

SUBSTANCE HISTORY QUESTIONNAIRE

DRUG CATEGORY (Includes nonmedical drug use) Note: Use card sort with drug category names to first determine which drugs have ever been used then ask for information for the drugs ever used	Ever Used Circle Yes or No	Total Years Used ^b	Intravenous Drug Use NA=Not Applicable	Year Last Used (e. g., 2014)	Frequency of Use Past 6 Months per week
ALCOHOL	No Yes		NA		Units/wk
CANNABIS: Marijuana, hash oil, pot, weed, blow	No Yes		NA		
STIMULANTS: Cocaine, crack, blow	No Yes		No Yes		
STIMULANTS: Methamphetamine – meth, ice, crank	No Yes		No Yes		
AMPHETAMINES/OTHER STIMULANTS: Ritalin, Benzedrine, Dexedrine, speed, bennies, uppers	No Yes		NA		
BENZODIAZEPINES/ TRANQUILIZERS: Valium, Librium, Xanax, Diazepam, roofies, downers	No Yes		NA		
SEDATIVES/HYPNOTICS/BARBITURATES: Amytal, Seconal, Dalmane, Quaalude, Phenobarbital	No Yes		NA		
HEROIN: smack, scat, brown sugar, dope	No Yes		No Yes		
STREET OR ILLICIT METHADONE	No Yes		NA		
OTHER OPIOIDS: Tylenol #2 & #3, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid	No Yes		NA		
HALLUCINOGENS: LSD, PCP, mescaline, peyote, mushrooms, ketamine, ecstasy (MDMA)	No Yes		NA		
INHALANTS: glue, gasoline, aerosols, paint thinner, poppers, rush, whippets	No Yes		NA		
STEROIDS: Deca-Durabolin, Durabolin, Equipoise, Winstrol, Anadrol, Oxandrin, roids, juice	No Yes		No Yes		
ILLEGAL USE OF PRESCRIPTION DRUGS (describe)	No Yes		NA		

I declare that the above record is accurate concerning personal substance use. I am happy to remain accountable, and to be honest, about my past and present substance use to the King's Table Core Leadership Team.

Name

Signature

Date