

Alcohol and Drug Use History

Name: _____

Date: _____

1. When did you last drink alcohol? _____
2. Has alcohol ever caused any problems for you? Yes No
3. Has anyone ever told you that alcohol has caused a problem for you or complained about your drinking? Yes No
4. Has your use of alcohol ever caused a relationship problem with anyone? Yes No
5. Has your use of alcohol ever caused any problems at work or performing other responsibilities? Yes No
6. Has your use of alcohol ever caused any legal problems such as being arrested or DUI? Yes No
7. Have you ever gotten "hooked" on prescribed medication or taken a lot more than you were supposed to? Yes No
If yes, please list medications: _____
8. Have you ever been hospitalized because of a drug or alcohol problem? Yes No
If yes, when and where? _____
9. Have you ever been to a detoxification program? Yes No
If yes, when and where? _____
10. Have you ever been to a drug or alcohol rehabilitation program? Yes No
If yes, when and where? _____
11. Have you ever attended a 12 step meeting such as AA, NA, Al-Anon, ACOA? Yes No
12. Have you ever used any street drugs (e.g., cocaine, marijuana, speed, LSD, etc)? Yes No
If yes, please list all drugs: _____
13. Has anyone ever told you that drugs have caused a problem for you or complained about your drug use? Yes No
14. Has your use of drugs ever caused a relationship problem with anyone? Yes No
15. Has your use of drugs ever caused any problems at work or performing other responsibilities? Yes No
16. Has your use of drugs ever caused any legal problems? Yes No
17. Have drugs ever caused any physical problems such as headaches, shakiness, stomach aches, seizures or liver damage? Yes No
If yes, please specify: _____
18. What was the longest period you have been drug free? _____ Approximate dates: _____
19. When was the last time you used any drugs? _____
20. Has use of drugs ever caused any psychological problems such as depression? Yes No