

SUBSTANCE ABUSE RELAPSE

Answer each of the following questions by check if yes or cross if no.

Name: _____

Have you ever developed a tolerance to a drug/alcohol that required you to use more of the substance to reach a desirable level of intoxication?

Have you ever engaged in risky sexual behaviors (e.g. unprotected sex or

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>