

WholeLife Community

SUBSTANCE ABUSE ASSESSMENT FORM

Please make copies as needed and please type or print legibly.

Instructions for use: Complete this form and use these questions to guide the EAP client interview when conducting a formal substance abuse assessment to determine a client's treatment needs. Thank you.

Client's Name: _____

Client's Job Title or Position: _____

Client's Employer: _____

Counselor's Name: _____

Reason for the Client's Referral (include details that lead to a formal EAP referral by the employer if applicable):

Substances used and history:

Alcohol:	___ Never used	___ Currently using	___ Past use	___ Age first used
Amphetamines	___ Never used	___ Currently using	___ Past use	___ Age first used
Anti-anxiety (e.g. Valium)	___ Never used	___ Currently using	___ Past use	___ Age first used
Barbiturates	___ Never used	___ Currently using	___ Past use	___ Age first used
Cocaine/crack:	___ Never used	___ Currently using	___ Past use	___ Age first used
Heroin/morphine:	___ Never used	___ Currently using	___ Past use	___ Age first used
LSD/acid	___ Never used	___ Currently using	___ Past use	___ Age first used
Marijuana/hash:	___ Never used	___ Currently using	___ Past use	___ Age first used
Meth/Crystal meth:	___ Never used	___ Currently using	___ Past use	___ Age first used
Painkillers (e.g., Oxycontin)	___ Never used	___ Currently using	___ Past use	___ Age first used

Other (specify) _____ ___ Never used ___ Currently using ___ Past use ___ Age first used

Describe type, amount and frequency of use for each substance indicated above:

Has client used drugs and/or alcohol in situations where it is physically dangerous, such as driving while impaired? ☐ Yes ☐ No

If Yes, describe: _____

Has client been intoxicated, hungover, or in withdrawal at times when he/she is expected to fulfill important obligations, such as while at work? ☐ Yes ☐ No

If Yes, describe: _____

Has client given up occupational, social or recreational activities because of substance use? ☐ Yes ☐ No

If Yes, describe: _____

Has client used drugs and/or alcohol to ease difficulties with emotions, relationships, or as a stress reliever?

☐ Yes ☐ No

If Yes, describe:

Work problems: ☐ Violation of the Employer's substance abuse policy, example: a positive drug test.

☐ Absenteeism ☐ Tardiness ☐ Accidents

☐ Working while hung-over ☐ Trouble concentrating

☐ Decreased job performance ☐ Consumed substances while at work

☐ Lost job in past due to substance abuse ☐ No work problems

Comments:

Client's perception of substance use: ☐ Not a problem ☐ Unsure if problem ☐ Some problem
☐ Significant problem ☐ Severe problem ☐ Actively wants help

Family problems that are pre-existing, or are exacerbated by substance use:

☐ Quarrels ☐ Domestic Violence ☐ Family abuses alcohol/ drugs

☐ Child Abuse ☐ Child Neglect

☐ Family worried about client's use

☐ Separated ☐

Divorce

☐ None

Legal problems:

☐ DUI ☐ Public intoxication ☐ Other substance-related arrest ☐ None

Other (specify)

Financial problems: ☐ Some ☐ Moderate ☐ Severe ☐ None

Describe: _____

Social problems: ☐ Some ☐ Moderate ☐ Severe ☐ None

Describe: _____

Mental health disorders that are pre-existing, or have been exacerbated by substance use: _____

Physical or medical problems:

☐

Increased tolerance

☐

Hangovers

☐

Liver disease

☐

Stomach ailments

☐

Experiences withdrawal symptoms

☐

Heart ailments

☐

Blackouts

☐

Other medical problems

Comment:

Medications currently being prescribed (specify): _____

Evidence of psychological dependence to substances?

☐ Yes☐ No

Comment: _____

Has the client attempted to cut down or stop alcohol and drug use: ☐ Yes ☐ No

(Describe) _____

Control over use: ☐ No loss of control ☐ Uses more than intends ☐ Getting worse
☐ Unpredictable ☐ Uses to get high ☐ Gets argumentative
☐ Increased tolerance

History of suicide attempts (describe): _____

History of violent behavior (describe): _____

Previous treatment: ☐ None ☐ Yes

(Describe: date, type, setting, and outcome) _____

Reports from collateral contacts (spouses, family, friends) concerning the client's substance use: _____

Additional Assessment Comments:

Multi-Axial DSM IV Diagnostic Impressions

Axis I:

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Your recommendations for this client's treatment: (please check all that apply)

- ☐ Intensive outpatient substance abuse treatment program Duration _____
- ☐ Inpatient substance abuse treatment or detoxification Duration _____
- ☐ Self-help or 12 Step Groups Frequency _____ Duration _____
- ☐ Random Drug Testing Frequency _____ Duration _____
- ☐ Other outpatient treatment Frequency _____ Duration _____

Additional comments about treatment recommendations, or if you conclude that no further EAP or treatment services are needed or recommended, please comment: _____

Multiple Domains/Passion Development Activities Inventory

From 1 to 10 (10 being the highest), denote your level of interest and or/motivation to participate in the following activities, subject matters, vocations, and life pursuits. There are no correct answers here. Even if you have no direct experience, imagine that you have the time and resources to pursue an activity, and mark it accordingly. **Only grade the pursuits of interest.**

Musical Pursuits

Singing	_____
Playing an instrument	_____
Hand Drumming	_____
Song Writing	_____
Lyric Writing	_____
Playing in a group	_____
Learning mixing	_____
Learning about audio engineering	_____
Producing Music	_____
Learning about synthesizers	_____
Music appreciation	_____
Learning Percussion	_____
The art of listening	_____
Studio Performance	_____
Live Music Production	_____
Video Production Workshops	_____
Internet Radio Production Workshop	_____
Participating in FreeSoul Radio	_____
Participating in FreeSoul Video	_____
Participating in FreeSoul Music	_____
Other Music Endeavors	_____
_____	_____
_____	_____
_____	_____

Visual Arts Pursuits

PhotoShop	_____
Graphic Design	_____
Video Editing	_____
Audio Editing	_____
Digital Artwork	_____
Writing	_____
Typesetting/Creating Brochures	_____
Painting	_____
Drawing	_____

Wellness and Spiritual Pursuits

Meditation	_____
Qi Gong/Tai Chi	_____
Mindfulness	_____
Holistic Health	_____
Herbology	_____
Organic/Community Gardening	_____
Naturopathic Medicine	_____
Energy Medicine	_____
Christianity	_____
Buddhism	_____
Judaism	_____
Islam	_____
Other Religion _____	_____
Holistic Practitioner	_____
Nursing	_____
Medical Doctor	_____
Medical Tech	_____
Massage Therapy	_____
Home Health Care	_____
_____	_____
_____	_____
_____	_____

Recovery Work

Peer Recovery Specialist	_____
BHT	_____
Therapist	_____
Other _____	_____

Vocational/Entrepreneurship

Start your own business	_____
Possibilities	_____
_____	_____
_____	_____
_____	_____

Woodworking	_____	_____	_____
Carpentry	_____	_____	_____
Other Visual Artistic Endeavors	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Educational Pursuits		Volunteering and Careers	
School--High School Diploma/GED	_____	Animal Shelter	_____
Associates Degree	_____	Senior Citizens	_____
Bachelors Degree	_____	Folks in Recovery	_____
Masters Degree	_____	Hospice	_____
Doctorate Degree	_____	Serious Mentally Ill population	_____
Online Classes	_____	Political	_____
Other Pursuits of Interest	_____	Religious and Spiritual	_____
_____	_____	Other volunteer and career interests	_____
_____	_____	_____	_____
_____	_____	Technology Pursuits	_____
_____	_____	Internet Research	_____
_____	_____	Computer Technology	_____
_____	_____	Computer Programming	_____
_____	_____	Online Classes	_____
_____	_____	Technology in General	_____
_____	_____	Electricity and Electronics	_____
_____	_____	Audio and Musical Instrument repair	_____
_____	_____	Computer repair	_____
_____	_____	Tech Support	_____
_____	_____	Other Computer/Tech interests	_____
_____	_____	_____	_____

Client Signature _____ **Date** _____

Counselor Signature _____ **Date** _____