Square Medical Group

Substance Abuse Questionnaire

1. **Why/How did you begin using? (check all that apply)** ____ Friends ____ Family ____Depression

   ____ Pleasure ____ Prescription ____ Other ______________________________

2. **In the past, what has been the major barrier from keeping you clean or sober? (check all that apply)**

   _____ Lack of serious commitment _____ Inability to feel better while sober

   _____ Insufficient/ inadequate medical treatment

   _____ Continued exposure to drugs/alcohol through: (check all that apply) ___ Spouse/significant other

   _____ Neighborhood ____ Family ____ Friends ____ Co-workers

3. **What are the major health problems you have experienced due to your addiction? (check all that apply)**

   _____Asthma/Bronchitis _____Muscle cramps/fatigue _____Digestion problems

   _____Extreme weight loss ____Others _______________________________

4. **What has helped with staying sober and avoiding drugs? (check all that apply)**

   _____ Education (reading, internet) _____ Medications _____ Geographic change

   _____ Support meetings _____ Friends/family support _____ Job change _____ Changing friends

5. **Have you ever injected drugs even if only once or a few times?** _____Yes _____No

6. **Have you ever committed a crime in relation to your addiction?** _____Yes _____No

   If yes please elaborate on the circumstance: ____

   ____

   ____

7. **Please comment on your addiction:** ____

   ____

   ____

8. **Please comment on your treatment/sobriety:** ____

   ____

   ____

Patient Name: ____

X Patient Signature: ______________________________________ **Date:** ______________________

March 2019