### CLIENT REFERRED FOR ALCOHOL/SUBSTANCE ABUSE ASSESSMENT?

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### ALCOHOL/SUBSTANCE ABUSE SCREENING INSTRUMENT

1. In the last 12 months, have you ever felt you ought to cut down on your drinking or drug use?  
   
2. In the last 12 months, have people annoyed you by criticizing your drinking or drug use?  
   
3. In the last 12 months, have you ever felt bad or guilty about your drinking or drug use?  
   
4. In the last 12 months, have you ever felt the need for an "eye opener", or awakened wanting a drink or another drug?  
   
5. In the last 12 months, have you ever been hospitalized because of alcohol or drug use?  
   [Examples: 1. Having been in an accident while drunk or high; 2. Having a severe psychiatric problem like a suicide attempt after or during alcohol or drug use; 3. Having an alcohol or drug overdose.]

6. In the last 12 months, have you ever lost a job or failed to complete school or a training program due to alcohol or drug use?  

7. In the last 12 months, have you lost housing (been evicted or became homeless) due to alcohol or drug use?  

8. In the last 12 months, have you ever tried unsuccessfully to stop or greatly reduce your amount of drinking or drug use?  

9. In the last 12 months, have you ever been in alcohol/substance abuse treatment?