

Debbie Powers, MA LMFT, SAP
Licensed Marriage and Family Therapist #52958
34092 Violet Lantern, Suite 100, Dana Point, CA 92629
Website: www.DebbiePowersMFT.com Email: DebbiePowersLMFT@gmail.com
Office: 949-249-8888 Fax: 949-249-2929

Drug and Alcohol Questionnaire

Part I:

How did you get started using drugs/alcohol?

When you consume alcohol, what do you usually drink (circle)?

Beer Wine Vodka Gin Tequila Whiskey Scotch Rum Other:

How many drinks do you usually have per day? Per week?

How much (name of drug) do you usually have per day? Per week?

What is the best thing about getting high?

What is your favorite thing to do when drinking or using drugs?

Are there any times you tend to use these substances less? More? When?

Are there any times you have successfully stopped? When? For how long?

How much money do you spend on your drugs/alcohol each week?

Do you usually drink/use drugs alone or with others? At home or elsewhere?

What time of day do you usually start using drugs/drinking? Is there a pattern to your use?

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What effects does drinking/using drugs have on you? (Circle)

Feel happier
Feel more important
Feel more alert
Reduces physical discomfort
Increased irritability
less shy
Think more clearly more creative
Have more fun
Reduce stress/tension
Help to sleep
Relax socially
Express self more easily
Avoid negative emotions (depression, anger, grief, boredom)
Forget something that happened
Concentrate better

Have you ever experienced any of the following symptoms when you use drugs or alcohol (circle)?

Seizures
Blackouts
Hallucinations
Paranoia Personality changes
Decreased need for sleep
Increased aggression
Increased sexual arousal
Severe weight loss
Ulcers or other stomach problems
Headaches
Excessive bleeding
Sinus problems
Heart palpitations
Suicidal thoughts
Panic attacks
Memory problems
Depression
Loss of sex drive
Sex with strangers other

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Do you or have you ever experienced any physical symptoms when you try to stop drinking or use drugs?

Yes No If so, which ones?

Shakes/tremors

Sweating

Seizures

Continuous vomiting

Sleeplessness

Disorientation

Hallucinations

Depression

Hypersomnia

Increased appetite

Other:

Do you gamble when you drink or use drugs? Yes No

Is your gambling out of control or excessive? Yes No

Have you ever had an eating disorder (bulimia, anorexia, obesity)? Yes No

Part II: Family History

Which family members have had a drug or alcohol problem (circle)?

None Mother Father Brother(s) Sister(s) Stepparent Grandparent Uncle/Aunt

How were you affected by your family member's drug abuse?

Does in anyone in your current household use drugs or drink? Yes No

If so, who?

Do most of your friends drink or use drugs? Yes No

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Part III: Consequences Related to Alcohol or Drug Use

Please circle any problems that have persisted following your use of drugs or alcohol:

Hepatitis or liver problems
Persistent cough
Hallucinations
Strange thoughts
Congestion or wheezing
Heart problems
Depression
Mania
Loss of sex drive

Please circle any social or relationship problems that have resulted from your use of alcohol or drugs:

Arguments with spouse or partner
Thrown out of house
Social isolation
Arguments with parents or siblings
Loss of friends
Spouse or partner left you
Other:

Please circle any job or financial problems caused or worsened by your use of drugs or alcohol:

Lost a job
less productive at work
behind in paying bills
late to work
in debt
Missed days at work
Missed opportunities for raise or promotion
Other:

Please circle any legal problems caused or worsened by your use of alcohol or drugs:

Arrest for possession
Arrest for forging prescriptions
Auto accident while intoxicated
Arrested for assault
Arrested for embezzlement or forgery
Arrested for selling drugs
Arrested for driving under the influence
Arrested for theft or robbery

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Part IV: Treatment History

Have you ever attended a 12-step program? Yes No

Have you ever attended an outpatient program for drugs or alcohol? Yes No

Have you ever been treated in an inpatient facility for drugs or alcohol? Yes No

Have you ever been given a medication to help you abstain from drinking or using drugs? Yes No

Have you ever been treated in an emergency room for a drug overdose or alcohol poisoning? Yes No

Have you ever made a suicide attempt while intoxicated or using? Yes No

What is the longest you have been able to stop drinking/using drugs?

How were you able to remain abstinent or sober this long?

Why do you want to stop drinking or using drugs?

What do you think will happen if you do not stop drinking or using drugs?

Part V: True-False Questions

1. T F I drink/use drugs when I feel anxious.
2. T F I often try to hide or minimize my drinking/drug use.
3. T F Many of my friends drink or use drugs.
4. T F I sell, or used to sell drugs.
5. T F I would never consider going to a 12-step program.
6. T F Drinking or using drugs has never really caused me any problems.
7. T F I have tried to stop using drugs/drinking in the past.
8. T F I drink/use drugs when I feel depressed.
9. T F When I drink, I usually get drunk.
10. T F I feel more confident when I drink or use drugs.
11. T F Sometimes I use drugs or alcohol in the morning.
12. T F Friends or family have told me I should stop drinking or using drugs.
13. T F I spend too much time thinking about drinking or using drugs.
14. T F I become very anxious if I am unable to have a drink or do drugs.
15. T F I have never stolen in order to buy drugs or alcohol.
16. T F I am an alcoholic.
17. T F I am a drug addict.
18. T F I have experienced the need to use more drugs to get the effect I had the first time I used them.
19. T F If I stopped using drugs or drinking, I would lose many of my friends.
20. T F I am not a religious person.
21. T F I think well when I have a few drinks or use drugs.

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- 22. T F I enjoy sex more when I'm high.
- 23. T F Drinking or using drugs helps me forget about my problems and relax.
- 24. T F I have never used drugs and alcohol at the same time.
- 25. T F I have sometimes alternated taking uppers and downers.