

SUBSTANCE ABUSE SCREENING

READ AND ANSWER ALL QUESTIONS
TO THE BEST OF YOUR KNOWLEDGE

Case No.: _____	Judge: _____
Interview Date: _____	Sentencing Date: _____
Fee Paid? Yes _____ No _____	DOO: _____

Name:			
Alias' (including maiden name)	Phone No.	SSN:	Date of Birth
Address:	City	County	State
How long have you lived in Genesee Co.:		Race	Sex

Family: Are you single, married, separated, divorced, or widowed?		
How many biological children do you have?	Ages?	Who do you live with?
Are you close to your family members?	State who you have a close, supportive relationship with:	
Is there any family history of alcoholism or substance abuse?	Who?	

Education:	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> GED	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> TRADE	Year Completed?
Institution:	If no GED or High School Diploma, indicate the last year you completed				

<u>Employment:</u> What do you consider as your profession?			
Current Employer:	Full-time or p/t	Earnings	Length of employment
Prior Employer and reason left that employment:	Full-time or p/t	Earnings	Length of employment
Side Jobs and/or Odd Jobs:	Full-time or p/t	Earnings	Length of employment
If you are currently unemployed, what is the source of your income and/or who contributes to your financial support?			Length of unemployment
Military Experience: Please state the branch of military, the years of service and the type of discharge you received.			
Do you have health insurance?	If yes, state the name of your provider:		

INCIDENT: (Tell what lead to your arrest or ticket.)	
How many drinks did you consume?	What was your BAC or PBT results?
What offense are you being sentenced to?	What offense were you charged with?
List any current or previous treatment you have participated in. Include AA/NA and the dates last attended: (This includes any counseling and educational programs for any past offenses)	
<u>Mental illness/medications:</u> (List any physical problems you currently have, mental health diagnosis and/or prescription medications):	
Do you have any past or present suicidal/homicidal thoughts or ideations? If yes, please provide details, including the date and any treatment/counseling.	

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Describe your substance use/abuse:		
When was your last alcoholic drink?	When you consume alcohol, how much do you generally consume?	What age did you first begin to drink alcohol?
State what drugs you have tried. For each drug, state how often you use/used the drug and indicate the date of your last use.		
What age did you first begin using drugs?	Are you an IV drug user or have you used IV drugs in the past?	

LEGAL HISTORY: (List all misdemeanor and felony convictions including nonpublic/deferred cases):

SHORT MICHIGAN ALCOHOLISM SCREENING TEST	Yes	No
Do you feel you are a normal drinker?		
Does your spouse or parents worry or complain about your drinking?		
Do you ever feel bad about your drinking?		
Do friends or relatives think you are a normal drinker?		
Are you always able to stop drinking when you want to?		
Have you ever attended a meeting of Alcoholics Anonymous?		
Has drinking ever created problems between you and your spouse/family?		
Have you ever gotten into trouble at work because of drinking?		
Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
Have you ever gone to anyone for help about your drinking?		
Have you ever been in the hospital because of drinking?		
Have you ever been arrested even for a few hours because of drinking?		
Have you ever been arrested for drunk driving or driving after drinking?		

ADDITIONAL SCREENING QUESTIONS	Yes	No
Have you ever gotten out of bed in the morning and still feel drunk?		
Have you gotten into a fight while you were drunk or high?		
Do you think about getting high or drunk a lot of the time?		
Do you have family or friends that would support you in your efforts to get/stay and seek treatment if they thought you had a problem?		
Have you ever consumed alcohol to get over a hangover?		
Do you keep a supply of alcohol or marijuana around the house?		
Have you ever tried to quit using more than once?		
Over the last month, have you used alcohol at least once a week?		
Have you used drugs or alcohol in the last 48 hours?		
Six months before you were arrested, did your alcohol/drug use increase?		
Does not using drugs or alcohol make you irritable?		
Do you feel you need alcohol or substance abuse treatment?		