

Drug and Alcohol Assessment

Patient Information

Name:

Age:

Gender:

Date of Assessment:

Substance Use History

What substances have you used (alcohol, drugs, prescription medications, etc.?)

How often do you use them (daily, weekly, occasional, etc.?)

How long have you been using these substances?

Have you ever tried to quit or cut down on your substance use? If yes, what challenges did you face?

What are the main reasons for using substances (e.g., coping with stress, peer pressure, boredom?)

Consequences of Substance Use

Have you experienced any physical health problems as a result of substance use? If yes, please describe.

How has substance use affected your emotional well-being and mental health?

How has substance use impacted your relationships with family and friends?

Have you faced any legal issues or trouble at work/school due to substance use?

Motivation and Readiness for Change

On a scale of 1 to 10, how ready are you to make changes in your substance use?

What are your primary motivations for seeking help and making changes?

What obstacles or concerns do you have about making changes to your substance use?

Mental Health Assessment

Have you ever been diagnosed with any mental health disorders (e.g., depression, anxiety, bipolar disorder)?

Are you currently experiencing any mental health symptoms, and do you think substance use may be related to them?

Support

Describe your social network and the level of support you receive from family and friends regarding your substance use.

Are there any family members or friends who also use substances, and does this influence your substance use?

Triggers and Coping Mechanisms

Identify any specific triggers or situations that lead you to use substances.

What coping strategies have you used in the past to deal with stress or difficult emotions?

Treatment History & Preferences

Have you ever attended any form of substance use treatment or counseling in the past?

If yes, what did you find helpful or challenging about the treatment experience?

What type of treatment or support do you think would be most beneficial for you (e.g., individual counseling, group therapy, medication-assisted treatment)?

Are there any specific treatment approaches or therapies you are interested in exploring?

Goals for Recovery

What are your short-term and long-term goals related to substance use and recovery?

How would you define success in your journey toward recovery?

Physical Health Assessment

Describe your overall physical health and any medical conditions you may have.

Are you currently taking any medications, and has substance use affected your adherence to medical treatment?

Family History

Is there any family history of substance use disorders or mental health issues?

Have any family members been supportive of your recovery efforts?

Spirituality and Support Systems

Do you have any spiritual or religious beliefs that are relevant to your recovery?

What other support systems (e.g., support groups, community resources) are available to you?