

## ◆ ALCOHOL & DRUG USE HISTORY

At what time in your life did you drink the most? From age \_\_\_\_\_ to age \_\_\_\_\_

At what time in your life did you use other drugs the most? From age \_\_\_\_\_ to age \_\_\_\_\_

In the past 12 months, have you:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Needed noticeably increased amounts of alcohol or other drugs to achieve intoxication or desired effect?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Experienced withdrawal symptoms, such as: sweats, shakes, insomnia, nausea or vomiting, hallucination or illusions, anxiety or seizures?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Taken alcohol or other drugs in larger amounts or over a longer period than you intended?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a persistent desire or unsuccessful efforts to cut down or control substance use?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Spent a great deal of time obtaining or using alcohol or other drugs or recovering from the effects?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Given up important social, work or recreational activities because of substance use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Continued to use alcohol or other drugs despite knowledge of a persistent physical or psychological problem that is caused Or made worse by such use? |

Please complete the table below. List all substances (including alcohol).

List All Drugs Used	Age Of First Use	Age When Regular Use Began	Average Number Of Times Used Each Week	Average Amount Used Each time	Usual Way Used (Oral, Smoked, Snorted, IM or IV)	Date Of Last Use
Beer						
Wine						
Liquor						
Nicotine						
Marijuana						
Cocaine						
Caffeine						
Amphetamines						
Tranquilizers						
Opiate's						
Barbiturates						
Inhalants						
Hallucinogens						
Other Drugs						

Were any of the above drugs you used prescribed by a doctor or dentist?  Yes  No