

Trilogy Counseling Services

Client Name: _____

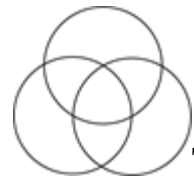
Criterion	First Drug of Choice	Second Drug of Choice	Third Drug of Choice	Other
<i>Tolerance</i>				
<i>Withdrawal</i>				
<i>Loss of Control (Frequency/Duration)</i>				
<i>Repeated Quitting Attempts</i>				
<i>Intense Cravings</i>				
<i>Substantial Time Devoted to Using</i>				
<i>Physical & Physiological 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



Trilogy Counseling Services