

Template for Assessing a Client's Substance Use
 Developed by Cynthia Glidden-Tracey, Ph.D.

Client's Name _____

Date and circumstances of Assessment _____

a. Client's Reason for Seeking Assessment _____

b. Substance Use History (Note: AOD is an acronym for Alcohol and Other Drugs)

Category of Drug	First use?	Pattern of use over time?	Frequency of use in past month?	Date/Amount of most recent use?
Alcohol				
Marijuana				
CNS Stimulants or "Uppers" e.g. Cocaine, Ritalin Methamphetamine				
Anxiolytics/Sedatives/Hypnotics or "Downers" Barbituates Secobarbital/ Quaaludes Benzodiazepines Valium (diazepam) Xanax (alprazolam) Rohypnol				

Cynthia Glidden-Tracey Assessment Template

Category of Drug	First use?	Pattern of use over time?	Frequency of use in past month?	Date/Amount of most recent use?
Opiates or "Painkillers" Heroin/Morphine/ Methadone/Oxycodone				
Hallucinogens LSD/PCP/Ecstasy				
Inhalants/aerosols				
Steroids				
Cigarettes				

Have you ever used any of these drugs in combination?

Therapist's notes

Cynthia Glidden-Tracey Assessment Template

c. Physical Consequences (past/present)

Headaches	/
Nausea ^{a,f,g}	/
Nosebleeds	/
Tolerance ^{a,b,c,d,e,f,g}	/
Sweating ^{a,f,g}	/
Increased appetite ^{b,c,e}	/
Fatigue ^{b,c}	/
Vomiting ^{a,f,g}	/
Using to avoid withdrawal symptoms	/
Rapid pulse rate ^{a,g}	/
Decreased heart rate ^e	/
Chronic cough	/
Hand tremors ^{a,g}	/
Insomnia ^{e,f,g} /hypersomnia ^{a,b,c}	/
Hangovers	/
Blackouts	/
Passing out	/
Psychomotor agitation ^{a,b,c,g}	/
Psychomotor retardation ^{b,c}	/
Seizures ^{a,g}	/
Muscle aches ^f	/
Lacrimation/rhinorrhea ^f	/
Diarrhea ^f	/
Yawning ^f	/
Fever ^f	/

d. Psychological symptoms (past/present/AOD cause?)

Concentration difficulties ^e	/	/
Memory loss/lapses	/	/
Disorganized thinking	/	/
Hallucinations ^{a,d,g}	/	/
Bad dreams ^{b,c}	/	/
Flashbacks ^d	/	/
Irritability ^e	/	/
Anxiety ^{a,e,g}	/	/
Restlessness ^e	/	/
Low mood ^{b,c,e,f}	/	/
Depression	/	/
Mood swings	/	/
Sedation	/	/
Suicidal thoughts	/	/
Suicidal gestures	/	/
Anger ^e	/	/
Paranoia ^{b,c,d}	/	/
Homicidal thoughts	/	/
Violent behaviors	/	/
Inability to care for self	/	/
Other _____	/	/

Superscripts indicate the category of substance with which each symptom is associated in the DSM-IV:
^aalcohol, ^bamphetamine, ^ccocaine, ^dhallucinogens, ^enicotine, ^fopioids, ^gsedative/hypnotic/anxiolytics

Therapist's notes _____

e. Medical concerns

Past

Problem(s)?

Medications?
(prescription or OTC)

Current

Problem(s)?

Medications?
(prescription or OTC)

(for women) Are you Pregnant?

f. Treatment history

Outpatient therapy (incidence/outcomes)

For substance use?

For mental health concerns?

Other?

Were providers aware of your AOD use?

Inpatient treatment/hospitalization (incidence/outcomes)

For substance use?

For mental health concerns?

Other?

Were providers aware of your AOD use?

(If Pregnant) Are you receiving prenatal care?

g. Environmental factors

Residential situation

Anyone else living with you?

Anyone else in your residence an alcohol or other drug (AOD) user?

Is your living situation safe?

Social support system

Whom do you count on for support?

Anyone in your social network an AOD user?

Has your AOD use interfered with any of your relationships with people?

Family and Developmental History and Cultural Factors

Messages received growing up about AOD use?

Anyone in your family an AOD user?

Has your AOD use affected your family? How so?

Any mental health concerns in your family?

Significant events during childhood?

Perspective on AOD use in the culture(s) with which you identify?

Educational/Vocational factors

Relevant history (if student, indicate status: Full-time/Part-time)

Has your AOD use interfered with any of your school/work obligations or goals?

Financial factors

How much would you estimate you spend on alcohol and/or drugs per week?

Has your AOD use contributed to any financial problems?

Therapist's notes _____

Transportation factors

How did you get here today?

Do you have a valid driver's license?

Do you have access to a car or other vehicle?

Have you ever driven under the influence of alcohol or drugs?

If so, how many times in the past year?

Legal concerns

Ever been arrested?

Number of times/reasons?

Charges/Disposition?

Therapist's notes _____

