

Chemical Use Survey

Name: _____ Date: _____

In order to treat you effectively, I need information about the ways you and your family have used alcohol, drugs, and/ or other chemicals that can affect you psychologically. So please answer these questions fully.

A. What have you used?

1. Think about any and all chemicals you have used, and indicate how much you used (amount) and how often. Then indicate all the effects it had on you (mental, physical, family, legal, etc.).

Chemical	Age Started	Last Use	Over the last 30 days		See Question 3 below
			Amount and how often	Effects/consequences	
Caffeine					
Tobacco					
smoked					
chewed					
Alcohol					
Marijuana/THC					
Cocaine/crack					
(snorted,					
injected,					
or smoked)					
Inhalants/"Huffing"					
LSD, "shrooms"					
Prescribed pills					
Others: Specify					

2. Write "P" above next to your primary drug of choice.

3. For each chemical you currently use, what causes you to stop? Enter one or more of these letters in the last column above: A = The money runs out. B = I use up my supply. C = Personal choice. D = Unconsciousness. E = Achieved my purpose. F = Other reasons: _____

4. What are or were your sources of money for buying the chemicals you have used? _____

B. Which of these have you had? Blackouts Bad reactions Withdrawal symptoms Cravings Overdoses

Tolerance ("Could not get high no matter how much I used") Preoccupation (Spent lots of time finding and using chemicals) Failed attempts to cut down or control use Detoxification in a hospital

Other problems: _____

Name: _____

C. Family patterns of chemical use

Please describe the chemical(s) used by family members.

	Name	Chemical	Age Started	Last Use	Over the last 30 days	
					Amount and how often	Effects/consequences
Father						
Mother						
Brothers/Sisters						
Spouse/partner						
Other relatives						

Please add any other information you think is important: _____

D. Treatment for chemical use

Dates		Agency/Provider	Type of Program*	Voluntary (Y/N)	Methods used	Participation in Aftercare program (N / Which?)	Effects of Treatment
From	To						

*In the fourth column, use these codes: AA/NA = Alcoholics Anonymous/Narcotics Anonymous; O = Outpatient counseling; ID = Inpatient detoxification; IT = Inpatient treatment (e.g., 28-day); O = Other.

†In the last column, use these codes: W = made situation Worse; N = No change; U = better Understanding of addiction; R = Reduction of use; BA = Brief abstinence (up to a month); LA = Long-term abstinence (several months or more); O = Other effects:

F. Self-description of use

Would you say you are a social drinker? are a heavy drinker? have alcoholism? have a drinking problem?

Or how would you describe your use _____

Would you say you are a recreational drug user? have a drug problem? have an addiction? Or how would you describe your use? _____

G. Other

Has your drinking/drug use caused you any spiritual problems? _____
