

SUBSTANCE USE HISTORY				
What are your 'Drug(s) of Choice'				
Are you on Suboxone currently?    Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' from where? _____ Dose? _____				
DRUG CATEGORY (circle each substance used)	How much & how often did you use this?	How many years did you use this?	Do you currently use this?	When did you last use this?
ALCOHOL			Yes <input type="checkbox"/> No <input type="checkbox"/>	
CANNABIS			Yes <input type="checkbox"/> No <input type="checkbox"/>	
HEROIN			Yes <input type="checkbox"/> No <input type="checkbox"/>	
BUPRENORPHINE/METHADONE (illicit)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER OPIOIDS: Norco, Oxy's, Percocet, Morphine, Dilaudid			Yes <input type="checkbox"/> No <input type="checkbox"/>	
BENZODIAZEPINES/TRANQUILIZERS: Valium, Librium, Halcion, Xanax, Diazepam,			Yes <input type="checkbox"/> No <input type="checkbox"/>	
SEDATIVES/HYPNOTICS/BARBITURATES: Amytal, Seconal, Quaalude, Phenobarbital			Yes <input type="checkbox"/> No <input type="checkbox"/>	
STIMULANTS: Cocaine, crack			Yes <input type="checkbox"/> No <input type="checkbox"/>	
STIMULANTS: Methamphetamine—speed, ice, crank			Yes <input type="checkbox"/> No <input type="checkbox"/>	
AMPHETAMINES/OTHER STIMULANTS: Ritalin, Adderall, Dexedrine			Yes <input type="checkbox"/> No <input type="checkbox"/>	
HALLUCINOGENS: LSD, PCP, MDA, mushrooms, ecstasy (MDMA)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
INHALANTS: Glue, gasoline, aerosols, paint thinner, poppers			Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER: specify)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

TREATMENT HISTORY		
Have you ever been involved with?		
<input type="checkbox"/> AA/NA <input type="checkbox"/> Celebrate Recovery <input type="checkbox"/> Church programs	<input type="checkbox"/> Psychotherapy <input type="checkbox"/> Counseling <input type="checkbox"/> Group therapy	<input type="checkbox"/> Detox Program <input type="checkbox"/> Recovery Program Where? _____