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| **Substance Use Disorder****Specific Assessment** | **Name** |  |  |
| **ID Number** |  |  |
| **Date** |  |  |
| **Time In:** |  | **Time Out:** |  | **Total:** |  |
| **Admission Date:**  | **Treatment Service: OP\_\_\_ IOP \_\_\_PR \_\_\_TR \_\_\_ PHP \_\_\_** |
| **DUI Specific History** |
| DUI Offender? | ❑First time | ❑2+Offenses | ❑Not applicable |
| Is the individual’s driver’s license currently suspended? | ❑Yes  | ❑No |
| If yes, was the individual enrolled in or referred to a *certified* DUI Treatment Program? | ❑Yes  | ❑No |

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| **Substance Use History (Explain use, drug of choice, include age of onset, and pattern of use**) |
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| How much money would you say you’ve spent on substances during the past 30 days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What was your longest period of abstinence? \_\_\_\_\_\_\_\_\_\_ How was abstinence maintained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| On a scale of 1-5, how important is treatment to you now? (5 being most important) \_\_\_\_\_\_\_\_\_\_\_\_  |
| **Prior Substance Use Disorder Treatment (Location, date, completion status, outcome, length of recovery after treatment)** |
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| **Evaluator’s Assessment of Individuals Attitude Regarding Use of Alcohol and/or Other Drugs** |
| Level of Denial: (circle one) None Low Moderate High Unsure |
| Willingness to Change: (circle one) None Low Moderate High Unsure |
| **Family History of Alcohol and/or Other Drugs** |
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| **SIGNATURES / CREDENTIALS** |
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| Staff Signatures/Credentials Date |