





G29. Specify other religion: \_\_\_\_\_

COMMENTS FOR GENERAL AREA: \_\_\_\_\_

G29a. Are you currently practicing this religion (Y/N)?

G29b. What was the religious preference in the household where you were raised?  
1-Protestant                      4-Islamic  
2-Catholic                         5-Other  
3-Jewish                             6-None

G30. Have you been in a controlled environment in the past 30 days?

- 1-No                                      4-Medical treatment
- 2-Jail                                    5-Psychiatric treatment
- 3-Alcohol or drug treatment      6-Other

Specify Other: \_\_\_\_\_

How many days?

G31. Are you or have you ever been in the following branches of military?

- 1-Air Force                      4-Navy
- 2-Army                            5-Coast Guard
- 3-Marines                        6-None

G32. Dates of service:   /   /    
to   /   /

G33. Highest rank: \_\_\_\_\_

G34. Type of discharge:

- 0-Active duty                      3-Administrative
- 1-Honorable                       4-Medical
- 2-Dishonorable

G35. Were you ever involved in combat (Y/N)?



**EMPLOYMENT/SUPPORT STATUS**

E1. Education completed (GED = 12 years):  
 Years   Months

E2. Training or technical education completed: Months

E3. Do you have a profession, trade or skill (Y/N)?   
 Specify: \_\_\_\_\_

E4. Do you have a valid driver's license (Y/N)?

E5. Do you have an automobile available for your use (Y/N)?   
 (Answer "no" if no valid driver's license)

E6. How long was your longest full-time job?  
 Years   Months

E7. Usual (or last) occupation:   
 1a. Higher Executives  
 1b. Large Proprietor (Value over \$180,000)  
 1c. Major Professionals  
 2a. Business Managers  
 2b. Proprietors of Medium-Sized Businesses  
 3a. Administrative Personnel  
 3b. Proprietors of Small Businesses (<\$55,000)  
 3c. Minor Professionals  
 3d. Farmers (owners \$41,000-\$60,000)  
 4a. Clerical and Sales Workers  
 4b. Technicians  
 4c. Proprietors of Little Business (<\$10,000)  
 4d. Farmers (Owners \$21,000-\$40,000)  
 5a. Skilled Manual Employees and Small Farmers  
 5b. Small Farmers (Owners <\$20,000)  
 6a. Machine Operators and Semi-Skilled Employees  
 6b. Small Farm Tenants  
 7. Unskilled Employees

Specify: \_\_\_\_\_

E8. Does someone contribute to your support in any way (Y/N)?

E8a. Specify: \_\_\_\_\_

E8b. Does this constitute the majority of your support (Y/N)?

E9. Employment status:   
 1-Full-time (35+ hrs/wk) 5-Service  
 2-Part-time (reg. hrs.) 6-Retired/Disability  
 3-Part-time (irreg., daywork) 7-Unemployed  
 4-Student 8-In controlled environment

E10. At what age did you first start regular work?

E11. Usual type of work as an adolescent:   
 1-Full-time (35+ hrs/wk) 5-Service  
 2-Part-time (reg. hrs.) 6-Retired/Disability  
 3-Part-time (irreg., daywork) 7-Unemployed  
 4-Student 8-In controlled environment

E12. How many days were you paid for working in the last 30?

E13. How much money did you receive from the following sources in the past 30 days:

E13a. Employment (net income):

E13b. Unemployment compensation:

E13c. Welfare:

E13d. Pension, benefits or social security:

E13e. Mate, family or friends:

E13f. Illegal:

E14. What was our gross income last year?

E15. How many people depend on you for the majority of their food, shelter, etc.?

E16. How many days have you experienced employment problems in the past 30?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL 3-CONSIDERABLY  
 1-SLIGHTLY 4-EXTREMELY  
 2-MODERATELY

E17. How troubled or bothered have you been by these employment problems in the past 30 days?

E18. How important to you now is counseling for these employment problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

**INTERVIEWER SEVERITY RATING**

E19. How would you rate the patient's need for employment counseling (0-9)?

**CONFIDENCE RATINGS**

Is the Employment/Support Status information significantly distorted by:

E20. Patient's misrepresentation (Y/N)?

E21. Patient's inability to understand (Y/N)?

COMMENTS FOR EMPLOYMENT AREA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# DRUG/ALCOHOL USE

COMMENTS FOR DRUG/ALCOHOL AREA: \_\_\_\_\_

D1. What age did you first try alcohol or drugs?

D1a. What was it? \_\_\_\_\_

	Age at 1 <sup>st</sup> use	# Days Past 30	# Years in Lifetime	Rte of Admin	Date of Last Use Month/Year
--	----------------------------	----------------	---------------------	--------------	-----------------------------

D2. Alcohol       /    
any use at all)

D3. Alcohol       /    
(to intoxication)

D4. Heroin       /

D5. Methadone       /

D6. Other opiates/  
analgesics       /

D7. Barbiturates       /

D8. Other sedatives/  
hypnotics/  
tranquilizers       /

D9. Cocaine       /

D10. Amphetamines       /

D11. Cannabis       /

D12. Hallucinogens       /

D13. Inhalants       /

D14. More than 1       /    
substance per day  
(including alcohol)

**Route of Administration**

- 1-Oral
- 2-Nasal
- 3-Smoking
- 4-Non-IV injection
- 5-IV injection

D15. Have you ever used a needle to administer any of these drugs (Y/N)?

D16. Are you an I.V. drug user (Y/N)?

D17. According to the interviewer, which substance(s) are the major problem?

- 00-No problem
- 01-Alcohol
- 02-Alcohol to intox.
- 03-Heroin
- 04-Methadone
- 05-Opiates/analgesics
- 06-Barbiturates
- 07-Other sed/hyp/tranq
- 08-Cocaine
- 09-Amphetamines
- 10-Cannabis
- 11-Hallucinogens
- 12-Inhalants
- 15-Alcohol & one or more drugs
- 16-More than one drug



# LEGAL STATUS

COMMENTS FOR LEGAL AREA: \_\_\_\_\_

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)?

L2. Are you on probation or parole?   
 0-Neither  
 1-Probation  
 2-Parole

How many times in your life have you been arrested and charged with following?

Under the influence at the time?

- |                                  |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| L3. Shoplifting/vandalism/theft? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L4. Parole/probation violations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L5. Drug charges?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L6. Forgery?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L7. Weapons offense?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L8. Burglary/larceny/B&E?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L9. Robbery?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L10. Assault?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L11. Arson?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L12. Rape/sex-related crimes?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L13. Homicide/manslaughter?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L14. Prostitution?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L15. Contempt of court?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L16. Other?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

L17. How many of these charges resulted in convictions?

How many times in your life have you been charged with:

- |                                 |                          |                          |
|---------------------------------|--------------------------|--------------------------|
| L18. Disorderly conduct?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Vagrancy?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Public intoxication?            | <input type="checkbox"/> | <input type="checkbox"/> |
| L19. Driving while intoxicated? | <input type="checkbox"/> | <input type="checkbox"/> |
| L20. Major driving violations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| L21. MIP (minor in possession)? | <input type="checkbox"/> | <input type="checkbox"/> |

L22. How many month(s) were you incarcerated in your life?

L23. How long was your last incarceration? Months

L24. What was it for?

- |                                |                                 |
|--------------------------------|---------------------------------|
| 03-Shoplifting/vandalism/theft | 12-Rape/sex related crimes      |
| 04-Parole/probation violation  | 13-Homicide/manslaughter        |
| 05-Drug charges                | 14-Prostitution                 |
| 06-Forgery                     | 15-Contempt of court            |
| 07-Weapons offense             | 16-Other                        |
| 08-Burglary/larceny/B&E        | 18-Disorderly conduct, vagrancy |
| 09-Robbery                     | 19-Driving while intoxicated    |
| 10-Assault                     | 20-Major driving violations     |
| 11-Arson                       |                                 |



L25. Are you presently awaiting charges, trial or sentencing (Y/N)?

ADDITIONAL COMMENTS FOR LEGAL AREA: \_\_\_\_\_

For what? \_\_\_\_\_

L26. How old were you when you were first arrested?   
(00 if never arrested)

L26a. What was your first arrest for?   
(Use codes 03-16, 18-20; 00 if never arrested)

- 03-Shoplifting/vandalism/theft      12-Rape/sex related crimes
- 04-Parole/probation violation      13-Homicide/manslaughter
- 05-Drug charges                      14-Prostitution
- 06-Forgery                              15-Contempt of court
- 07-Weapons offense                 16-Other
- 08-Burglary/larceny/B&E          18-Disorderly conduct, vagrancy
- 09-Robbery                             19-Driving while intoxicated
- 10-Assault                              20-Major driving violations
- 11-Arson

L26b. How many months did you spend in juvenile detention centers?

L27. How many days in the past 30 were you detained or incarcerated?

L28. How many days in the past 30 have you engaged in illegal activities for profit?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

- 0-NOT AT ALL                            3-CONSIDERABLE
- 1-SLIGHTLY                              4-EXTREMELY
- 2-MODERATELY

L29. How serious do you feel your present legal problems are? (exclude civil problems)

L30. How important to you now is counseling or referral for these legal problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

**INTERVIEWER SEVERITY RATING**

L31. How would you rate the patient's need for legal services or counseling?

**CONFIDENCE RATINGS**

Is the Legal Status information significantly distorted by:

L32. Patient's misrepresentation (Y/N)?

L33. Patient's inability to understand (Y/N)?

# FAMILY HISTORY

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

- A-Alcoholism
- D-Illegal drug dependence
- P-Prescription drug dependence
- T-Cigarette smoker
- G-Compulsive gambler
- S-Sexual addiction
- E-Eating disorder/compulsive overeater
- C-Suicide
- W-Workaholic
- V-Violence or frequent rages
- M-Mental illness

Mother's Side

H1.	Grandmother	
H2.	Grandfather	
H3.	Mother	
H4.	Aunt/Uncle	
H5.	Aunt/Uncle	
H6.	Aunt/Uncle	

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

- A-Alcoholism
- D-Illegal drug dependence
- P-Prescription drug dependence
- T-Cigarette smoker
- G-Compulsive gambler
- S-Sexual addiction
- E-Eating disorder/compulsive overeater
- C-Suicide
- W-Workaholic
- V-Violence or frequent rages
- M-Mental illness

Father's Side

H7.	Grandmother	
H8.	Grandfather	
H9.	Father	
H10.	Aunt/Uncle	
H11.	Aunt/Uncle	
H12.	Aunt/Uncle	

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

- A-Alcoholism
- D-Illegal drug dependence
- P-Prescription drug dependence
- T-Cigarette smoker
- G-Compulsive gambler
- S-Sexual addiction
- E-Eating disorder/compulsive overeater
- C-Suicide
- W-Workaholic
- V-Violence or frequent rages
- M-Mental illness

Your Family

H13.	Former Spouse/ Partner	
H14.	Spouse or Partner	
H15.	Yourself	
H16.	Brother/Sister	
H17.	Brother/Sister	
H18.	Brother/Sister	

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

- A-Alcoholism
- D-Illegal drug dependence
- P-Prescription drug dependence
- T-Cigarette smoker
- G-Compulsive gambler
- S-Sexual addiction
- E-Eating disorder/compulsive overeater
- C-Suicide
- W-Workaholic
- V-Violence or frequent rages
- M-Mental illness

Your Children

H19.	Child #1	
H20.	Child #2	
H21.	Child #3	
H22.	Child #4	
H23.	Child #5	
H24.	Child #6	

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

- A-Alcoholism
- D-Illegal drug dependence
- P-Prescription drug dependence
- T-Cigarette smoker
- G-Compulsive gambler
- S-Sexual addiction
- E-Eating disorder/compulsive overeater
- C-Suicide
- W-Workaholic
- V-Violence or frequent rages
- M-Mental illness

Additional Family Members

H25.	Specify: _____	
H26.	Specify: _____	
H27.	Specify: _____	
H28.	Specify: _____	
H29.	Specify: _____	
H30.	Specify: _____	

How many siblings do you have?

H31.	Brothers:		
H32.	Sisters:		

COMMENTS FOR FAMILY HISTORY AREA: \_\_\_\_\_

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# FAMILY/SOCIAL RELATIONSHIPS

F1. Marital status:

1-Married                      4-Seperated  
2-Remarried                  5-Divorced  
3-Widowed                    6-Never Married

F2. How long have you been in this marital status?      Years   
(If never married, then since age 18)                      Months

F3. Are you satisfied with this situation (0-2)?

0-No  
1-Indifferent  
2-Yes

F4. (Optional) Sexual preference:

1-Males                      4-None  
2-Females                  5-Other  
3-Both

F4a. (Optional) How long have you had this preference (since age 18)?

Years   
Months

F4b. Are you satisfied with this sexual preference (0-2)?

0-No  
1-Indifferent  
2-Yes

F5. How many children do you have?

F6. Usual living arrangements for the past three years:

1-With sexual partner and children  
2-With sexual partner alone  
3-With children alone  
4-With parents  
5-With family  
6-With friends  
7-Alone  
8-Controlled environment  
9-No stable arrangements

F7. How long have you lived in these arrangements?      Years   
(If with family or parents, since age 18)                      Months

F8. Are you satisfied with these arrangements?

0-No  
1-Indifferent  
2-Yes

Do you live with anyone who:

F9. Has a current alcohol problem (Y/N)?

F10. Uses non-prescribed drugs (Y/N)?

F11. With whom do you spend most of your free time?

1-Family  
2-Friends  
3-Alone

F12. Are you satisfied spending your free time this way?

0-No  
1-Indifferent  
2-Yes

F13. How many days in the past 30 did you participate in sports?

F14. How many days in the past 30 did you exercise?

F15. How many close friends do you have?

Would you say you have had close, reciprocal relationships with any of the following people in your life?  
Y-Yes    N-No    X-Not applicable    Z-Not answered

F16. Mother

F17. Father

F18. Brothers/Sisters

F19. Sexual Partner/Spouse

F20. Children

F21. Friends

F22. Did you ever live in any of the following situations prior to age 18?  
Y-Yes    N-No    X-Not applicable    Z-Not answered

1. Two-parent household

2. Single-parent household

3. Extended family

4. Other family, not parents

5. Guardians, not related

6. Residential schools

7. Foster parents

8. Orphanage

9. Medical/Psychiatric institutions

10. Correctional facility

11. Unsupervised minor

F22a. Which environment was primary? (Use numbers from F22)

F22b. How long were you in the primary living situation?      Years   
Months

F22c. Were you satisfied with this (0-2)?

0-No  
1-Indifferent  
2-Yes

Have you had significant periods in which you have experienced serious problems getting along with:

Y-Yes    N-No    X-Not applicable    Z-Not answered

	Past 30 Days	In Your Life	Has Alcohol or Drugs Affected This Relationship
F23. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F25. Brothers/Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# PSYCHIATRIC STATUS

P1. How many times have you been treated for any psychological or emotional problems:

In a hospital or inpatient setting?

As an outpatient or private patient?

P1a. Age when first treated for psychiatric or emotional problems:

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)?

Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:

Y-Yes N-No X-Not applicable Z-Not answered Past 30 Days Lifetime

P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?

P4. Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?

P5. Experienced hallucinations - saw things or heard voices that others did not see or hear?

P6. Experienced trouble understanding, concentrating or remembering?

P7. Experienced trouble controlling violent behavior including episodes of rage or violence?

P8. Experienced serious thoughts of suicide?

P9. Attempted suicide?

P10. Been prescribed medication for any psychological/emotional problems?

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

## MENTAL HEALTH STATUS EXAM

P11. Appearance:

1-Neat 3-Disordered  
2-Average 4-Bizarre

P12. Motor behavior:

1-None 4-Hyper  
2-Slow 5-Restless  
3-Average

P13. Orientation (Y/N):

Time

Place

Person

Situation

P14. Mood (Check appropriate boxes):

Detached

Sociable

Happy

Seductive

Demanding

Desperate

Despair

Sad

Fearful

Suspicious

Obstinate

Hostile

Anxious

Content

P15. Posture:

1-Relaxed 3-Tense  
2-Rigid 4-Erect

P16. Speech:

1-None 3-Disorganized  
2-Very Little 4-Rambling

P17. Quality of speech (Check appropriate boxes):

Average

Halting

Stuttering

Clear

Monosyllabic

Logical

Precise

Incoherent

Slow Response

Slurred

Loud

Soft

Rapid

P18. Memory Impairments:

1-None 4-Preoccupation  
2-Recent Events 5-Organic damage  
3-Remote events

P19. Intellectual functioning:

1-Average  
2-Impaired

P20. Affect:

1-Flat  
2-Average  
3-Exaggerated

P21. Self Care (Y/N)?

COMMENTS FOR PSYCHIATRIC AREA: \_\_\_\_\_

P22. Attitude (*Check appropriate boxes*):

Cooperative

Negativistic

Guarded

Hostile

Suspicious

Superficial

Demanding

Frightened

P23. Thought content (*Check appropriate boxes*):

Delusions

Obsessions

Compulsions

Phobias

P24. Suicidal intent:

1-None

3-Threat

2-Ideas

4-Attempt

P25. Dangerousness to others:

1-None

3-Threat

2-Ideas

4-Attempt

P26. Judgment:

1-Appropriate

2-Inappropriate

P27. Select all that apply (*check boxes*):

Afraid of being harmed

Poor self-esteem

Cries often

Sleep disturbances

Lost or gained weight

Runs away

Memory poor

Drug abuse or dependency

Drinks excessively

Poor impulse control

Sees imaginary things

Hears imaginary voices

Laughs inappropriately

Seems suspicious

Fits, convulsions, seizures

Uncontrolled rages

Concentration impaired

Olfactory

P28. Insight (awareness of psychological problem):

- 1-Adequate
- 2-Inadequate
- 3-Distorted

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P29. Substance abuse:

- 1-Under the influence
- 2-History of DTs
- 3-Withdrawal symptoms

P30. Last substance abuse:

Date:

 /  / 

Time:

(Record time using 24-hour military clock)

 : 

P31. List substance abuse in last three months:

A. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P32. How many days in the past 30 have you experienced these psychological or emotional problems?

 

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

- 0-NOT AT ALL
- 1-SLIGHTLY
- 2-MODERATELY
- 3-CONSIDERABLY
- 4-EXTREMELY

P33. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P34. How important to you now is treatment for these psychological or emotional problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

At the time of the interview, is the patient (Y/N)?

P35. Obviously depressed/withdrawn?

P36. Obviously hostile?

P37. Obviously anxious/nervous?

P38. Having trouble with reality testing, thought disorders, paranoid thinking?

P39. Having trouble comprehending, concentrating, remembering?

P40. Having suicidal thoughts?

INTERVIEWER SEVERITY RATING

P41. How would you rate the patient's need for psychiatric/psychological treatment (0-9)?

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

P42. Patient's misrepresentation (Y/N)?

P43. Patient's inability to understand (Y/N)?

ADDITIONAL COMMENTS FOR PSYCHIATRIC AREA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## SPIRITUALITY

- S1. Do you have a belief in a "God" or a "Higher Power" (Y/N)?
- S2. Concerning your spiritual life, what changes would you like help making (Y/N)?
- Learning more about prayer?
- Learning more about meditation?
- Education about a particular religion?
- Specify: \_\_\_\_\_
- Changing attitude toward God?
- S3. Are you comfortable with your spirituality and beliefs (Y/N)?

COMMENTS FOR SPIRITUALITY AREA: \_\_\_\_\_

## JCAHO SUPPLEMENT

In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).

### A Typical Work Day

Y-Yes      N-No      X-Not applicable      Z-Not answered

6-8 AM	_____	<input type="checkbox"/>
8-10 AM	_____	<input type="checkbox"/>
10 AM-12 PM	_____	<input type="checkbox"/>
12-2 PM	_____	<input type="checkbox"/>
2-4 PM	_____	<input type="checkbox"/>
4-6 PM	_____	<input type="checkbox"/>
6-8 PM	_____	<input type="checkbox"/>
8-10 PM	_____	<input type="checkbox"/>
10 PM-12 AM	_____	<input type="checkbox"/>
12-2 AM	_____	<input type="checkbox"/>
2-4 AM	_____	<input type="checkbox"/>
4-6 AM	_____	<input type="checkbox"/>

*Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.*

In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).

### A Typical Day Off

Y-Yes      N-No      X-Not applicable      Z-Not answered

6-8 AM	_____	<input type="checkbox"/>
8-10 AM	_____	<input type="checkbox"/>
10 AM-12 PM	_____	<input type="checkbox"/>
12-2 PM	_____	<input type="checkbox"/>
2-4 PM	_____	<input type="checkbox"/>
4-6 PM	_____	<input type="checkbox"/>

COMMENTS FOR JCAHO SUPPLEMENT: \_\_\_\_\_



6-8 PM	_____	<input type="checkbox"/>
8-10 PM	_____	<input type="checkbox"/>
10 PM-12 AM	_____	<input type="checkbox"/>
12-2 AM	_____	<input type="checkbox"/>
2-4 AM	_____	<input type="checkbox"/>
4-6 AM	_____	<input type="checkbox"/>

Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.

**Free Time:** Read through the entire list of activities and select at least five things that you like to do.

- |                            |                           |
|----------------------------|---------------------------|
| Swim                       | Religious activities      |
| Listen to music            | Go out to dinner          |
| Yoga                       | Community work            |
| Crafts                     | Artwork                   |
| Bird watch                 | Cook                      |
| Go sailing                 | Photography               |
| Knit                       | Golf                      |
| Needlepoint                | Play tennis               |
| Carpentry/furniture making | Meditate                  |
| Return to school           | Horseback riding          |
| Exercise                   | Read                      |
| Hike in the woods          | Chess                     |
| Play with my kids          | Pinball                   |
| Target shooting            | Racquetball               |
| Travel (foreign)           | Go camping                |
| Martial arts (karate, etc) | Travel                    |
| Volunteer work             | Singing/Choir             |
| Go to a museum             | Computers                 |
| Go to the movies           | Making clothes            |
| Go fishing                 | Other                     |
| Go to theater productions  | Help at school w/kids     |
| Learn magic tricks         | Play a musical instrument |
| Play basketball            | Aerobics                  |
| Go to arcades              | Dance                     |
|                            | Archery                   |

**Values:** From the list below, select the five items that are most important to you.

- |                  |                      |
|------------------|----------------------|
| Personal freedom | God                  |
| Being sober      | Cars                 |
| Sex life         | Looking good         |
| Intelligence     | Being right          |
| Wisdom           | Approval from others |
| Peace of mind    | Family               |
| Happiness        | Mother               |
| Spouse           | Father               |
| Being a parent   | Being content        |
| Wealth           | Being safe           |
| Health           | Being loving         |
|                  | Being loved          |

**Relapse Triggers Inventory:** What types of situations make you want to drink or use drugs? (Check box)

**Work Situations**

Around people who drink/use	<input type="checkbox"/>
Workers invite me to drink/use	<input type="checkbox"/>
I just got paid; I've got money	<input type="checkbox"/>
I'm away from my supervisor	<input type="checkbox"/>
Hassle with a boss or coworker	<input type="checkbox"/>
After working hard	<input type="checkbox"/>

**Relapse Triggers Inventory:** What types of situations make you want to drink or use drugs? (check box)

**Family Situations**

After I have a problem with a family member	<input type="checkbox"/>
I drink/use with certain family members	<input type="checkbox"/>
Just thinking about my family upsets me	<input type="checkbox"/>
When someone in my house drinks/uses	<input type="checkbox"/>
Family events include drinking/drug use	<input type="checkbox"/>

**Relapse Triggers Inventory:** What types of situations make you want to drink or use drugs? (check box)

**Social Situations**

Being at parties where people are drinking/using	<input type="checkbox"/>
Weekend/end of work week	<input type="checkbox"/>
Free time	<input type="checkbox"/>
Special occasions (weddings, etc.)	<input type="checkbox"/>
Dancing	<input type="checkbox"/>
Someone I date drinks/uses drugs	<input type="checkbox"/>
I used to go to bars to socialize	<input type="checkbox"/>
I play sports with people who drink/use	<input type="checkbox"/>
Almost all my friends drink or use drugs	<input type="checkbox"/>
Being in any group situation is upsetting	<input type="checkbox"/>
Any kind of gambling	<input type="checkbox"/>
I get uptight whenever I go out of my house	<input type="checkbox"/>
Being alone bothers me	<input type="checkbox"/>

**Relapse Triggers Inventory:** What types of situations make you want to drink or use drugs? (check one)

**Moods, Mental and Physical State**

Lonely	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Cannot sleep	<input type="checkbox"/>	Angry	<input type="checkbox"/>
Guilt	<input type="checkbox"/>	Hunger	<input type="checkbox"/>
Uptight	<input type="checkbox"/>	Envious or jealous	<input type="checkbox"/>
Worried	<input type="checkbox"/>	Self-pity	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	Fear	<input type="checkbox"/>
Sexually turned on	<input type="checkbox"/>	Feeling powerful	<input type="checkbox"/>
Having a success	<input type="checkbox"/>	Good news	<input type="checkbox"/>
Winning	<input type="checkbox"/>	Loss of loved one	<input type="checkbox"/>
Tired	<input type="checkbox"/>	Drug/drinking dreams	<input type="checkbox"/>





