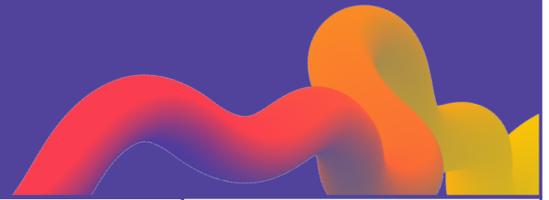


Substance Abuse Template



Name	Age	Gender
Phone number	Email address	
Address		
Occupation	Monthly income	
Living situation (check all that apply)		
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Unhoused
<input type="checkbox"/> With roommates	<input type="checkbox"/> With family	<input type="checkbox"/> With partner
<input type="checkbox"/> Alone	<input type="checkbox"/> With partner & children	<input type="checkbox"/> With children
Medical conditions/diagnoses:		
Mental/behavioral health conditions/diagnoses:		
Current prescriptions:		

Substance	Age of first use	Most recent use	Frequency of use in past year	Negative impact on your life	
Alcohol					
Benzodiazepines Xanax, Diazepam, etc.					
Cocaine					
Crack					
Hallucinogens LSD, mushrooms, mescaline, etc.					
Opioids Heroin, fentanyl, oxycodone, etc.					
Methamphetamine					
Marijuana					
MDMA or ecstasy					
Check the box that applies to you.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can stop all substance use whenever I want.					
I sometimes feel guilt or shame about my substance use.					
I always remember everything that happens while I am using substances.					
I never feel sick or uncomfortable when I stop using substances.					
My family or loved ones have never complained about my substance use.					
Someone in my family has a substance use disorder.					
I have never experienced a medical issue as a result of substance use.					
My substance use has never impacted my performance at school or work.					
I feel that I am mentally and emotionally healthy.					
I am actively working toward my long-term goals.					
<p>Score 1 point for each question answered "agree" Score 2 points for each question answered "neutral" Score 3 points for each question answered "disagree" Score 4 points for each question answered "strongly disagree"</p> <p>The higher the score (out of a 40-point maximum), the more severe the substance use disorder. Please develop a plan to address patients' needs based on the severity of their symptoms.</p>					<p>Score</p>