# PSYCHOACTIVE DRUG HISTORY QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Program #</th>
<th>Client Name:</th>
<th>Counsellor:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## DRUG TYPE

(1) **NONE**

(2) **ALCOHOL**: Beer/liquor/wine

(3) **COCAINE/Crack**: coke

(4) **AMPHETAMINES/Other Stimulants**

(5) **CANNABIS**: hash, weed, grass, pot, marijuana

(6) **BENZODIAZEPINES**

(7) **BARBITURATES**

(8) **HEROIN/OPIUM**

(9) **PRESCRIPTION OPIOIDS**

### Used in Past 12 Months?

- Yes
- No
- Refused
- Missing

### # of days used in past 90 days

### How Long Since Last Drug Use? (see codes below)

1 = <24 hour
2 = 1-3 days
3 = within last week
4 = within last month
5 = more than a month ago

### Typical Amount on Each Day of Use in the Last 90 Days

### Clinical comments (e.g. drug name, dosage, patterns, periods of abstinence, used only as prescribed, length of use, age of first use, etc.)
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<tr>
<th>DRUG TYPE</th>
<th>Used in Past 12 Months?</th>
<th># of days used in past 90 days</th>
<th>How Long Since Last Drug Use? (see codes below)</th>
<th>Typical Amount on Each Day of Use in the Last 90 Days*</th>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) NONE</td>
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<tr>
<td>(10) OVER-THE-COUNTER CODEINE PREPARATIONS</td>
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<tr>
<td>(11) HALLUCINOGENS</td>
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<tr>
<td>(12) GLUE/OTHER INHALANTS</td>
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<tr>
<td>(13) TOBACCO</td>
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<tr>
<td>(14) OTHER PSYCHOACTIVE DRUGS</td>
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</tbody>
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How Long Since Last Used: 1=<24 hour  2=1-3 days  3=within last week  4=within last month  5=more than a month ago

* See Guidelines for Describing “Amount” of Each Drug Use

90 DAY WINDOW: START DATE (dd/mm/yyyy) _______________ END DATE (Yesterday) (dd/mm/yyyy) _______________