

Worksheet 4

Substance Use Worksheet

Name: _____

DOB: _____ **SSN:** _____

: _____

GENERAL HISTORY

(Detailed information is listed on Worksheet 6, the Applicant Assessment form. Information on brain damage and past abuse is taken from that assessment.)

Brain damage history (due to head injury, illness, or substance abuse? Yes _____ No _____

History of physical abuse? Yes _____ No _____

History of sexual abuse? Yes _____ No _____

Diagnosis of serious and persistent mental illness? Yes _____ No _____

Axis I: (clinical disorders)

List diagnoses

Axis II: (personality disorders, mental retardation)

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SUBSTANCE USE HISTORY

What do you drink now? About how much? What other drugs do you use, about how much, and (usually) how often? (Obtain clarification *if the person says something like 'a little,' or 'a lot,' or 'not much'*)

Do you recall how old you were when you first started drinking (or using other drugs)?

What was going on in your life then? How was your life going?