

Instructions

The purpose of a Substance Abuse Evaluation is to determine if a person has a problem with alcohol and other drugs. If a problem is detected a recommendation will be made about how to treat the problem.

There are three parts to the evaluation

1. **Consent Form.** This gives me permission to send the evaluation along with any recommendations to your probation officer. This cannot be done without your consent. Please print your name in the blank at the top and then sign and date the bottom.
2. **The Psycho-Social History** Please complete the information in the box at the top of the first page. Please put a check mark next to any drugs you may have used even if it was just once or twice. Then circle yes or no to the questions that follow.
3. **The SASSI-4** is the last part of the evaluation. SASSI stands for Substance Abuse Subtle Screening Inventory. (A Spanish version of the SASSI is available if it would be easier for you to use.) The only thing the SASSI will tell us is whether or not a person has a Substance Dependence Disorder, it does not address problematic drug use or drug abuse. It is not a psychological evaluation.

There are two parts of the SASSI. On the front side at the bottom, please print your name, date, sex, and age. The 74 questions at the top are true/false questions. **Please fill in a square in either true or false for every statement.** Answer every question the way you think is most accurate

On the other side are questions relating to alcohol and drug use. Please circle the correct number opposite each question; "0" for never, "1" for once or twice, etc...

Go back over **your entire lifetime** when you answer these questions. Please answer every question as honestly as possible.

Please fill in the questions at the bottom of the page.

I will score the SASSI and go over it with you. I will tell you what if any recommendations I will make.

Thank you

CRIMINAL JUSTICE CONSENT TO RELEASE INFORMATION

I _____, authorize Addiction Treatment Resources, Inc. or agents of, to release the results of my Substance Abuse Evaluation to Collin County CSCD. This consent extends to the Collin County District Attorney's office, if requested, and/or the Texas Department of Family and Protective Services, if requested. I am also giving my consent for these agencies to discuss my case with Addiction Treatment Resources, if needed.

I understand the recipient may use this information only in connection with official duties regarding my criminal justice status and may not make it available for general investigations or other unrelated purposes. Further, this information can be re-disclosed and used only to carry out the person's official duties with regard to the court action.

CLIENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE
(IF MINOR)

DATE

COUNSELOR SIGNATURE

DATE

EARLY INTERVENTION PSYCHO-SOCIAL HISTORY

INSTRUCTION: Please answer all questions below and make explanations as necessary. The words **alcohol** and **drugs** are used interchangeably, as are the words **drink** and **use**. If you have any questions while completing this history please ask.

NAME: _____
ADDRESS: _____
CITY/ZIP: _____
PHONE: _____

TODAY'S DATE: _____
SSN: _____
AGE: _____
DOB: _____

1.	Have you ever used alcohol or other drugs?	Y	N
2.	If yes, please check the drugs you have used and complete information below		

	DRUG(S) USED	AGE AT FIRST USE	DATE OF LAST USE	PATTERN WHEN USING THE MOST	ROUTE (SMOKE, SNORT, ETC.)
	ALCOHOL				
	COCAINE				
	MARIJUANA				
	METHAMPHETAMINES				
	ECSTASY				
	PCP				
	HALLUCINOGENS				
	HEROIN (OPIATES)				
	GHB				
	SYNTHETIC DRUGS (K2, BATH SALTS, ETC)				
	STEROIDS				
	PRESCRIPTION DRUG ABUSE				

(Blank space for staff use only)

3.	Have you ever tried to cut down on your drug use?	Y	N
4.	Have people made you angry by criticizing your drug use?	Y	N
5.	Have you ever felt guilty about your drug use?	Y	N
6.	Have you ever used alcohol/drugs when waking up in the morning?	Y	N
7.	Have you ever drank or used more than you intended?	Y	N
8.	Have you ever been hospitalized as a result of your use of alcohol or other drugs? (ie, accident, overdose, etc?)	Y	N
9.	How many times in the past year have you consumed four or more drinks in one sitting (for women); Five or more drinks in one sitting (for men)?		
10.	How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?		

11.	How many times have you been arrested? 1 2 3 4 5 6 7 8 9 10 10+		
12.	How many of these were alcohol/drug related? 0 1 2 3 4 5 6 7 8 9 10 10+		
13.	Have you ever thought about suicide or homicide? (If yes, circle which one)	Y	N
14.	Have you ever attempted suicide or homicide? (If yes, circle which one)	Y	N
15.	Are you currently thinking about suicide or homicide?	Y	N
16.	Is there a family history of suicide?	Y	N
17.	Is there a family history of mental health diagnosis (depression, bi-polar disorder, etc)?	Y	N
18.	Is there a family history of substance use disorders?	Y	N
19.	When you drink do you normally drink to intoxication (to get drunk)?	Y	N
20.	Have you ever been prescribed methadone, Suboxone, Antabuse, or any other drug to help overcome an addiction?	Y	N
21.	Do you think alcohol and other drugs have caused a problem in your life? If yes, please explain:	Y	N
22.	Have you ever been in treatment for an alcohol/drug problem?	Y	N
23.	If yes, was it: detox inpatient outpatient (circle one)		
24.	Have you ever used alcohol or other drugs to relieve or avoid withdrawal symptoms?	Y	N
25.	I rate my physical health as being: Good Fair Poor (circle one)		
26.	Are you currently on any medication for physical health problems?	Y	N
27.	Have you ever been diagnosed with a mental health disorder (ADHD, depression, etc)?	Y	N
28.	Are you currently on any medication for mental health problems?	Y	N
29.	Have you been prescribed any medication that you are not taking as prescribed?	Y	N
30.	Have you been in a controlled environment in the past 30 days (jail, hospital)?	Y	N
31.	Have you ever been investigated by Child Protective Services (CPS)?	Y	N
32.	What is the highest grade you completed? <9 10 11 12 some college college degree (circle one)		
33.	If you did not finish the 12 th grade, do you have a GED	Y	N
34.	Do you have any learning disabilities?	Y	N
35.	Are you: employed fulltime part time unemployed? (circle one)		
36.	If unemployed, why and how long?		
37.	Have you served in the military?	Y	N
38.	Have you been in prison?	Y	N