

Substance Use Questionnaire

Oaklawn Addiction Services

Client Name: _____ Chart #: _____ Date: _____

MARK YES or NO

- | | |
|---|----------------|
| 1. Increase of tolerance (need more to get effect) | ___ Yes ___ No |
| 2. Temporary loss of memory (blackouts, can't remember) | ___ Yes ___ No |
| 3. Sneaking chemical (hiding) | ___ Yes ___ No |
| 4. Preoccupation with chemical use (thinking about the using) | ___ Yes ___ No |
| 5. Hurried ingestion of chemicals | ___ Yes ___ No |
| 6. Avoidance of reference to personal chemical use | ___ Yes ___ No |
| 7. Loss of memory becomes more frequent | ___ Yes ___ No |
| | |
| 1. Loss of control (inability to predict how much, how long, etc.) | ___ Yes ___ No |
| 2. Alibis and excuses (justification) | ___ Yes ___ No |
| 3. Extravagance (money, time, advice) | ___ Yes ___ No |
| 4. Aggression (verbal or physical) | ___ Yes ___ No |
| 5. Persistent remorse (depression, guilt) | ___ Yes ___ No |
| 6. Periodic abstinence (tried to stop) | ___ Yes ___ No |
| 7. Change in chemical use pattern (attempting to control, try different drug) | ___ Yes ___ No |
| 8. Loss of friendship (no more invitations, family, switch to friends to use with) | ___ Yes ___ No |
| 9. Loss of position of people (employment, family and social) | ___ Yes ___ No |
| 10. Significant others change habits or activities | ___ Yes ___ No |
| 11. First time in treatment | ___ Yes ___ No |
| 12. Resentments (yourself/others, anything that gets in the way of using) | ___ Yes ___ No |
| 13. Escape (geographical, psychological, social – in an effort to control or start over) | ___ Yes ___ No |
| 14. Protecting supply (know where you can get it, “stash”) | ___ Yes ___ No |
| 15. Morning usages of chemicals | ___ Yes ___ No |
| | |
| 16. More or less continuous use of chemicals beyond an 18 hour period (binges, drug runs) | ___ Yes ___ No |
| 17. Ethical deterioration (violate your own moral standards) | ___ Yes ___ No |
| 18. Inconsistent, inappropriate thinking | ___ Yes ___ No |
| 19. Decrease of tolerance (needs less to get effect) | ___ Yes ___ No |
| 20. Indefinable fears | ___ Yes ___ No |
| 21. Tremors (hand shaking, difficulty writing) | ___ Yes ___ No |
| 22. Psychomotor inhibitions (inability to perform routine tasks without using chemicals) | ___ Yes ___ No |
| 23. Recognition of spiritual need (I need help) | ___ Yes ___ No |

Form No. 346 Rev. 10/16

Name: _____		
Client ID: _____ DOB: _____	* S U B S T A N C E U S E Q U E S T * 	
Oaklawn Psychiatric Center <i>SUBSTANCE USE QUESTIONNAIRE</i>		
Client ID	Document Date	