COMPREHENSIVE SUBSTANCE USE ASSESSMENT

(BEHAVIORAL HEALTH ASSESSMENT ARMY SUBSTANCE ABUSE PROGRAM CLINIC ADDENDUM)

Part I - Questions 1-30 (Alcohol Use)

1. How old were you the first time you tasted alcohol?
2. How old were you the first time you drank enough to get intoxicated?
3. How old were you when you began drinking regularly?
4. What do you like about drinking alcohol?
5. What do you usually drink?
6. How much do you usually drink at a time?
7. Have you ever had any of the following happen because of your drinking? *(Check all that apply and explain in the space provided below.)*
☐ Absences from work or school ☐ Poor work or school performance ☐ Getting into trouble at work or school ☐ Suspensions or expulsions from school ☐ Neglecting your children or other family members ☐ Not doing chores or fulfilling personal obligations
8. Have you ever drank alcohol in a situation where it might be physically hazardous, such as while driving a motor vehicle or operating machinery?
☐ Yes ☐ No *(If "Yes," please explain, to include how often.)*
9. Have you ever had any kind of legal problems because of your drinking; for example, arrests for disorderly conduct or driving while intoxicated or under the influence? ☐ Yes ☐ No *(If "Yes," please explain, to include dates and blood or breath alcohol content, if known.)*
10. Have you ever continued drinking even though the effects of the alcohol caused problems or made problems worse in important relationships; for example, arguments with spouse or others, physical fights, or loss of friends? ☐ Yes ☐ No *(If "Yes," please explain.)*
11. At this time, how many drinks does it take for you to begin to feel the effect (to get a buzz)?
12. At this time, how many drinks does it take for you to feel intoxicated?
13. When you first began drinking, how many drinks did it take for you to begin to feel the effect (to get a buzz)?
14. When you first began drinking, how many drinks did it take for you to feel intoxicated)?
15. Has drinking ever caused you to experience any of the following? *(Check all that apply.)*
☐ Shakes ☐ Inability to sleep ☐ Feeling anxious ☐ Feeling depressed ☐ Heavy sweating ☐ Fast heartbeat ☐ DTs ☐ Fits or Seizures ☐ Seeing or hearing things that were not there ☐ Nausea or vomiting
16. Have you ever drank or used some other substance to relieve or avoid any of the symptoms listed in item 15 above? ☐ Yes ☐ No *(If "Yes," please explain.)*
17. Have you ever kept on drinking even though you knew it caused a medical or psychological problem or made one of these conditions worse?
☐ Yes ☐ No *(If "Yes," please explain.)*
18. Have you ever continued to drink after being advised by a health care provider or counselor not to for some reason (such as to take medication or because of a medical or psychological condition)? ☐ Yes ☐ No *(If "Yes," please explain.)*
19. Has drinking every caused you to have any of the following? *(Check all that apply.)* ☐ Tingling or numbness in your feet ☐ Pancreatitis ☐ Memory problems ☐ Vomiting blood ☐ Stomach problems ☐ Liver disease or yellow jaundice
20. Do you sometimes drink more than you intended? ☐ Yes ☐ No *(If "Yes," how often does this happen?)*
21. Do you sometimes spend more time drinking than you had planned? ☐ Yes ☐ No *(If "Yes," how often does this happen?)*
22. Did you ever set a limit on how much you drink at one time? ☐ Yes ☐ No *(If "Yes," how did you decide on this amount?)*

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23. Did you ever try to cut down, control or stop drinking but were unable to? ☐ Yes ☐ No *(If "Yes," please explain.)*

24. Have you ever quit drinking for a period of time? ☐ Yes ☐ No *(If "Yes," please answer questions a, b, c and d below.)*

a. Why?

b. How many times?

c. For how long?

d. If you started drinking again, why?

25. Do you spend a lot of your free time in drinking activities? ☐ Yes ☐ No

26. How many hours per week, on the average, do you spend drinking?

27. Has the amount of time you spend drinking increased in the past year? ☐ Yes ☐ No

28. What is the most you have ever had to drink in one 24-hour period?

29. What was the date of your last drink of alcohol?

30. Have you ever gotten so involved in drinking that you found yourself cutting back or quitting other important activities (social, recreational, or work related)? ☐ Yes ☐ No *(If "Yes," please explain.)*

Part II - Questions 31-53 (Drug Use)

31. Have you ever experimented with any drug use? ☐ Yes ☐ No *(If "Yes," complete the following table; if "No," skip to question 54 on page 4.)*

Drug	How used	Most used in one day	How often used	Age Started	Last time used
Marijuana					
Cocaine or crack					
Amphetamines (speed), Ecstasy					
Inhalants					
Opiates					
LSD, PCP					
Other (Specify):					

32. What do you like about using drugs?

33. What drug do you like best?

34. What drug do you use the most?

35. Have you ever had any of the following happen because of your drug use? *(Check all that apply and explain in the space provided below.)*
☐ Absences from work or school ☐ Poor work or school performance ☐ Getting into trouble at work or school ☐ Suspensions or expulsions from school ☐ Neglecting your children or other family members ☐ Not doing chores or fulfilling personal obligations

36. Have you ever used drugs in a situation where it might be physically hazardous, such as while driving a motor vehicle or operating machinery?
☐ Yes ☐ No *(If "Yes," please explain, to include how often.)*

37. Have you ever had any kind of legal problems because of your drug use; for example, arrests for possession, distribution or driving while under the influence of drugs? ☐ Yes ☐ No *(If "Yes," please explain.)*

38. Have you ever continued using drugs even though the effects of the drugs caused problems or made problems worse in important relationships; for example, arguments with spouse or others, physical fights, or loss of friends? ☐ Yes ☐ No *(If "Yes," please explain.)*

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39. Have you found that it takes more drugs to feel an effect than it previously did? ☐ Yes ☐ No *(If "Yes," please explain.)*

40. Have you ever experienced physical withdrawal from drugs? ☐ Yes ☐ No *(If "Yes," please explain.)*

41. Have you ever used some other substance or used alcohol to avoid symptoms such as tremors or irritability? ☐ Yes ☐ No *(If "Yes," please explain.)*

42. Have there been times when you used more drugs than you intended? ☐ Yes ☐ No *(If "Yes," how often does this happen?)*

43. Do you sometimes spend more time using drugs than you planned? ☐ Yes ☐ No *(If "Yes," how often does this happen?)*

44. Did you ever try to cut down, control or stop using drugs but were not able to? ☐ Yes ☐ No *(If "Yes," please explain.)*

45. Have you ever quit using drugs totally for a period of time? ☐ Yes ☐ No *(If "Yes," please answer questions a through d below.)*

a. Why?

b. How many times?

c. For how long?

d. If you started using drugs again, why?

46. Do you spend a lot of your free time in activities related to using drugs? ☐ Yes ☐ No

47. How many hours per week, on the average, do you spend using drugs?

48. Has the amount of time you spend using drugs increased in the past year? ☐ Yes ☐ No

49. What is the most drugs you have ever had in one 24-hour period?

50. What was the date of your last drug use?

51. Have you ever gotten so involved in using drugs that you found yourself cutting back or quitting other important activities (social, recreational, or work related)? ☐ Yes ☐ No *(If "Yes," please explain.)*

52. Have you ever kept on using drugs even though you knew it caused a medical or psychological problem or made one of these conditions worse? ☐ Yes ☐ No *(If "Yes," please explain.)*

53. Have you ever continued to use drugs after being advised by a health care provider or counselor not to for some reason (such as to take medication or because of a medical or psychological condition)? ☐ Yes ☐ No *(If "Yes," please explain.)*

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Part III - Questions 54-59 (Drug and Alcohol Use)

54. Have you ever been seen before by a counselor or health care provider or gone to any program because of your drinking or drug use?
☐ Yes ☐ No *(If "Yes," please complete the table below for each episode.)*

Date started	Date finished	Name of Program	Location of program	Type or level of treatment	Reason

55. Have you ever gone to Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or some other self-help group because of your alcohol or drug use? ☐ Yes ☐ No

56. Have any of the following members of your family ever had an alcohol or drug problem? *(Check all that apply.)*
☐ Father ☐ Mother ☐ Brothers ☐ Sisters ☐ Spouse ☐ Grandparents ☐ Other (specify):

57. If any members of your family had alcohol or drug problems, how did it affect you?

58. If any members of your family had alcohol or drug problems, how did it affect other members of your family?

59. have there been any deaths in your family related to alcohol or drugs? ☐ Yes ☐ No *(If "Yes," please explain.)*

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