

## PSYCHOACTIVE DRUG HISTORY QUESTIONNAIRE

<b>DRUG CATEGORY</b> Note: First Use Card Sort With Client To Determine Which Drugs Ever Used	<b>a</b> Ever Used  1 = No 2 = Yes	<b>b</b> Total Years Used	Injection Drug Use  1 = No 2 = Yes NA=not applicable	Year Last Used  19 __	<b>c</b> Frequency of Use in Past 6 Months
ALCOHOL			NA		
CANNABIS:  Marijuana, hashish, hash oil			NA		
STIMULANTS:  Cocaine, crack					
STIMULANTS:  Methamphetamine — speed, ice, crank					
AMPHETAMINES/OTHER STIMULANTS:  Ritalin, Benzedrine, Dexedrine			NA		
BENZODIAZEPINES/ TRANQUILIZERS:  Valium, Librium, Halcion, Xanax, Diazepam, “Roofies”			NA		
SEDATIVES/HYPNOTICS/BARBITURATES:  Amytal, Seconal, Dalmane, Quaalude, Phenobarbital			NA		
HEROIN					
STREET OR ILLICIT METHADONE			NA		
OTHER OPIOIDS:  Tylenol #2 & #3, 282’S, 292’S, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid			NA		
HALLUCINOGENS:  LSD, PCP, STP, MDA, DAT, mescaline, peyote, mushrooms, ecstasy (MDMA), nitrous oxide			NA		
INHALANTS:  Glue, gasoline, aerosols, paint thinner, poppers, rush, locker room			NA		
OTHER: (specify) _____ _____					

<b>a</b> If “EVER USED” is NO (1) for any given line, the remainder of the line should be left blank.	<b>b</b> Code 87 = Infrequent Use (≤ 2 x/year)  Code 88 = Brief Experimental Use (< 3 months lifetime use)	<b>c</b> Frequency Codes:  0 = no use      3 = 2 to 3x/mo.      6 = 4 to 6x/wk. 1 = < 1x/mo.      4 = 1x/wk.      7 = daily 2 = 1x/mo.      5 = 2 to 3x/wk
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