

Nonmedical Questionnaire

DRUG ABUSE

Description: Misuse or over-use of prescription medication(s) or illegal drug(s).

Any current or past use of the following (check all that apply):

Amphetamines (i.e. "Ecstasy", "Ice", "Speed", "Uppers" etc.)

Barbiturates (i.e. "Downers", etc.)

Cannabis (i.e. Marijuana, "Hashish", "Pot", "Weed", etc.)

Cocaine (i.e. "Coke", "Crack", "Snow", etc.)

Hallucinogens (i.e. "Acid", "Angel dust", "Haze", LSD, etc.)

Herbs (i.e. catnip, poppy, kavakava, lobelia, etc.)

Opiates (i.e. Codeine, Heroin, Methadone, Morphine, Opium etc.)

Sedatives i.e. Diazepam, "Downers", "Tranks", etc.)

Solvents (i.e. Aerosols, Glue, etc.)

Other (Name/ details) _____

Abuse prescription medication abuse (Name/details) _____

Frequency and amount per use: _____

Date of first use: _____ Date of last use: _____

Has treatment been sought for the use of these drugs: Yes No

If yes: In-patient Out-patient Both

If treatment was sought provide start and end dates: _____

Any relapses: Yes No

If yes, when: _____

Occupation: _____ Length of employment: _____

Any other substance abuse concerns such as Alcohol: Yes No

(If yes, see Alcohol Questionnaire)

Any criminal offenses: Yes No

(If yes, see Criminal History Questionnaire)