CHEMICAL DEPENDENCY ASSESSMENT PROFILE

NAME:_____ DATE:_____

For each item, mark the appropriate option. A star (*) by an item indicates that multiple options may be selected.

1. What is your religion?
[1] none
[2] Protestant
[3] Jewish
[4] Catholic
[5] other _____

2. What is your marital status?
[1] single - never married
[2] married
[3] separated
[4] divorced
[5] widowed

3. How many times have you been married?
[1] once
[2] twice
[3] three times
[4] four times
[5] five times
[6] six times
[7] more than six times

4. What adults do you currently live with? *
[1] male roommate
[2] female roommate
[3] male lover
[4] female lover
[5] spouse
[6] parents
[7] other relatives
[8] other unrelated people
[9] no one - alone

5. How many children do you have?
[1] one
[2] two
[3] three
[4] four
[5] five
[6] six or more - how many? ____
[7] none

6. How many children are living in your current home?
[1] one
[2] two
[3] three
[4] four
[5] five
[6] six or more - how many? ____
[7] none

7. How much education do you have?
[1] did not complete high school
[2] G.E.D.
[3] high school diploma
[4] vocational or business school
[5] college credits but no degree
[6] college degree
[7] postgraduate credits but no degree
[8] graduate degree

8. Have you ever been employed full-time?
[1] no
[2] yes

9. Are you currently a student?
[1] yes, full-time
[2] yes, part-time
[3] no

10. Major field of study?
_____

11. My current occupation is
_____

12. Are you currently employed?
[1] no
[2] yes

13. How long have you been employed in your current job?
[1] less than one year - ____ months
[2] more than one year - ____ years

14. What is the longest you have held a job?
[1] less than one year - ____ months
[2] more than one year - ____ years

15. What is your current yearly income?
[1] none
[2] less than $5000
[3] $5001 - $10000
[4] $10001 - $15000
[5] $15001 - $20000
[6] $20001 - $30000
[7] $30001 - $40000
[8] more than $40000

16. Do you have financial problems at this time?
[1] yes
[2] no

Copyright © 1986 L. Michael Honaker, PhD, Thomas H. Harrell, PhD & Anthony M. Ciminero, PhD

17. I am here because
[1] I need help
[2] others wanted me to come
[3] I was required to come by the court or other authorities

18. Are you currently receiving medical treatment for any condition other than alcohol or drug use?
[1] no
[2] yes - for _____

19. Which of the following have you experienced within the last couple of months? *
[1] headaches
[2] nausea/vomiting
[3] pains in joints
[4] muscle pain
[5] dizziness
[6] numbness in parts of body
[7] blurred vision
[8] other physical problems - _____
[9] no physical problems

20. I believe
[1] drinking is a real problem for me
[2] drug use is a real problem for me
[3] both drinking and drug use are real problems for me
[4] I don't have a real problem with drinking or drugs

21. Other people think I have a real problem with
[1] drinking
[2] drug use
[3] drinking and drug use
[4] neither drinking nor drug use

22. Select any of the problems listed below that you feel are problems for you: *
[1] fears or phobias
[2] stress-related physical problems
[3] shyness or withdrawal from other people
[4] sexual problems
[5] guilt about past behavior
[6] depression
[7] suicidal thoughts
[8] none of these are problems for me

23. Are any of the following problems for you? *
[1] sleep difficulties
[2] anger control
[3] marital conflicts
[4] conflicts with other family members
[5] gambling
[6] feel anxious most of the time
[7] none of these are problems for me

24. Other than alcohol or drugs, list any problems you have not been asked about:
_____
_____

25. I would rate my CURRENT self-esteem as
[1] low - feel mostly negative about myself
[2] below average - some positive but more negative
[3] average - equally positive and negative
[4] above average - some negative but more positive
[5] high - mostly positive

26. I would rate my highest level of self-esteem IN THE PAST as
[1] low - feel mostly negative about myself
[2] below average - some positive but more negative
[3] average - equally positive and negative
[4] above average - some negative but more positive
[5] high - mostly positive

27. My father
[1] had a drinking problem
[2] had a drug problem
[3] had problems with drinking and drug use
[4] didn't have any problems with drinking or drugs
[5] I don't know

28. My mother
[1] had a drinking problem
[2] had a drug problem
[3] had problems with drinking and drug use
[4] didn't have any problems with drinking or drugs
[5] I don't know

29. My brother or sister
[1] had a drinking problem
[2] had a drug problem
[3] had problems with drinking and drug use
[4] did not have problems with drinking or drugs
[5] I didn't have any brothers or sisters
[6] I don't know

30. My partner or spouse
[1] has a drinking problem
[2] has a drug problem
[3] has problems with drinking and drug use
[4] doesn't have a problem with drinking or drugs
[5] I don't have a partner or spouse
[6] I don't know

31. I have been in treatment before for *
[1] drinking problems
[2] drug use problems *options continued next page*

[3] emotional or personal problems
[4] I have never been in treatment before

32. I have received: *
[1] outpatient treatment
[2] inpatient or residential treatment
[3] no treatment

33. If you have been in treatment, do you feel that it was helpful?
[1] yes - a lot
[2] yes - somewhat
[3] no
[4] no - made things worse

34. I have attended Alcoholics Anonymous [AA] meetings
[1] never
[2] once or twice
[3] several times for a brief period
[4] several times over a year or two
[5] on a regular basis

35. If so, do you feel that Alcoholics Anonymous [AA] helped you?
[1] yes - a lot
[2] yes - somewhat
[3] not really

36. I have attended Narcotics Anonymous [NA] meetings or similar meetings for drug users
[1] never
[2] once or twice
[3] several times for a brief period
[4] several times over a year or two
[5] on a regular basis

37. If so, do you feel that Narcotics Anonymous [NA] helped you?
[1] yes - a lot
[2] yes - somewhat
[3] not really

38. I have been arrested *
[1] for being drunk and disorderly
[2] for driving under the influence of alcohol [DUI / DWI]
[3] for driving under the influence of drugs
[4] for buying drugs
[5] for selling drugs
[6] for other crimes committed while drinking or using drugs
[7] for reasons other than alcohol or drugs
[8] never

39. I have been convicted by a court *
[1] for being drunk and disorderly
[2] for driving under the influence of alcohol [DUI / DWI]
[3] for driving under the influence of drugs
[4] for buying drugs
[5] for selling drugs
[6] for other crimes committed while drinking or using drugs
[7] for reasons other than alcohol or drugs
[8] never

40. When you drink, about how many beers (12-oz.) do you consume typically in a day?
[1] none
[2] 1 or 2
[3] 3 to 5
[4] 5 to 11
[5] 11 to 16
[6] 16 to 22
[7] 22 to 33
[8] 33 to 44
[9] more than 44

41. When you drink, about how much wine do you consume on a typical day? (bottle = quart)
[1] none
[2] 1 or 2 glasses (1 glass = 5 oz.)
[3] 3 to 5 glasses
[4] 1 to 2 bottles (5 to 11 glasses)
[5] 2 to 3 bottles (11 to 16 glasses)
[6] 3 to 4 bottles (16 to 22 glasses)
[7] 4 to 6 bottles (22 to 33 glasses)
[8] 6 to 8 bottles (33 to 44 glasses)
[9] more than 8 bottles

42. When you drink, about how much hard liquor do you drink on a typical day? (bottle = fifth)
[1] none
[2] 1 or 2 drinks (1 drink = 1.5 oz. of liquor)
[3] 3 to 5 drinks
[4] 1/4 to 1/2 of a bottle
[5] 1/2 to 3/4 of a bottle
[6] 3/4 to 1 bottle
[7] 1 to 1-1/2 bottles
[8] 1-1/2 to 2 bottles
[9] more than 2 bottles

43. What kind of hard liquor do you usually drink? *
[1] whiskey
[2] bourbon
[3] scotch

options continued next page

[4] gin
[5] vodka
[6] rum
[7] grain alcohol
[8] 'moon shine'
[9] other - I usually drink _____
[10] none

44. Have you ever drunk any of the following because they contain alcohol? *
[1] shaving lotion
[2] hair tonic
[3] cough syrup
[4] rubbing alcohol
[5] liquids [other than beer, etc.] which contain alcohol
[6] No - none of the above

45. Do you drink any other kind of alcoholic beverage?
[1] no
[2] yes

46. Alcoholic beverages I drink (other than those I've been asked about) include
[1] none
[2] _____

How much of it do you usually consume in a day's time when you drink? (bottle = quart)
[1] none
[2] 1 or 2 drinks (1 drink = 1.5 oz. alcohol)
[3] 3 to 5 drinks
[4] 1/4 to 1/2 of a bottle
[5] 1/2 to 3/4 of a bottle
[6] 3/4 to 1 bottle
[7] 1 to 1-1/2 bottles
[8] 1-1/2 to 2 bottles
[9] more than 2 bottles

47. Have you ever used drugs or alcohol in an attempt to commit suicide?
[1] No
[2] Yes - with drugs
[3] Yes - with alcohol
[4] Yes - with both alcohol and drugs

48. Do you currently have thoughts about killing yourself?
[1] No
[2] Yes - occasionally
[3] Yes - frequently
[4] Yes - constantly

IF YOU HAVE INDICATED THAT YOU DO NOT USE ANY TYPE OF ALCOHOL, GO TO SECTION 2 (PAGE 9)

49. How many times have you stopped drinking and then started back?
[1] once
[2] twice
[3] three times
[4] four times
[5] more than four times
[6] never

50. How often do you use alcohol and drugs together?
[1] never
[2] rarely
[3] occasionally
[4] frequently

51. Which of the following drugs do you use with alcohol? *
[1] marijuana/hashish
[2] PCP, LSD or other psychedelics
[3] amphetamines [speed / uppers]
[4] barbiturates [sleeping pills / downers]
[5] cocaine
[6] heroin
[7] prescription medications [tranquilizers / pain killers]
[8] other - _____

52. Have you ever been unable to remember what happened after drinking?
[1] yes
[2] no

53. Have you ever passed out from drinking?
[1] yes
[2] no

54. Have you ever had the shakes after drinking?
[1] yes
[2] no

55. Have you ever felt you were unable to get through the day without a drink?
[1] yes
[2] no

56. How do you prefer to drink?
[1] alone
[2] with others
[3] either way

57. Where do you do most of your drinking? *
[1] at home
[2] at work [school]
[3] in bars
[4] in a car
[5] other places - _____

58. When do you do most of your drinking?
[1] in the morning
[2] in the afternoon
[3] in the evening
[4] throughout the day

59. Which pattern best describes your drinking?
[1] drink heavily (6 or more drinks) every day
[2] drink moderately (3 to 5 drinks) daily
[3] drink a little (less than 3 drinks) every day
[4] one day binges
[5] weekend/several day binges
[6] drink heavily a couple times a week
[7] drink moderately a couple times a week
[8] drink a little a couple times a week
[9] occasional drink but rarely get drunk

60. How many days per month do you miss work [school] because of drinking?
[1] none
[2] 1 to 5
[3] 6 to 10
[4] 11 to 15
[5] 16 to 20
[6] 21 to 25
[7] more than 25

61. Since you started drinking regularly what is the longest time you've been without a drink?
[1] less than a week
[2] one to four weeks
[3] one to three months
[4] three to six months
[5] six to twelve months
[6] more than a year
[7] I've never stopped

62. I stopped drinking because _____
_____
_____

63. I started drinking again because _____
_____
_____

64. For how long has drinking been a problem for you?
[1] less than one year
[2] 1 to 2 years
[3] 2 to 3 years
[4] 3 to 5 years
[5] 5 to 8 years
[6] more than 8 years

65. Select all of the feelings below that you have WHILE YOU ARE DRINKING: *
[1] happy
[2] relaxed
[3] peaceful
[4] calm
[5] secure
[6] superior
[7] outgoing
[8] friendly
[9] none of the above

66. Select all of the feelings below that you have WHILE YOU ARE DRINKING: *
[1] strong
[2] sexy/attractive
[3] energetic
[4] carefree
[5] excited
[6] fearless
[7] healthy
[8] none of the above

67. Select all of the feelings below that you have WHILE YOU ARE DRINKING: *
[1] guilty
[2] angry
[3] depressed
[4] restless
[5] tense
[6] withdrawn
[7] nervous
[8] fearful
[9] none of the above

68. Select all of the feelings below that you have WHILE YOU ARE DRINKING: *
[1] insecure
[2] sad
[3] unfriendly
[4] inferior
[5] bored
[6] weak
[7] lonely
[8] physically sick
[9] other feelings _____

69. Select all of the feelings below that are likely to MAKE YOU WANT TO DRINK: *
[1] happy
[2] relaxed
[3] peaceful
[4] calm
[5] secure
[6] superior

options continued next page

[7] outgoing
[8] friendly
[9] none of the above

70. Select all of the feelings below that are likely to MAKE YOU WANT TO DRINK: *
[1] strong
[2] sexy/attractive
[3] energetic
[4] carefree
[5] excited
[6] fearless
[7] healthy
[8] none of the above

71. Select all of the feelings below that are likely to MAKE YOU WANT TO DRINK: *
[1] guilty
[2] angry
[3] depressed
[4] restless
[5] tense
[6] withdrawn
[7] nervous
[8] fearful
[9] none of the above

72. Select all of the feelings below that are likely to MAKE YOU WANT TO DRINK: *
[1] insecure
[2] sad
[3] unfriendly
[4] inferior
[5] bored
[6] weak
[7] lonely
[8] physically sick
[9] other _____

73. I drink in the morning.
[1] never
[2] rarely
[3] occasionally
[4] frequently

74. Once I start drinking I continue until I'm intoxicated.
[1] never
[2] rarely
[3] occasionally
[4] frequently

75. When I stop drinking for a day or two I have the shakes or nausea or vomiting.
[1] never
[2] rarely
[3] occasionally
[4] frequently

76. I have experienced DT's in the past.
[1] true
[2] false

77. I drink alone.
[1] never
[2] rarely
[3] occasionally
[4] frequently

78. I drink with my spouse/partner or roommate.
[1] never
[2] rarely
[3] occasionally
[4] frequently

79. I drink with friends.
[1] never
[2] rarely
[3] occasionally
[4] frequently

80. I gamble.
[1] never
[2] rarely
[3] occasionally
[4] frequently

81. I get aggressive or violent when drinking.
[1] never
[2] rarely
[3] occasionally
[4] frequently

82. I have gotten into trouble at work [school] because of drinking.
[1] never
[2] rarely
[3] occasionally
[4] frequently

83. I drink to the point of intoxication.
[1] never
[2] rarely
[3] occasionally
[4] frequently

84. Drinking has caused problems with my spouse, friends, or relatives.
[1] never
[2] rarely
[3] occasionally
[4] frequently

85. I have to drink much more than I used to in order to get the same effects.
[1] true
[2] false

86. I drink to relieve tension and stress.
[1] true
[2] false

87. Drinking helps me forget about some of my problems.
[1] true
[2] false

88. I drink when I am sad or lonely or depressed.
[1] true
[2] false

89. I need a drink to help me relax.
[1] true
[2] false

90. I like to have a drink to unwind after work [school].
[1] true
[2] false

91. When I drink I stop worrying about things.
[1] true
[2] false

92. A drink helps me cheer up when I'm in a bad mood.
[1] true
[2] false

93. Drinking helps me feel at peace with myself.
[1] true
[2] false

94. Drinking helps me get to sleep.
[1] true
[2] false

95. Alcohol helps reduce any physical pain I have.
[1] true
[2] false

96. I drink to be sociable.
[1] true
[2] false

97. I drink to celebrate social occasions.
[1] true
[2] false

98. I drink because the people I know drink.
[1] true
[2] false

99. People seem to accept me more when I'm drinking.
[1] true
[2] false

100. I accept a drink because it's the polite thing to do.
[1] true
[2] false

101. Drinking adds a certain warmth to social events.
[1] true
[2] false

102. I like the taste and physical feelings produced by alcohol.
[1] true
[2] false

103. Drinking makes me feel good.
[1] true
[2] false

104. I drink because I want to associate and be friends with people who drink.
[1] true
[2] false

105. I prefer to drink with others rather than drink by myself.
[1] true
[2] false

106. Drinking gives me more confidence in myself.
[1] true
[2] false

107. A few drinks make me feel less shy and more outgoing.
[1] true
[2] false

108. I often feel sexier after a few drinks.
[1] true
[2] false

109. When I'm drinking it is easier to open up and express my feelings.
[1] true
[2] false

110. I can be more assertive with people when I drink.
[1] true
[2] false

111. I am more romantic when I drink.
[1] true
[2] false

112. After a few drinks I am sexually more responsive.
[1] true
[2] false

113. I am a better lover after a few drinks.
[1] true
[2] false

114. A few drinks makes it easier to talk to people.
[1] true
[2] false

115. After a few drinks it is easier to pick a fight.
[1] true
[2] false

116. I have to drink much less than I used to in order to get the same effects.
[1] true
[2] false

117. Do you think you could drink moderately without losing control of your drinking?
[1] yes
[2] no

118. Do you think you could stop drinking completely?
[1] yes - on my own
[2] yes - with help
[3] no
[4] not sure

119. Do you think you are an alcoholic?
[1] yes
[2] no
[3] not sure

120. Do you think you need treatment for your alcohol use?
[1] no
[2] yes
[3] not sure

121. Which of the below best describes your goal for treatment?
[1] don't want to change anything about my drinking
[2] would like to be a daily drinker without ever getting drunk
[3] would like to become a moderate social drinker
[4] would like to become an occasional social drinker
[5] would like to stop drinking completely
[6] other

122. With respect to alcohol use, my goal for treatment is:_____

_____

123. Do you believe you can succeed in meeting your goal for treatment?
[1] yes
[2] no
[3] not sure

SECTION 2

124. Which of the following have you used AT LEAST ONCE in the last six months? *
[1] marijuana/hashish
[2] PCP, LSD or other psychedelic drugs
[3] amphetamines [speed / uppers]
[4] barbiturates [sleeping pills / downers]
[5] cocaine
[6] heroin
[7] tranquilizers
[8] pain killers
[9] none of the above

125. Have you used any other kind of illegal drug or abused any drug in the last six months?
[1] no
[2] yes

126. Other illegal drugs I've used or drugs I've abused in the last six months include:_____

IF YOU HAVE INDICATED THAT YOU DO NOT USE ANY TYPE OF ILLEGAL DRUG, GO TO SECTION 3 (PAGE 16)

127. Have you ever been unable to remember what happened after taking drugs?
[1] yes
[2] no

128. Have you ever had a drug overdose?
[1] once
[2] twice
[3] three times
[4] four times
[5] five times
[6] more than five times
[7] never

129. Have you ever passed out from taking drugs?
[1] yes
[2] no

130. Have you ever had the shakes or other unpleasant symptoms [e.g., nausea] after taking drugs?
[1] yes
[2] no

131. Have you ever felt you were unable to get through the day without taking drugs?
[1] yes
[2] no

132. How do you prefer to take drugs?
[1] alone
[2] with others
[3] either way

133. Where do you usually use drugs? *
[1] at home
[2] at work [school]
[3] in bars
[4] in a car
[5] other places

134. Other places I usually take drugs include:_____

135. When do you usually take drugs?
[1] in the morning
[2] in the afternoon
[3] in the evening
[4] throughout the day
[5] no particular time of day

136. Which pattern best describes your drug use?
[1] use heavily every day
[2] use a little every day
[3] use heavily on single days
[4] use heavily over weekends
[5] use heavily over several day periods
[6] use moderately several times a week
[7] use moderately a couple of times a week
[8] use occasionally (once a week or less)
[9] used only once or twice

137. How many days per month do you miss work [school] because of drug use?
[1] none
[2] 1 to 5
[3] 6 to 10
[4] 11 to 15
[5] 16 to 20
[6] 21 to 25
[7] more than 25

138. In the last six months how frequently did you use marijuana/hashish?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week *options continued next page*

[6] once a day
[7] several times a day

139. How much marijuana/hashish do you typically use? I typically use:_____

140. In the last six months how frequently did you use PCP, LSD or other psychedelic drugs?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day

141. Which have you used? *
[1] LSD
[2] PCP
[3] other

142. Other than LSD/PCP, psychedelic drugs I've used include:_____

143. Have you ever had a 'bad trip' after taking LSD or other psychedelic drugs?
[1] No
[2] Yes - once
[3] Yes - a couple of times
[4] Yes - several times

144. In the last six months how frequently did you use amphetamines [speed / uppers]?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day

145. What kind of amphetamine [speed / uppers] do you use? I use:_____

146. How much amphetamines do you use? I use: _____

147. After taking uppers, have you ever become very suspicious of others and had strange and unusual ideas?
[1] No
[2] Yes - once
[3] Yes - a couple of times
[4] Yes - several times

148. In the last six months how frequently did you use barbiturates [e.g., downers]?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day

149. What kind of barbiturates [downers] do you use? I use:_____

150. How much barbiturate [downer] do you use? I take:_____

151. In the last six months how frequently did you use cocaine [e.g., crack, free-base]?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day

152. How much cocaine do you typically use? I typically use:_____

153. In the last six months how frequently did you use heroin?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day

154. Describe how much heroin you typically use:_____

155. In the last six months how frequently did you use pain killers?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day

156. What pain killers have you used?:_____

157. Describe how much pain killer you typically use:_____

158. In the last six months how frequently did you use tranquilizers?
[1] not at all
[2] once
[3] once a month
[4] once a week
[5] several times a week
[6] once a day
[7] several times a day *

159. What tranquilizers have you used?:_____
_____

160. Describe how much tranquilizer you typically use:_____

161. In the last six months how frequently did you use any other drug?
[1] once
[2] once a month
[3] once a week
[4] several times a week
[5] once a day
[6] several times a day
[7] not at all

162. Describe how much of that drug you typically use:_____

163. Which of the following drugs do you usually PREFER to take?
[1] marijuana/hashish
[2] PCP, LSD or other psychedelic drugs
[3] amphetamines [speed / uppers]
[4] barbiturates [sleeping pills / downers]
[5] cocaine
[6] heroin
[7] tranquilizers
[8] pain killers
[9] other - The drug I usually prefer to take is _____
_____

164. Since you started using drugs, what is the longest time you did not use drugs?
[1] less than a week
[2] one to four weeks
[3] one to three months
[4] three to six months
[5] six to twelve months
[6] more than a year
[7] never stopped

165. What was the main reason you stopped taking drugs at that time? I stopped because _____
_____

166. Why did you start using drugs again? I started again because _____
_____

167. For how long has drug use been a problem for you?
[1] less than one year: ____ months
[2] one year or more: ____ years

168. Select all of the feelings below that you have WHILE USING DRUGS: *
[1] happy
[2] relaxed
[3] peaceful
[4] calm
[5] secure
[6] superior
[7] outgoing
[8] friendly
[9] none of the above

169. Select all of the feelings below that you have WHILE USING DRUGS: *
[1] strong
[2] sexy/attractive
[3] energetic
[4] carefree
[5] excited
[6] fearless
[7] healthy
[8] none of the above

170. Select all of the feelings below that you have WHILE USING DRUGS: *
[1] guilty
[2] angry
[3] depressed
[4] restless
[5] tense
[6] withdrawn
[7] nervous
[8] fearful
[9] none of the above

171. Select all of the feelings below that you have WHILE USING DRUGS: *
[1] insecure
[2] sad
[3] unfriendly
[4] inferior

options continued next page

[5] bored
[6] weak
[7] lonely
[8] physically sick
[9] none of the above

172. Other feelings I have WHILE USING DRUGS include:_____

173. Select all of the feelings below that are likely to MAKE YOU WANT to use drugs: *
[1] happy
[2] relaxed
[3] peaceful
[4] calm
[5] secure
[6] superior
[7] outgoing
[8] friendly
[9] none of the above

174. Select all of the feelings below that are likely to MAKE YOU WANT to use drugs: *
[1] strong
[2] sexy/attractive
[3] energetic
[4] carefree
[5] excited
[6] fearless
[7] healthy
[8] none of the above

175. Select all of the feelings below that are likely to MAKE YOU WANT to use drugs: *
[1] guilty
[2] angry
[3] depressed
[4] restless
[5] tense
[6] withdrawn
[7] nervous
[8] fearful
[9] none of the above

176. Select all of the feelings below that are likely to MAKE YOU WANT to use drugs: *
[1] insecure
[2] sad
[3] unfriendly
[4] inferior
[5] bored
[6] weak
[7] lonely
[8] physically sick
[9] none of the above

177. Other feelings likely to MAKE ME WANT to use drugs include:_____

178. I take drugs in the morning.
[1] never
[2] rarely
[3] occasionally
[4] frequently

179. Once I start using drugs I continue until I'm unable to function.
[1] never
[2] rarely
[3] occasionally
[4] frequently

180. When I stop taking drugs for a day or two I have the shakes or other uncomfortable symptoms [e.g., nausea].
[1] never
[2] rarely
[3] occasionally
[4] frequently

181. I take drugs alone.
[1] never
[2] rarely
[3] occasionally
[4] frequently

182. I take drugs with my spouse/partner or roommate.
[1] never
[2] rarely
[3] occasionally
[4] frequently

183. I use drugs with friends.
[1] never
[2] rarely
[3] occasionally
[4] frequently

184. I get aggressive or violent when using drugs.
[1] never
[2] rarely
[3] occasionally
[4] frequently

185. I have gotten into trouble at work [school] because of drug use.
[1] never
[2] rarely
[3] occasionally
[4] frequently

186. My drug use has caused problems with my spouse, friends, or relatives.
[1] never
[2] rarely
[3] occasionally
[4] frequently

187. I take drugs to relieve tension and stress.
[1] true
[2] false

188. Taking drugs helps me forget about some of my problems.
[1] true
[2] false

189. I take drugs when I am sad or lonely or depressed.
[1] true
[2] false

190. I need drugs to help me relax.
[1] true
[2] false

191. I like to take drugs to unwind after work [school].
[1] true
[2] false

192. When I take drugs I stop worrying about things.
[1] true
[2] false

193. Drugs help me cheer up when I'm in a bad mood.
[1] true
[2] false

194. Drugs help me feel at peace with myself.
[1] true
[2] false

195. Drugs help me sleep better.
[1] true
[2] false

196. Drugs help me deal with physical pain.
[1] true
[2] false

197. I take drugs to be sociable.
[1] true
[2] false

198. I take drugs to celebrate social occasions.
[1] true
[2] false

199. I use drugs because the people I know use drugs.
[1] true
[2] false

200. People seem to accept me more when I'm taking drugs.
[1] true
[2] false

201. I accept drugs because it's the polite thing to do.
[1] true
[2] false

202. Taking drugs adds a certain feeling to social events.
[1] true
[2] false

203. I like the physical feelings produced by drugs.
[1] true
[2] false

204. Drugs make me feel good.
[1] true
[2] false

205. I take drugs because I want to associate and be friends with people who use drugs.
[1] true
[2] false

206. I prefer to take drugs with others rather than by myself.
[1] true
[2] false

207. Drugs give me more confidence in myself.
[1] true
[2] false

208. Drugs make me feel less shy and more outgoing.
[1] true
[2] false

209. I often feel sexier after taking drugs.
[1] true
[2] false

210. When I take drugs it is easier to open up and express my feelings.
[1] true
[2] false

211. I can be more assertive with people when I take drugs.
[1] true
[2] false

212. I am more romantic when I take drugs.
[1] true
[2] false

213. After taking drugs I am sexually more responsive.
[1] true
[2] false

214. I am a better lover after taking drugs.
[1] true
[2] false

215. Drugs make it easier to talk to people.
[1] true
[2] false

216. After taking drugs it is easier to pick a fight.
[1] true
[2] false

217. Which of the following drugs are you dependent on? *
[1] marijuana
[2] LSD/PCP or other psychedelic drugs
[3] amphetamines [speed / uppers]
[4] barbiturates [sleeping pills / downers]
[5] cocaine
[6] heroin
[7] tranquilizers
[8] pain killers
[9] none of the above

218. Do you think you are dependent on any drug?
[1] no
[2] yes - on _____
[3] not sure

219. Which of the following drugs are you addicted to?**
[1] marijuana
[2] LSD/PCP or other psychedelic drugs
[3] amphetamines [speed / uppers]
[4] barbiturates [sleeping pills / downers]
[5] cocaine
[6] heroin
[7] tranquilizers
[8] pain killers
[9] none of the above

220. Do you think you are addicted to any drug?
[1] no
[2] yes - to _____
[3] not sure

221. Do you think you could stop using drugs completely?
[1] yes - on my own
[2] yes - with help
[3] no
[4] not sure

222. Do you believe you need treatment for your drug use?
[1] no
[2] yes
[3] not sure

223. Which of the below best describes your goal for treatment?
[1] I don't want to change anything about my drug use
[2] I would like to become an occasional social drug user
[3] I would like to stop using drugs completely
[4] other _____

224. Do you believe you can succeed in meeting your goal for treatment?
[1] yes
[2] no
[3] not sure

SECTION 3

Are you currently taking any prescription drugs? (NOT including any you have already been asked about)
[1] no
[2] yes - Other prescription medication I am currently taking includes_____

Which of the following have you taken MORE THAN ONCE within the last month? *
[1] aspirin/tylenol
[2] cough medicine
[3] decongestants
[4] laxatives
[5] vitamins
[6] antacid pills [e.g., Rolaids]
[7] allergy pills
[8] other non-prescription medicine
[9] none of the above

Other non-prescription medicine I've taken MORE THAN ONCE within the last month includes_____

Which of the following have you done in the past? *
[1] sniffed glue
[2] sniffed gasoline
[3] inhaled spray from aerosol cans
[4] inhaled fumes from other sources for their effects, using _____
[5] none of the above

On a daily basis how much coffee/tea do you drink?
[1] none
[2] one to two cups
[3] three to four cups
[4] five to six cups
[5] seven to eight cups
[6] nine to ten cups
[7] more than ten cups

How many 12-ounce servings of carbonated sodas [e.g., Coke, Pepsi] do you have per day?
[1] none
[2] one to two
[3] three to four
[4] five to six
[5] seven to eight
[6] nine to ten
[7] more than ten

Do you smoke? *
[1] cigarettes: ____ packs per day
[2] cigars: ____ per day
[3] pipe: ____ pipe-fulls per day
[4] I do not smoke

Do you wish to quit smoking?
[1] yes
[2] no

List up to five reasons why you drink:
1. _____
2. _____
3. _____
4. _____
5. _____

List up to five reasons why you should quit drinking:
1. _____
2. _____
3. _____
4. _____
5. _____

List up to five reasons why you use drugs:
1. _____
2. _____
3. _____
4. _____
5. _____

List up to five reasons why you should quit using drugs:
1. _____
2. _____
3. _____
4. _____
5. _____

List up to five things about yourself that you feel positive about:
1. _____
2. _____
3. _____
4. _____
5. _____

List up to five things about yourself that you feel badly about and wish were changed:
1. _____
2. _____
3. _____
4. _____
5. _____

For the next part of the evaluation, 4 different personality descriptions will be presented. Read each description carefully and pick out which one comes closest to being like you. Keep in mind that none of the descriptions will be exactly like you. Just pick the one that best describes you.

Pattern #1

I am generally quiet, shy, or even withdrawn at times. I seem to be passive and keep most of my feelings and opinions to myself. I will feel like I should be saying something but then I won't. Sometimes, I'll regret it later for not speaking my mind. I tend to avoid confrontation and hate to hurt other people's feelings. Sometimes I have trouble saying 'NO' even when I don't want to do what is asked of me. I have difficulty asking others to do something for me. Often I will go along with other people's ideas or decisions rather than push for my own view. I very rarely will get aggressive with others. Some see me as being insecure.

Pattern #2

I see myself quite a bit like the pattern described in number 1 with one major exception. Although I am often passive, I will often lose my temper. This is when I get fairly aggressive verbally and may even get into physical fights. Although this aggression can come out when I am drinking or using drugs it could happen even when I am sober if I get frustrated enough with someone.

Pattern #3

I see myself as fairly aggressive. I can be verbally abusive and physically aggressive whenever I need to. I seem to get into many confrontations and am not afraid for others to know where I stand. I can often get my way by being stronger than others. Sometimes I feel my desires are more important than what others want. People don't take advantage of me and if they did I would get even with them. Some people avoid me, possibly because they are afraid of my anger.

Pattern #4

I can express my opinions and feelings to most other people. Although I do not put other people down, I can disagree with them. I stick up for my rights and do not let others take advantage of me. I rarely get aggressive and most people would describe me as being open minded and confident. I can easily give and receive compliments.

The pattern that describes me best is:
[1] Pattern #1
[2] Pattern #2
[3] Pattern #3
[4] Pattern #4

With respect to how you answered the questions you've been asked, which of the following is true?
[1] I answered all the items truthfully
[2] I answered most of the items truthfully
[3] I answered some of the items truthfully
[4] I answered only a few of the items truthfully
[5] I did not answer any items truthfully

Please make any additional comments about yourself you feel are important:
_____
_____
_____
_____
_____
_____
_____
_____
_____