

Substance Use History Questionnaire

Name: _____ Date: _____

1. What substances do you currently use? (check all that apply)

_____ alcohol
_____ cocaine
_____ marijuana
_____ other (specify) _____

_____ amphetamines
_____ barbiturates
_____ nicotine

2. What are your present substance use habits?

_____ daily use
_____ weekend use
_____ occasional light use (not to the point of intoxication)

_____ social use
_____ occasional heavy use (intoxication)

3. How many days ago did you last take a drink or drug? _____ days.

4. Have you used daily in the past 2 months? _____ yes _____ no

5. Do you find it almost impossible to live without your drugs or alcohol?
_____ yes _____ no

6. Are you always able to stop using when you want to? _____ yes _____ no

7. Where do you do most of your drinking or drug use? (check all that apply)

_____ home
_____ friends
_____ bars, restaurants, or other public places
_____ parties or social gatherings
_____ other

8. Do you drink or use during your work week? _____ yes _____ no

9. Do most of your friends use like you do? _____ yes _____ no

10. With whom do you drink or use? (check all that apply)

_____ alone _____ neighbours _____ family _____ co-workers

_____ friends _____ strangers

11. Do you consider yourself to be a

_____ light user _____ fairly heavy user _____ moderate user

12. Do friends or family think that you use more than other people? _____ yes _____ no

13. Have any friends or family complained about your using? _____ yes _____ no

14. Do you feel you use more than other people who use? _____ yes _____ no

15. Were your using habits ever different from what they are now? _____ yes _____ no
If yes, explain why the habits changed:

16. Has your drinking or drug use ever caused you to (check all that apply)

_____ lose a job or have job problems

_____ have legal problems (DUI, arrest for possession)

_____ have medical problems related to your use

_____ have family problems or relationship problems

_____ be aggressive or violent

17. Have you ever neglected your obligations, family or work for more than 2 days in a row because of your drug or alcohol use? _____ yes _____ no

18. Do you ever feel bad about things you have done while using? _____ yes _____ no

19. Because of your alcohol or drug use, have you ever felt suicidal? _____ yes _____ no

20. If so when was the last time you have felt suicidal? _____

21. Do you ever feel bad about things you have done while using? _____ yes _____ no

22. Have you tried to stop using in the past 2 months? _____ yes _____ no
If yes, did you experience any medical or physical problems when you stopped?

Please explain:

23. People use for different reasons. How important would you say that each of the following is to you?

	Very	Somewhat	Not at all
It helps me to relax	_____	_____	_____
It helps me be more sociable	_____	_____	_____
I like the effect	_____	_____	_____
I use when I get upset or angry	_____	_____	_____
I want to forget or escape	_____	_____	_____
It helps cheer me up	_____	_____	_____
I use to celebrate special occasions	_____	_____	_____

24. Have you ever gone to anyone for help about your drinking or drug use? _____ no
If yes explain:

25. Have you ever attended an AA or NA meeting? _____ yes _____ no

26. Do you feel that you have an addiction? _____ yes _____ no

27. Have you ever been hospitalized because of drinking or drug use? _____ yes _____ no

28. Do you ever drink before noon? _____ yes _____ no

29. Do you want help with a drug or alcohol related problem at this time _____ yes _____ no

