

# SUBSTANCE ABUSE ASSESSMENT FORM

**Directions:** Student asks the client the specific questions addressed on the form. Student, client, and supervisor should sign the form. The completed form is kept in the student's confidential file.

1. What substances do you or have you used? \_\_\_\_\_

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2. How long have you used (beginning with experimentation)? \_\_\_\_\_

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3. How often are you high in a week? \_\_\_\_\_

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4. How many of your friends use? \_\_\_\_\_

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5. Are you on medication? \_\_\_\_\_

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6. Do you have money for chemicals? How much? \_\_\_\_\_

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8. Who provides if you are broke? \_\_\_\_\_

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9. Have you ever been busted (police, school, home, DWIs)? \_\_\_\_\_

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10. Have you lost a job because of your use? \_\_\_\_\_

\_\_\_\_\_

11. What time of day do you use? \_\_\_\_\_

\_\_\_\_\_

12. Do you use on the job or in school? \_\_\_\_\_

\_\_\_\_\_

13. Does it take more, less, about the same amount to get you high? \_\_\_\_\_

\_\_\_\_\_

14. Have you ever shot up? What substance? Where on your body? \_\_\_\_\_

\_\_\_\_\_

15. Do you sneak using? How do you do it? \_\_\_\_\_

\_\_\_\_\_

16. Do you hide stuff? \_\_\_\_\_

\_\_\_\_\_

17. Do you have rules for using? What are they? How did they come about? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Do you use alone? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever tried to quit ? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Have you had any withdrawal symptoms? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Have you lost your "good time highs"? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever thought about suicide? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

23. Do you mix your chemicals when using? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

24. Do you ever shift from one chemical to another? Yes \_\_\_\_\_ No \_\_\_\_\_

What happened that made you decide to shift? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. Do you avoid people who don't use? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. Do you avoid talking about chemical dependency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

27. Have you done things when using that you are ashamed of? Yes \_\_\_\_\_ No \_\_\_\_\_  
What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Who is the most important person in you life, including yourself? \_\_\_\_\_  
\_\_\_\_\_

29. How are you taking care of him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. On a scale of 1 (low) to 10 (can't use 5), how is your life going? \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_

31. Are there any harmful consequences you are aware of in your chemical use other than  
those touched upon? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Do you think your chemical is harmful to you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you think you have a chemical problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date