

# Addiction / Substance Abuse & Dependence Assessment

Adapted by Will Joel Friedman, Ph.D.

Name: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Would you tell me about your alcohol, drug, prescription drug and over the counter drug history (including vitamins, supplements, etcetera)?

2. Tell me about others in your family or friendship circle that have abused alcohol, drugs or prescription drugs?

3. What would it mean if you were an alcoholic / drug abuser?

4. Have you ever been concerned about your alcohol / drug use? Please explain.

5. What's your picture of an alcoholic, addict or drug user?

6. Do you get drunk / high when you intend to remain sober / clean?

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7. Have others in your friendship circle or family think you have an alcohol or drug problem?

8. What cognitive, physical, occupational, social, monetary, self-esteem, etcetera impairment do you experience from alcohol / drugs? (Which most interested in?)

9. Do you experience loss of memory (blackouts, not pass outs)? (Occurs with high genetic loading with teenagers)

10. Do you sometimes not remember what happened during a drinking / drug episode?

11. Do you look forward to getting a drink / getting high after work? (Inpatient?)

12. How did you decide to cut down? What triggered or motivated you?

13. Taking any medications at the present time? (Benzodiaphramines are synergistic with alcohol!)

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14. Do you buy anything in a supermarket or drug store that you take regularly?

15. Any alcohol, eating disorders, mood / affective disorders history in your family?

16. What is your perception of your behavior? How do you see yourself doing what you do?

17. What is your history of past treatment attempts? Have you tried to stop on your own? What happened?

18. What were the key triggers, cues, circumstances that set you back to using alcohol / drugs?

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19. What alternatives to drugs/alcohol have you used? How successful was each and for how long?

20. What does your spouse or significant other think of this?

21. How much money do you spend on alcohol / drugs per day/week/month and how do you get it?

22. Do you have any prior history of head trauma or injury?

23. Cognitive impairments: Poor remembering / memory & attention; poor visual-spatial abilities; poor ability to shift set; resistance / lack of motivation / lethargic; perseverance / stubbornness?

24. Is there anything else you think is important for me to know about your use of alcohol / drugs we haven't covered?