|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Substance-Type** | **Method of Use** | **Age of first use** | **Frequency**  **(How often)** | **Amount**  **(How much)** | **Last use** | **Longest period of abstinent** | **What are you like under the influence** | **Have you ever experienced withdrawals** | **Do you have craving** | **Has it caused you trouble with the law** |
| **Example: Whiskey:Vodka** | **Oral** | **25** | **Weekly** | **1 pt.** | **08/08/2009** | **20 years** | **funny, talkative** | **Shakes, vomiting** | **No** | **1 DUI 2009**  **1 DUI 2007** |
| **Beer** |  |  |  |  |  |  |  |  |  |  |
| **Whiskey** |  |  |  |  |  |  |  |  |  |  |
| **Marijuana (Hashish, hash oil, Sativex)** |  |  |  |  |  |  |  |  |  |  |
| **Stimulants (meth, cocaine)** |  |  |  |  |  |  |  |  |  |  |
| **Depressants (Xanax, Valium)** |  |  |  |  |  |  |  |  |  |  |
| **Hallucinogens (LSD, Psilocybin)** |  |  |  |  |  |  |  |  |  |  |
| **Dissociatives (Ketamine, PCP)** |  |  |  |  |  |  |  |  |  |  |
| **Opioids (Heroin, Oxycontin)** |  |  |  |  |  |  |  |  |  |  |
| **Inhalants (Room Deo., Nitrous Oxide)** |  |  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |  |
| **Tobacco** |  |  |  |  |  |  |  |  |  |  |

How many times in Treatment?

Thoughts of Suicide or Homicide under the influence?

Does it cause issue with your family, finances, legal issues, friends, employment? Please specify and explain?

Can you stop drinking on your own?