

CHEMICAL USE EVALUATION INTERVIEW

A. Demographics

DATE OF EVALUATION	
COMPANY NAME:	
NAME	
ADDRESS	
PHONE:	
MARITAL STATUS	
SOCIAL SECURITY #	
DATE OF BIRTH	
AGE	
GENDER	
RACE/ETHNICITY	
VALID DRIVER'S LICENSE:	YES: NO:

B. What brought the client in at this time?

C. Medical Status - History

Chronic Medical Problems:

Current Medical Problems:

Have you ever been hospitalized? (including for serious injury or surgery)

For what, how long, dosage of any medications and side effects?

Outpatient Services:

D. Employment/Support/Work Status and History

Current employer/job:

Employers address:

Years at position:

Income:

Type of job? Is there travel involved?

EAP contact at employer:

Previous employment history/reasons for leaving job:

Have you ever been disciplined for absences or tardiness in any job? (please explain)

Has drinking or drug use ever affected your job?

Spouse's employer:

E. Educational/Military Status - History

Highest level of education:

Have you served in the military?

What branch?

Years served:

Type of discharge:

Difficulties in service...(include arrests etc.)

F. Drug/Alcohol Use

_____ (Alcohol or Drug Type)

Ages	Frequency	Amounts	Methods of Use	Comments Consequences

Last Use: _____ **Amount:** _____ **Method of use:** _____

_____ (Alcohol or Drug Type)

Ages	Frequency	Amounts	Methods of Use	Comments Consequences

Last Use: _____ **Amount:** _____ **Method of use:** _____

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Ages	Frequency	Amounts	Methods of Use	Comments Consequences

Last Use: _____ **Amount:** _____ **Method of use:** _____

_____ (Alcohol or Drug Type)

Ages	Frequency	Amounts	Methods of Use	Comments Consequences

Last Use: _____ **Amount:** _____ **Method of use:** _____

When was your heaviest drinking/drug use?

What was going on in your life at that time?

Describe times when you have cut back or stopped drinking/using drugs:

For how long:

What helped?

What triggered the relapse?

Do you think you can quit now?

Why or why not?

Drug & Alcohol Symptom Assessment

Has it ever occurred that you drank or used more than you intended? Describe...when was the most recent occurrence?

Have you ever had problems in any relationship due to drinking or drug use? (Consider disagreements, dishonesty, expressions of concerns by others):

Have you ever drank or used drugs in a way that kept someone else from knowing about it?

How does drinking or drug use change your mood?

Have you ever regretted your actions towards others (including children) while under the influence of a chemical substance?

Have you ever noticed that you were able to drink/use more without feeling more intoxicated than usual? Describe:

How often do you visit bars/taverns/clubs?

Have you drank or used drugs alone? If yes, describe:

Have you ever driven while under the influence of drugs/alcohol? (Please specify which)

Have you ever been injured or had an accident while drinking/using drugs? (Please specify)

How often do you visit casinos or otherwise gamble?

During the past twelve months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?

During the past twelve months, have you tried to keep your family or friends from knowing how much you gambled?

During the past twelve months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?

Do your friends drink/use drugs? (Please specify)

Have they ever been arrested or convicted for drug/alcohol use?

Have you ever been in a fight while under the influence of alcohol or drugs?

Have you ever been involved in a situation in which the police were called for peace disturbance?

If so, when?

How often?

Have you ever been unable to remember part or all of what happened during a drinking or drug use episode?

If yes, how many times would you estimate it happening and when was the most recent occurrence:

Have you ever been to a hospital, treatment center, or counseling session because of drinking or drug use?

If yes:

When?

Where?

Duration of treatment?

How long were you abstinent from drugs/alcohol following this?

What event triggered a relapse?

Have you ever attended AA/NA?

When?

Have you ever drank alcohol or used drugs

- 1) before going to work?
- 2) during work?
- 3) suffered a hangover at work?

Has a physician ever suggested that you slow down or stop drinking or using drugs?

Have you ever been diagnosed as having hepatitis, liver problems, pancreatitis, or been treated for any other physical condition that could be related to drinking/using?

Have you ever overdosed on alcohol or drugs?

If so, when?

Have you ever experienced shakes during the day or two following a night of drinking or drug use?

Do you ever find yourself shaking at any time?

Have you ever experienced seizures?

If yes, how often?

Have you ever been treated for seizures?

Do you think your drug or alcohol use has gotten out of control?

Has it resulted in hospitalization or jail time? (Please specify)

F. Legal History

History of traffic violations; including DUI's

Prior arrests:

Dates:

Consequences:

Has your driver's license ever been suspended or revoked?
Which?

For what reasons?

History of convictions:

Ever on probation or parole? Dates:

Currently:

Ever been investigated by social service?

Currently:

Any pending legal action?

G. Family History and Social History

Family

Where were you born?

Were you raised in the same place or did you move?

Parent's employment as you grew up?

Parents style of discipline:

Do you have any siblings? If so which child are you: (exp.-oldest of four)

Current marital status:

How long married?

Significant other's name:

Remarks about current marriage:

Previous marriages/reasons for breakup (dates):

Children:

Names

Ages

Who lives in the home?

Religion of family origin:

Current Religion:

Active?

Social History

Main leisure pursuits:

Which of these usually includes alcohol/drug use? (Please indicate whether alcohol/drugs or both)

Number of close friends:

How often do you see them?

What types of things do you do together?

Do they include drinking/using?

Do you have people to talk to and share with?

_____ Family

_____ Other

_____ Religious

_____ Employment/EAP

_____ Groups

H. Psychiatric Status - Behavioral History

Have you ever been to counseling before? If yes where, for how long and what for?

Have you ever been on any medications? For what reason, for how long and the dosage?

Were there any side effects from the medication?

Have you ever experienced the following? (If yes please describe)

Experience	Yes	No	Describe
Problems sleeping			
Crying spells			
Appetite disturbance			
Rapid weight gain/loss			
Difficulty in concentration			
Feeling of depression			
Suicidal thoughts			When Most recent
Suicidal attempts			When How
Repetitive troubling thoughts			
Impulsiveness			
Inability to work due to "stress"			
Heard voices or other unusual events			