

Advanced Counseling Services

DUI DRUG AND ALCOHOL EVALUATION INTAKE

Instructions for use: Completion of this form will help us to obtain information that relates to your use of drugs and/or alcohol. This is confidential information. We cannot release this information to any one for any reason without your written consent. Under reporting of your use of drugs and/or alcohol is a clear indicator of an attempt to “hide” and will be considered as an admission to your use as a problem. Upon your request, we can discuss our findings and recommendations with you, however no one is allowed to “hand deliver” this evaluation to their probation officer. If you would like a copy, you can obtain a copy from the referral source.

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Cell: _____ Email: _____

Drivers License #: _____ Social Security #: _____ DUI School# _____

P.O. Name: _____ Release Information to P.O.? Y or N

PO/Phone/Fax: _____ Was your license taken? Y or N

Describe briefly how you come to be referred for an alcohol and drug evaluation.

Substances used and history:

Alcohol:	___	Never used	___	Currently using	___	Past use	___	Age first used
Amphetamines	___	Never used	___	Currently using	___	Past use	___	Age first used
Anti-anxiety (e.g. Valium)	___	Never used	___	Currently using	___	Past use	___	Age first used
Barbiturates	___	Never used	___	Currently using	___	Past use	___	Age first used
Cocaine/crack:	___	Never used	___	Currently using	___	Past use	___	Age first used
Heroin/morphine:	___	Never used	___	Currently using	___	Past use	___	Age first used
LSD/acid	___	Never used	___	Currently using	___	Past use	___	Age first used
Marijuana/hash:	___	Never used	___	Currently using	___	Past use	___	Age first used
Meth/Crystal meth:	___	Never used	___	Currently using	___	Past use	___	Age first used
Painkillers (e.g., Oxycontin)	___	Never used	___	Currently using	___	Past use	___	Age first used

Other (specify) _____ Never used ___ Currently using ___ Past use ___ Age first used

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For each item checked, describe: Amount you use. How often you used it. Last time you used it. What is the longest period of time you have ever gone without getting high or having a drink? _____

Have you been engaged in risky behavior when you were high off drugs or alcohol, such as driving while impaired, taking prescribed medications, had unprotected sex, got in the car with someone you didn't know?

Yes No

Explain: _____

Have you been high, intoxicated, hung over, or in withdrawal at times when you had important things to take care of, such as a meeting, before work, meet a deadline, help with homework, pick up a friend, etc.?

Yes No

Explain: _____

What are some things or activities you use to do or enjoy but no longer do, such as play cards, dancing, be social, dress up, recreational activities, attend church, etc. since you have been spending more time chilling and getting high?

Explain: _____

Does getting high and having a few drinks sometimes ease difficulties with emotions, relationships, stress reliever, relax, energy?

Yes No Explain: _____

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Employment: Employed Unemployed Disability SSI Self employed

Work problems: Violation of the Employer's substance abuse policy, example: a positive drug test.
 Absenteeism Tardiness Accidents
 Working while hung-over Trouble concentrating
 Decreased job performance Consumed substances while at work
 Lost job in past due to substance abuse No work problems

Employment History 5yrs prior to evaluation (indicate full time/part time/length/reasons left and/or unemployed:

Many times the problems associated with drinking and getting high seem disconnected when actually they are very much related. How do you view your problem?

<input type="checkbox"/> Not a problem	<input type="checkbox"/> Unsure if problem	<input type="checkbox"/> Some problem
<input type="checkbox"/> Significant problem	<input type="checkbox"/> Severe problem	<input type="checkbox"/> Actively wants help

What is/are your drink(s) and drug(s) of choice? _____

Substance use questions:

Describe when and where you typically drink or get high _____

Describe any changes in your use patterns recently or in the past thought _____

In what way does getting high benefit you _____

Does someone in your family have a problem or had a problem with drugs or alcohol _____

Describe a blackout. Have you ever had a black out? _____

Describe withdrawal symptoms. Have you had any withdrawal symptoms? _____

Describe an example of an incident or an experience you had when you were high on drugs or alcohol.

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Check the ones that describes your reasons for drinking and getting high: Escape Taste Self-Medicating
Build Confidence Social Relax Bored Others _____

Have any of these happened when you were high/drinking and/or that you were involved in when drinking/high?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Quarrels | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Family abuses alcohol/ drugs |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Family worried about client's use |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorce | <input type="checkbox"/> None |

Legal problems: **Check all that apply**

- DUI Public intoxication Other substance-related arrest None

Legal History 5yrs prior to evaluation: dates, BAC levels, traffic charges, past/pending charges, probation/parole

Financial problems: Some Moderate Severe None

Describe: _____

Social problems: Some Moderate Severe None

Describe: _____

Mental health/psychiatric history: mental/emotional/verbal, sexual/physical abuse; trauma history; domestic violence history; psychotropic medications past/present; family history of alcohol/abuse/mental illness; who/what/where/when:

Physical or medical problems:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Increased tolerance | <input type="checkbox"/> Hangovers | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Stomach ailments |
| <input type="checkbox"/> Experiences withdrawal symptoms | <input type="checkbox"/> Heart ailments | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Other medical problems |

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Medications currently prescribed _____

Has getting high become a psychological dependence for you? Yes No

If not, give reasons you drink and/or get high more than 3x a week _____

Have you made any attempts to quit your drink and/or drug of choice? Yes No

Have you tried to cut back on drinking or getting high so much? Yes No

Explain _____

- Control over use:**
- No loss of control
 - Uses more than intends
 - Getting worse
 - Unpredictable
 - Uses to get high
 - Gets argumentative
 - Increased tolerance

History of suicide attempts (describe): _____

History of violent behavior (describe): _____

Previous substance abuse or mental health treatment: None Yes

(Describe date, type, setting, and outcome) _____

Give some examples of alcohol related and/or drug related problems you have experienced.

ADVANCED COUNSELING CLINICAL EVALUATOR CONTRACT

DID YOU RECEIVE THIS CONTRACT PRIOR TO RECEIVING SERVICES? _____
DID YOU RECEIVE YOUR OWN COPY OF THIS CONTRACT? _____

Persons receiving a DUI are required to attend DUI School, have a clinical evaluation from a DBHDD approved Clinical Evaluator, and complete any treatment recommendations with a DBHDD approved Treatment Provider. These requirements, effective 7-1-1997 and 7-1-08, are State law. Other conditions may be required for license reinstatement such as: ignition interlock, proof of insurance, and reinstatement fees. Call the Dept. of Drivers Services at 678-413-8400 for information regarding your case.

- 01). The Client must complete DUI school prior to having a clinical evaluation, or the evaluation will not be considered as completed until the DUI assessment is received.
- 02). The Clinical Evaluator attests that he/she is currently on the DBHDD Registry of approved Clinical Evaluators.
- 03). The Client agrees this Clinical Evaluator was chosen by him/her apart from any coercion, pressure, or suggestion by anyone and will have the DUI School forward the NEEDS assessment.
- 04). The Client is aware that he/she may seek a second opinion in regards to the outcome of the evaluation.
- 05). The Client is aware should treatment be recommended that he/she may select any Treatment Provider listed on the State Registry of his/her choice and that if this is not done within **60 days** of the evaluation, another evaluation at the original fee will need to be conducted again.
- 06). The Client agrees to pay the clinical evaluation fee of \$_____ in full.
- 07). The Client is aware that the Clinical Evaluator will determine and recommend **only the level** of treatment, not the place or the **length of time** client will be in treatment. **The number of weeks is determined by the Treatment Provider.**
- 08). The Client acknowledges receipt of the list of DBHDD approved Treatment Providers currently on the registry.
- 09). The Client is aware that upon completion of the clinical evaluation, a copy will be forward to the selected Treatment Provider of choice once the client signs a Release of Information and that the evaluation cannot be hand delivered by the client to the treatment provider.
- 10). The Client is aware that if he/she arrives under the influence of drugs, alcohol, or narcotics he/she will be asked to leave the premises and reschedule the evaluation. No fees will be refunded and the client may incur additional fees.
- 11). The Client understands that fees are due at the beginning of the evaluation and exact amount is advised as no petty cash for change is kept on the premises. Partial fees are unacceptable. **Cash only** as form payment.
- 12). The Client understands that remaining for the duration of the evaluation is expected.
- (13). The Client understands that drug screens are a part of the evaluation process and agrees to submit to same upon request. The Client is responsible for the fees associated with drug screens.
- (14). The Client understands that visitors (i.e., family, friends, spouses, children) are not allowed during the evaluation process or to disrupt the process in any manner (i.e., knocking on door, etc.) Children under 16 years must be supervised and/or left with a responsible adult and cannot be left unsupervised in the waiting area or in the parking lot or in the car.

15). The Client understands that special accommodations such as seeing dogs, wheelchairs, medical equipment, etc. are supported.

16). The Client understands that the evaluation and drug screen results are confidential and can only be disclosed with a release of information by the client.

I have read and understand the terms of this contract. I have received a copy of this contract and accept the terms within. I understand I may select a different Clinical Evaluator from the registry in the event I am unable or unwilling to abide by these terms for any reason.

Client Signature

Date

Clinical Evaluator Signature

CE# 1986

Date

Advanced Counseling Services
465 Winn Way, Suite 150
Decatur, Georgia 30030-1722
678-732-0435 office
678-732-0439 fax
404-438-2294 text
deloresmorris.com

ALL FIRST DUI OFFENDER CLIENTS - PLEASE READ CAREFULLY

First time DUI offenders are required, as a condition of probation, to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program. These requirements, effective July 1, 2008 are in addition to all other existing requirements for probation. Under this new law, the Department of Behavioral Health and Developmental Disabilities (DBHDD) is responsible for approving clinical evaluators and treatment providers and establishing regulations for implementing these requirements

DUI RISK REDUCTION PROGRAM

- It is best that you complete the DUI Risk Reduction program (DUI School of 20 hours of classroom instruction) before getting the clinical evaluation.

CLINICAL EVALUATION

- The clinical evaluation consists of a clinical interview, a review of your NEEDS Assessment results from the DUI school, and any other assessment instruments deemed appropriate by the evaluator to complete a thorough evaluation. Only an approved evaluator from the DBH/DD Registry of Clinical Evaluators can complete your clinical evaluation.
- You will be given a Clinical Evaluation Agreement / Contract that informs you of the services you are entitled to as part of the evaluation process.
- If no treatment is recommended, the evaluator will send a form to DBHDD to request a Requirements Met Certificate that will be mailed to you.
- If the evaluation results in a treatment recommendation, the clinical evaluator must show you a list of approved providers (DBHDD Registry of Treatment Providers).
- The evaluator will recommend a level of care.
- The evaluator cannot tell you to go to a specific treatment provider, you decide that.
- The evaluator cannot determine the exact number of weeks you have to attend treatment.
- If the evaluator determines there is no need for treatment, the evaluator will submit a case presentation to DBH/DD for review.
- If approved, DBHDD will provide the client with a "Requirements Met" form, which can be submitted to your Probation Officer.

TREATMENT:

- You must choose a treatment provider from the DBHDD Registry of Treatment Providers who is permitted to deliver the ASAM level of care recommended by the clinical evaluator.
- NOTE: As part of a court order, only a judge can tell you to go to a particular treatment program.
- ASAM Level I – Short Term Program is 6-12 weeks, 18 hours minimum.
- ASAM Level I long-term program is three to nine hours of treatment services per week. The length of treatment is 4 to 12 months. A treatment review occurs when 4 months has been completed. A decision will then be made for you to continue with more counseling or that you have completed the treatment program.
- You will be given a Treatment Agreement / Contract that informs you all requirements for successful completion of the program.
- It is the responsibility of the treatment provider to determine the length of treatment and the number of hours you must attend. You may be expected to attend more than the minimum number of hours and weeks of treatment.
- The treatment program may have additional requirements to be met before you are considered as having completed treatment. Each individual treatment provider or agency determines additional services.
- Finally, you must have satisfied all fees to the treatment provider in order to receive your "Treatment Completion" form, which can be submitted to your probation officer.

Client Signature

Date

ALL MULTIPLE DUI OFFENDER CLIENTS - PLEASE READ CAREFULLY

Multiple DUI offenders who get two or more DUI offenses within a 5-year period are required, as a condition of license reinstatement, to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program. These requirements, effective July 1, 2008, are in addition to all other existing requirements for license reinstatement. Under this law, the Department of Behavioral Health & Developmental Disabilities (DBHDD) is responsible for approving clinical evaluators and treatment providers and establishing regulations for implementing these requirements.

DUI RISK REDUCTION PROGRAM

- It is best that you complete the DUI Risk Reduction program before getting the clinical evaluation.

CLINICAL EVALUATION

- The clinical evaluation consists of a clinical interview, a review of your NEEDS Assessment results from the DUI school, and any other assessment instruments deemed appropriate by the evaluator to complete a thorough evaluation. Only an approved evaluator from the DBHDD Registry of Clinical Evaluators can complete your clinical evaluation.
- You will be given a Clinical Evaluation Agreement / Contract that informs you of the services you are entitled to as part of the evaluation process.
- If the evaluation results in a treatment recommendation, the clinical evaluator must show you a list of approved providers (DBHDD Registry of Treatment Providers).
- The evaluator can only recommend a specific level of care.
- The evaluator cannot tell you to go to a specific treatment provider.
- The evaluator cannot determine the number of weeks you have to attend treatment.
- If the evaluator determines there is no need for treatment, the evaluator will submit a case presentation to DBHDD for review.
- If approved, DBHDD will provide the client with a "Requirements Met" certificate, which can be submitted to the Department of Driver Services (DDS) for license reinstatement.

TREATMENT:

- You must choose a treatment provider from the DBHDD Registry of Treatment Providers who is permitted to deliver the ASAM level of care recommended by the clinical evaluator.
- NOTE: As part of a court order, only a judge can tell you to go to a particular treatment program.
- However, if a judge orders you to go to a treatment program not on the DBHDD Registry, completion of that treatment may not count toward driver's license reinstatement.
- DBHDD requires that Level I services include three to nine hours of treatment services per week. The length of treatment is up to one year. A treatment review occurs when 4 months has been completed. A decision will then be made for you to continue with more counseling or complete the treatment program.
- You will be given a Treatment Agreement / Contract that informs you all requirements for successful completion of the program.
- It is the responsibility of the treatment provider to determine the length of treatment and the number of hours you must attend. You may be expected to attend more than the minimum number of hours and weeks of treatment.
- The treatment program may have additional requirements to be met before you are considered as having completed treatment. Each individual treatment provider or agency determines additional services.
- Finally, you must have satisfied all fees to the treatment provider in order to receive your "Treatment Completion" form, which can be submitted to DDS for license reinstatement.

Client Signature

Date

DUI INTERVENTION PROGRAM

ALL CLIENTS

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The purpose of the Risk Reduction Program is to help people who have experienced a problem because of their use of alcohol or other drugs. Your DUI, drug possession, or other charge may not be the first time you have had a problem because of your use of alcohol or drugs. The program will teach you how to reduce your chances of having future alcohol or drug related problems.

COMPLETION OF THE DUI, ALCOHOL OR DRUG RISK REDUCTION PROGRAM!

Some offenses that require completion of the DUI, Alcohol or Drug Risk Reduction Program (DUI SCHOOL) are DUI, Drug Possession, and Underage Alcohol Possession While Operating a Vehicle. Judges will sometimes order people to attend the Risk Reduction Program for other offenses. At the Risk Reduction Program you will take an assessment, and attend a 20-hour Intervention course. The results of your assessment are confidential, and will not appear on your driving record. You will learn about your assessment results during class. If you have questions, please talk to your Instructor after you begin class.

It is against the law for anyone to tell you that you have to attend a particular DUI Risk Reduction Program (DUI school). A Judge or Probation Officer may require you to bring proof that you completed the DUI School, but they cannot tell you which school you have to attend.

IF YOU HAVE RECEIVED 2 OR MORE DUI'S IN THE PAST 10 YEARS

If you have a DUI arrest after 7-1-08, the law requires persons who have received 2 or more DUI in a ten-year period to get a substance abuse clinical evaluation and, if necessary, complete a treatment program in order to regain their drivers license. For arrests prior to 6-30 -08, the period is five years.

IF YOU ARE FIRST TIME DUI OFFENDER

For DUI arrests after 7-1-08, all first DUI offenders are required to have a clinical evaluation and complete treatment if recommended as a standard condition of probation unless specifically waived by the judge for first offenders.

FOR ALL DUI'S

After you complete the Risk Reduction Program, you must get a clinical evaluation. This clinical evaluation is different from the assessment questionnaire you completed at the Risk Reduction Program. The Evaluator is a substance abuse professional who will interview you in person. He/she will have the results of your assessment survey from the DUI School to review before meeting with you. The Risk Reduction Program will provide you with the registry from the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) listing all approved Evaluators in your area. You may choose any Evaluator on the registry. After you choose an Evaluator, you will need to sign a Release of Information form and pay a \$10.00 transfer fee, so that the Risk Reduction Program can send a copy of your assessment to the Evaluator. The costs for each Evaluator are listed on the registry, and start at \$95.00. If the Evaluator offers reduced prices based on your income, that will be listed on the registry as *sliding scale available*. You will have to call or go to the Evaluator to see if you qualify for a reduced price. Some Risk Reduction Programs may have a Clinical Evaluator available, but you are not required to get your clinical evaluation at their facility.

After completing the clinical evaluation, the Evaluator may recommend that you attend a Treatment Program. The Clinical Evaluator will make a recommendation for the level of service you need and give you a DBHDD -approved registry of treatment providers in your area. The Evaluator and the Risk Reduction Program cannot refer you to a particular Treatment Provider; that is your responsibility. In addition, you cannot receive treatment services from the person who does your clinical evaluation. If you have someone in mind for treatment, do not select that person for your clinical evaluation.

NOTE: To be eligible for driver's license reinstatement, you have to go to a Clinical Evaluator and Treatment Provider that are on the DBHDD-approved registry.

I have read the above information, or the program has read it to me. I have received a copy of this form.

Student Signature

Date

Advanced Counseling Services

Client Confidentiality

Advanced Counseling Services protects the confidentiality of clients in accordance with Federal Alcohol and Other Drug Confidentiality Law and Regulations, 42 CFR Part 2. This law restricts the disclosure of client identifying information concerning prospective, current, or former clients to any person or organization external to Advanced Counseling Services. Also, HIV, STD, and TB related information about clients is protected and cannot be disclosed unless State Law authorizes. The regulations apply to holders, recipients, and seekers of client identifying information.

Advanced Counseling Services will not disclose client identifying information without a written consent signed by the client. Written consents may be revoked at any time by the client unless Advanced Counseling Services has already taken action in reliance on the consent. Any disclosure will be limited to the information necessary to carry out the purpose of the disclosure. Confidentiality Law provides certain exceptions where disclosures may be made without signed written consent:

- 1) Information used internally within Advanced Counseling Services
- 2) To organizations with Qualified Service Agreements with Advanced Counseling Services
- 3) To report a crime or a threat to commit a crime on premises or against personnel
- 4) In the event of medical emergencies
- 5) To researchers if client identifying information is protected as required
- 6) To auditors and evaluators provided the information is not re-disclosed
- 7) For mandated reporting of suspected child abuse and neglect
- 8) For mandated reporting of suspected elderly abuse and neglect
- 9) For mandated reporting of duty to warn of imminent danger
- 10) For disclosures to harm one's self
- 11) When authorized by court order
- 12) Probation Officers requesting status of attendance and progress reports

Present or former clients may choose to self disclose client identifying information with persons or organizations outside of Advanced Counseling Services. Advanced Counseling Services cannot be responsible for client self-disclosure. However, practice guidelines require clients to honor the confidentiality of other clients.

I understand that client records are protected under Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient records, 42 CFR Part 2, and cannot be disclosed without written consent unless otherwise provided for in the regulations. I understand that HIV, STD, and TB-related information about clients is protected by the State law and cannot be disclosed unless the disclosure is authorized by State law. I also understand that I may revoke my consent for disclosure at any time except to the extent that action has been taken in reliance on it.

Client Signature: _____

Date: _____

Witness: _____

Date: _____

465 Winn Way, Suite 150
Decatur, GA 30030
(404) 438-2294 office cell
(678) 732-0435 office line
(678) 732-0349 office fax

Updated 2/21/12

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION DUI INTERVENTION PROGRAM

I, _____, authorize
(Name of Client)

(Name of DBHDD Clinical Evaluator)

to disclose to the Georgia Department of Behavioral Health & Developmental Disabilities, Division of Addictive Diseases the following information:

the results of my clinical evaluation as shown on the DUI Offender Case Presentation form and any other information about my evaluation necessary to determine an appropriate referral to or release from treatment.

The purpose of the disclosure authorized herein is to:

Enable the professional staff of the Department of Behavioral Health & Developmental Disabilities and its agents to review and approve the recommendation of my Clinical Evaluator.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Six) 6 months after the completion of my clinical evaluation or _____
(Expiration Date)

Client Signature

Date

**Georgia Department of Behavioral Health & Development
Disabilities
Division of Addictive Diseases.
DUI Intervention Program (DUIIP)**

**DUI Intervention Program
2 Peachtree Street NW. 22nd Floor
Atlanta , GA 30303
Phone: 404-657-6433
Fax: 404-657-6417**

Treatment Selection Form

Georgia law requires all DUI offenders to have a Clinical Evaluation and, if required, complete treatment at a provider of your choice. As your Clinical Evaluator, I am recommending that you complete the following ASAM level of treatment:

Level I: 6 – 12 Weeks **Level I: 4 – 12 Months** **Level II & Above:**

The statewide providers of this level of treatment can be located on the DUI Intervention Program website [http: www.mop.uga.edu](http://www.mop.uga.edu). In this general area, the Treatment Providers are listed below or attached to this page. Circle the Provider you wish to use for treatment sign & date below.

Client Signature

Date

Substance Abuse Screening Instrument (O4/05)

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol.

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	___	___
2. Have you abused prescription drugs?	___	___
3. Do you abuse more than one drug at a time?	___	___
4. Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5. Are you always able to stop using drugs when you want to?	___	___
6. Do you abuse drugs on a continuous basis?	___	___
7. Do you try to limit your drug use to certain situations?	___	___
8. Have you had “blackouts” or “flashbacks” as a result of drug use?	___	___
9. Do you ever feel bad about your drug abuse?	___	___
10. Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11. Do your friends or relatives know or suspect you abuse drugs?	___	___
12. Has drug abuse ever created problems between you and your spouse?	___	___
13. Has any family member ever sought help for problems related to your drug use?	___	___
14. Have you ever lost friends because of your use of drugs?	___	___
15. Have you ever neglected your family or missed work because of your use of drugs?	___	___
16. Have you ever been in trouble at work because of drug abuse?	___	___
17. Have you ever lost a job because of drug abuse?	___	___
18. Have you gotten into fights when under the influence of drugs?	___	___
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	___	___
20. Have you ever been arrested for driving while under the influence of drugs?	___	___
21. Have you engaged in illegal activities in order to obtain drug?	___	___
22. Have you ever been arrested for possession of illegal drugs?	___	___
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	___	___
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	___	___
25. Have you ever gone to anyone for help for a drug problem?	___	___
26. Have you ever been in a hospital for medical problems related to your drug use?	___	___
27. Have you ever been involved in a treatment program specifically related to drug use?	___	___
28. Have you been treated as an outpatient for problems related to drug abuse?	___	___

Scoring and interpretation: A score of “1” is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of “1.” Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.

Michigan Alcohol Screening Test (MAST)

This test is nationally recognized by alcoholism and drug dependence professionals. You may substitute the words "drug use" in place of "drinking".

1. Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)

Circle Answer: YES NO

2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?

Circle Answer: YES NO

3. Does any near relative or close friend ever worry or complain about your drinking?

Circle Answer: YES NO

4. Can you stop drinking without difficulty after one or two drinks?

Circle Answer: YES NO

5. Do you ever feel guilty about your drinking?

Circle Answer: YES NO

6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?

Circle Answer: YES NO

7. Have you ever gotten into physical fights when drinking?

Circle Answer: YES NO

8. Has drinking ever created problems between you and a near relative or close friend?

Circle Answer: YES NO

9. Has any family member or close friend gone to anyone for help about your drinking?

Circle Answer: YES NO

10. Have you ever lost friends because of your drinking?

Circle Answer: YES NO

11. Have you ever gotten into trouble at work because of drinking?

Circle Answer: YES NO

12. Have you ever lost a job because of drinking?

Circle Answer: YES NO

13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?

Circle Answer: YES NO

14. Do you drink before noon fairly often?

Circle Answer: YES NO

15. Have you ever been told you have liver trouble such as cirrhosis?

Circle Answer: YES NO

16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?

Circle Answer: YES NO

17. Have you ever gone to anyone for help about your drinking?

Circle Answer: YES NO

18. Have you ever been hospitalized because of drinking?

Circle Answer: YES NO

19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?

Circle Answer: YES NO

20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?

Circle Answer: YES NO

21. Have you been arrested more than once for driving under the influence of alcohol?

Circle Answer: YES NO

22. Have you ever been arrested, even for a few hours because of other behavior while drinking?

(If Yes, how many times _____)

Circle Answer: YES NO

SCORING

Please score one point if you answered the following:

1. No

2. Yes

3. Yes

4. No

5. Yes

6. Yes

7 through 22: Yes

Add up the scores and compare to the following score card:

0 - 2 No apparent problem

3 - 5 Early or middle problem drinker

6 or more Problem drinker

AUDIT questionnaire: screen for alcohol misuse¹

Please circle the answer that is correct for you

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2–4 times a month
- 2–3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. During the past year, have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the past year
- Yes, during the past year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the past year
- Yes, during the past year

Scoring the audit

Scores for each question range from 0 to 4, with the first response for each question (eg never) scoring 0, the second (eg less than monthly) scoring 1, the third (eg monthly) scoring 2, the fourth (eg weekly) scoring 3, and the last response (eg. daily or almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from left to right).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.

¹Saunders JB, Aasland OG, Babor TF *et al.* Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption — II. *Addiction* 1993, **88**: 791–803.

CAGE-AID (Adapted to Include Drugs)

Instructions: Answer *Yes* or *No* to each of the following questions.

1. Have you ever felt you ought to *cut* down on your drinking or drug use?
 Yes (1)
 No (0)
2. Have people *annoyed* you by criticizing your drinking or drug use?
 Yes (1)
 No (0)
3. Have you ever felt bad or *guilty* about your drinking or drug use?
 Yes (1)
 No (0)
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (*eye-opener*)?
 Yes (1)
 No (0)

For the total score, add the numerical value of each answer.

TOTAL SCORE: _____

A score of 2 or more may indicate clinically significant alcohol or drug problems.

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