbies Sacrificed R/T Using</i> | | | | |
| <i>Hazardous Use/ Risky Bx</i> | | | | |
| <i>Social/Interpersonal Problems R/T Using</i> | | | | |
| <i>Neglect in Major Life Roles</i> | | | | |
| Total: | | | | |

0-1: Abuse Dx

2-3: Mild SUD

4-5: Moderate SUD

6+: Severe SUD