

**Montana City Counseling – Chemical Use Questionnaire -- Substance Abuse Assessment**

Patient Name	Social Security No.	Date
Address	City	State Zip
		Phone No.

**Patterns of Use**

Types of Chemicals Used	<i>Past History</i>		<i>Present History</i>	Usual Route of Administration	Last Use-Date
	Age of First Use	Pattern / Dose & Frequency	Current Pattern / Dose & Frequency		
Alcohol					
Cannabis					
Cocaine / Crack					
Heroin					
Narcotics					
Tranquilizers					
Amphetamines					
Inhalants					
Other					

**Physical Signs and Symptoms**

**Is patient experiencing the following at present:**

- Staggering gait   
  Nervousness   
  Nausea   
  Tremors to extremities   
  Agitation   
  Cramping   
  Tongue tremors  
 Sweating   
  Vomiting   
  Slurred speech   
  Headache   
  Diarrhea   
  Other \_\_\_\_\_

**Has patient experienced the following in the past: (in regard to chemical use or withdrawal)**

- DTs   
  Profuse sweating   
  Night sweats   
  Chest pain   
  Smothering sensation   
  Chills  
 Date: \_\_\_\_\_  
 Fear of dying   
  Shortness of breath   
  Faintness   
  Palpitations   
  Seizures   
  Fainting   
  Sleeplessness  
 Blackouts   
  Panic   
  Double vision   
  Hallucinations   
  Dizziness   
  Other \_\_\_\_\_

**Diseases associated with chronic use:**

- Cirrhosis   
  Pancreatitis   
  Gastritis   
  Korsokoff's Syndrome

**Patient's Perception**

- Are you an alcoholic?     Yes     No     Not sure   
 Are you a drug addict?     Yes     No     Not sure  
 Have you ever made attempts to cut back on drinking/drug use?     Yes     No  
 What is your history of abstinence? \_\_\_\_\_  
 History of participation in 12-Step program and unable to maintain sobriety:     Yes     No  
 What are your spiritual beliefs? \_\_\_\_\_  
 Have you ever felt guilty about your drinking/drug use?     Yes     No   
 Do you use or drink alone?     Yes     No  
 Increased tolerance (need more to feel good):     Yes     No  
 Decreased tolerance (use a little to get high or intoxicated):     Yes     No

**Legal Problems**

