

ADDICTION HISTORY

- A. When was your last drink of beer, wine, or liquor? (Date:)
- B. How old were you when you tried your first alcoholic drink?
- C. Please complete the following:

Type of Alcohol	How many times per week	Amount used per occasion
Beer		
Wine/Champagne		
Mixed Drinks		
Liquor		

Have you ever : blacked out been to AA been accused of having a drinking problem
 tried to quit drinking (#_____) been to rehab or treatment (#_____) been arrested for
 DUI (#_____) had other legal / financial / work-related / family problems related to alcohol
 (describe):

Has anyone in your immediate family had a problem with alcohol? (circle) No one Mother
 Father Spouse Maternal Grandparent(s) Paternal Grandparent(s) Brother(s) # _____
 Sister(s) # _____

Complete the following:

DRUG	Age 1 st Used	Date last Used	Frequency	Method (e.g. smoking)
Nicotine				
Marijuana				
Amphetamines				
Opiates				
Benzodiazepines				
Inhalants				
Sedatives				
Hallucinogenics				
Other				

Have you ever: (circle) been to NA/CA/MA been accused of having a drug problem
 had physical withdrawal symptoms tried to quit using (#_____?)
 been to rehab or treatment (#_____) been arrested for possession (#_____)
 overdosed (#_____) had other legal / financial / work-related / family problems related to drugs
 (describe:)?

D. Has anyone in your immediate family had a problem with drugs?(circle)

No one Mother Father Spouse Maternal Grandparent(s) Paternal
 Grandparent(s) Brother(s) # _____ Sister(s) # _____

D. How often do you: Play the lottery _____ Play Bingo or cards for
 money _____ Gamble _____ Has anyone ever
 accused you of having a gambling problem? Yes No

Have you ever gone into debt due to gambling? Yes (Describe:) No If "yes," describe:

Have you ever had legal or family problems due to gambling? Yes No

Have you ever attended Gambler's Anonymous? Yes No

E. How often do you do the following:

Participate in sexual activity with anyone other than a regular romantic partner?	
Participate in impulsive, uncontrolled sexual acts?	
Participate in "unprotected" or "unsafe" sex (other than in a monogamous relationship of six months or more)?	
Visit internet pornography sites Call phone sex lines	

Have you ever had legal or family problems due to your sexual behavior? Yes No
 Has anyone ever accused you of having a "sexual addiction?" Yes No