



# ATLANTA INTERVENTION NETWORK

## Alcohol and Drug Evaluation / Non DUI

**CONFIDENTIALITY:** The purpose of the assessment is to examine your use of alcohol or controlled substance and determine if treatment is needed. *The information you give below will be held in strict confidence and will be used for establishing your file. Any misrepresented or false information places you at risk of being re-evaluated (at your cost) or discharged.*

Full Name: \_\_\_\_\_ Social Security Number: XXX – XX - \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last Last 4 numbers*

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
*mm dd yy City State*

Race/Ethnicity:  Black  White  Hispanic  Multi-Racial  Asian  Hawaiian/Pacific Islander  US Indian/Alaskan Native

Current Address: \_\_\_\_\_ Lived here how long? \_\_\_\_  year(s)  month(s)  
*Street Address City State Zip Code*

Currently living with:  Alone  Spouse  Parents  Mother  Father  Girl/Boyfriend  Grandparents  Aunt  Uncle  Other:  
\_\_\_\_\_

Day Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail address: \_\_\_\_\_

### I. MARITAL STATUS

- Single (*never married*)  Single (*living with an intimate partner*)  Married \_\_\_\_ # of marriages: \_\_\_\_  Separated \_\_\_\_  years  months
- Divorced (Date(s): 1<sup>st</sup>: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_, 2<sup>nd</sup>: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_, 3<sup>rd</sup>: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  Widow/Widower (Dates): \_\_\_\_ / \_\_\_\_  
*mm yy mm yy mm yy mm yy mm yy mm yy mm yy*)
- No Children
- Children 1)  Boy  Girl Age: \_\_\_\_ 2)  Boy  Girl Age: \_\_\_\_ 3)  Boy  Girl Age: \_\_\_\_ 4)  Boy  Girl Age: \_\_\_\_  
4)  Boy  Girl Age: \_\_\_\_ 6)  Boy  Girl Age: \_\_\_\_ 7)  Boy  Girl Age: \_\_\_\_ 8)  Boy  Girl Age: \_\_\_\_
- Step-Children:  
1)  Boy  Girl Age: \_\_\_\_ 2)  Boy  Girl Age: \_\_\_\_ 3)  Boy  Girl Age: \_\_\_\_ 4)  Boy  Girl Age: \_\_\_\_

### II. FAMILY BACKGROUND

- Who raised you?  Parents  Mother  Father  Grandparents  Grandmother  Grandfather  Other: \_\_\_\_\_
- Are your parents living? Father:  Yes  No Mother:  Yes  No
- What does/did your father do for a living? \_\_\_\_\_ If deceased, what did he die from? \_\_\_\_\_
- What does/did your mother do for a living? \_\_\_\_\_ If deceased, what did she die from? \_\_\_\_\_
- Did your parents divorce?  No  Yes If yes, your age when they divorced \_\_\_\_ Did you have step-parents?  No  Yes
- How many brothers and sisters do you have? \_\_\_\_ / \_\_\_\_ How many step-brothers and sister do you have? \_\_\_\_ / \_\_\_\_  
*Brother(s) Sister(s) Brother(s) Sister(s)*

### III. EDUCATION

- High School Graduate  Attending High School  Did not finish High School  GED, year \_\_\_\_\_  Seeking a GED
- \_\_\_\_\_, year graduated: \_\_\_\_\_  
*Name of School City State*
- College Degree and/or Graduate School:  AA  BA  BS  MA  MS  PhD  Certification  License
- College: \_\_\_\_\_ Major: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
*Name of School City State mm yy mm yy*
- College: \_\_\_\_\_ Major: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
*Name of School City State mm yy mm yy*
- Technical/Vocational school: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
*Trade (e.g., certified electrician, licensed contractor, certified accountant), name of school mm yy mm yy*

### IV. FINANCIAL

- Are you paying child support?  No  Yes If yes, is it Court ordered?  No  Yes Monthly payment \$ \_\_\_\_\_ If in arrears, how much? \$ \_\_\_\_\_
- Have you ever declared bankruptcy?  No  Yes If yes, when? \_\_\_\_ / \_\_\_\_

V. EMPLOYMENT

Currently Employment: [ ] full-time [ ] Employment part time [ ] Self-employed [ ] Homemaker [ ] Retired [ ] Disabled [ ] Student

Table with 3 columns: Current Position, Employer/Organization, Dates (e.g., Jan10). Includes a 'Present' entry in the Dates column.

List your past employment title/position(s):

\_\_\_\_\_

Currently Unemployed: For How Long? \_\_\_\_\_ [ ] Unemployment, no assistance [ ] Unemployment, public assistance

Reason for unemployment: \_\_\_\_\_

If never employed, reason for unemployment: \_\_\_\_\_

VI. MILITARY EXPERIENCE

Have you served in the military? [ ] No [ ] Yes

If yes, branch of service: [ ] Army [ ] Air Force [ ] Navy [ ] Marines [ ] Coast Guard [ ] National Guard [ ] \_\_\_\_\_ Reserves

Date of Service: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank at Discharge: \_\_\_\_\_ Job/Specialty: \_\_\_\_\_

Type of Discharge: [ ] Honorable [ ] General [ ] General Under Honorable Conditions [ ] Medical [ ] Medical [ ] Dishonorable

Did you have any problems related to alcohol and/or drug(s) use or mental illness while in the military? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

VII. PHYSICAL AND EMOTIONAL CHECKLIST

How often have you experienced each of the following in the last two months?

Checklist table with 4 frequency columns (Never, Occasionally, Fairly often, Very often) and 16 symptom rows including Insomnia, Stomach problems, Uncontrollable temper, etc.

VIII. HEALTH

Do you have any physical limitations or disabilities? [ ] No [ ] Yes If yes, describe: \_\_\_\_\_

Have you ever taken any medication (not including over the counter)? [ ] No [ ] Yes If yes, your age, what type(s) and what for? \_\_\_\_\_

What medication have you taken in the last 30 days (including over the counter)? \_\_\_\_\_

Do you have any chronic medical problems? [ ] No [ ] Yes If yes, what types: \_\_\_\_\_

Has a physician or psychiatrist ever diagnosed you as having depression, Post Traumatic Stress Disorder, bi-polar disorder, "nerves", attention deficit

disorder or any similar type illness?  No  Yes If yes, which ones: \_\_\_\_\_

Have you ever been admitted in a hospital?  No  Yes If yes, your age, what for, how long? \_\_\_\_\_

Did you take any medication?  No  Yes If yes, what types? \_\_\_\_\_

Have any of your family members had depression, Post Traumatic Stress Disorder, bi-polar disorder, "nerves", attention deficit disorder or any similar type illness?  No  Yes If yes, who and what types of illnesses did they have? \_\_\_\_\_

In your lifetime:

• Have you seriously thought about harming yourself?  No  Yes If yes, how close did you come? \_\_\_\_\_

• Have you seriously tried to harm yourself?  No  Yes If yes, how close did you come? \_\_\_\_\_

• Have you seriously tried to harm others?  No  Yes If yes, how close did you come? \_\_\_\_\_

Has anyone in your family committed suicide?  No  Yes If yes, who? \_\_\_\_\_

**IX. LEGAL HISTORY**

ARREST(s) HISTORY (**other than DUI**) List all of your arrest:

# of Arrest	Date of Arrest (Month/Year)	Charge(s)	County	Convicted	Dismissed	Expunged
1 <sup>st</sup>	____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup>	____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup>	____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup>	____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <sup>th</sup>	____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any pending charge(s)?:  No  Yes If yes, list them: \_\_\_\_\_

**DUI HISTORY**

Date of most recent DUI: \_\_\_\_/\_\_\_\_ BAC Level: \_\_\_\_\_  BAC Unknown  Refused the breathalyzer  
MM YY

What happened? \_\_\_\_\_  
(Reason for being stopped and what happened afterwards)

Other DUIs	Date of DUI (Month/Year)	BAC Level	BAC Unknown	Refused BAC
	1. ____/____		<input type="checkbox"/>	<input type="checkbox"/>
2. ____/____			<input type="checkbox"/>	<input type="checkbox"/>

Other DUIs	Date of DUI (Month/Year)	BAC Level	BAC Unknown	Refused BAC
	3. ____/____			<input type="checkbox"/>
4. ____/____			<input type="checkbox"/>	<input type="checkbox"/>

Any pending DUI  No  Yes If yes, arrest date: \_\_\_\_/\_\_\_\_ BAC Level: \_\_\_\_\_  BAC Unknown  Refused  
MM YY

EVALUATOR'S NOTES (Go to the next section)

**X. ALCOHOL AND DRUG HISTORY**

Please answer the following questions on the basis of how you have drunk alcohol or used drugs In the past 10 years. If you have not been drinking for a length of time, there will be a space to list that in. We need to know how you have drunk alcohol or used drugs in the past

In the past, did:

- ... your father drink  Heavily  Moderately  Lightly  Never drank
- ... your mother drink  Heavily  Moderately  Lightly  Never drank
- ...any of your brothers or sisters  Heavily  Moderately  Lightly  Never drank
- ...any of aunts and uncles  Heavily  Moderately  Lightly  Never drank

**XII. Michigan Alcohol Screening Test (MAST)**

Place an X in one box that best describes your answer to each question.

	Yes	No
1. Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)?		
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?		
3. Does any near relative or close friend ever worry or complain about your drinking?		
4. Can you stop drinking without difficulty after one or two drinks?		
5. Do you ever feel guilty about your drinking?		
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
7. Have you ever gotten into physical fights when drinking?		
8. Has drinking ever created problems between you and a near relative or close friend?		
9. Has any family member or close friend gone to anyone for help about your drinking?		
10. Have you ever lost friends because of your drinking?		
11. Have you ever gotten into trouble at work because of drinking?		
12. Have you ever lost a job because of drinking?		
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
14. Do you drink before noon fairly often?		
15. Have you ever been told you have liver trouble such as cirrhosis?		
16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?		
17. Have you ever gone to anyone for help about your drinking?		
18. Have you ever been hospitalized because of drinking?		
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?		
20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?		
21. Have you been arrested more than once for driving under the influence of alcohol?		

Total: \_\_\_\_\_

Substance	Age of first use	Used 1-5 times	Used 5-20 times	Used daily in the past	Age of last use	Still using
Marihuana						
Crack Cocaine						
Powder Cocaine						
Methamphetamines						
Benzodiazepines						
Codeine						
Heroin						
LSD						

Substance	Age of first use	Used 1-5 times	Used 5-20 times	Used daily in the past	Age of last use	Still using
Ecstasy						
Xanax						
Amphetamines						
Barbiturates						
MDMA						
Morphine						
Opioids						
Valium						

Have you ever abused prescription drugs?  No  Yes If yes, which ones? \_\_\_\_\_

Have you ever failed a drug screen (e.g., at work, on probation, on parole)?  No  Yes

Have you ever sold drugs for profit or for your own use?  No  Yes

**Confidentiality:** This information you gave above will be held in strict confidence. It is to be used for the evaluation. You will need to sign a Release of Information or consent form first which will detail how the information will be used and what types of exceptions exists. Any false or misrepresented information places you at risk with your probation officer and may require you to complete another evaluation at your expense.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Revised 9/11/15 - TG