

Chemical Use Questionnaire

Name _____ Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

Are you currently using, or in the last 10 years , have you ever used the following chemicals: (Please provide details below).

- A. Alcohol (such as beer, wine, liquor)? No Yes
- B. Narcotics (such as heroin, opium, Demerol, or their derivatives)? No Yes
- C. Hallucinogens (such as LSD, PCP, DMT, STP, or their derivatives)? No Yes
- D. Methamphetamines or stimulants (such as cocaine, crack, ice, crank, amphetamines, or antidepressants)? No Yes
- E. Depressants (such as bromides, barbiturates, or their derivatives)? No Yes
- F. Tranquilizers (such as Valium, Librium, Haldol, or their derivatives)? No Yes
- G. Marijuana (such as hash, pot, grass, tea)? No Yes
- H. Other No Yes

Type	Usual Quantity	How Often	Dates Started	Dates Discontinued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever in the past 10 years consulted, been advised by or treated by any physician, counselor, therapist, or facility for chemical usage? No Yes

If yes, please in date dates (s) of consultations (s) And name (s) and addresses of attending physicians of facilities _____

As a result of chemical usage, have you in the past 10 years attended a support organization? (Alcoholics Anonymous, Impaired Physicians Program, halfway houses, drug treatment, or after care programs)

If yes, what and when? _____

How long were you or have you been an active participant? _____

Are you presently an active participant? _____

Please make any comments you would like concerning this matter in the space below:

In the past 5 years have you ever had a driving while intoxicated or reckless driving violation?

Dates: _____

General Questions:

1. Do you have any other major health problems? No Yes – Details:

2. List all medications:

3. Height: _____ Weight: _____ Agents Name and Phone # _____