

Leadem Counseling & Consulting Services, LLC

668 Commons Way
Toms River, NJ 08755

CHEMICAL USE SURVEY

NAME: _____

I. Describe your use of alcohol. Be specific about amount and frequency of use.

II. Describe your use of other mood-altering drugs. Be specific about the drug name, amount, and frequency of use.

III. Which of these have you had?

_____ Blackouts _____ Bad Reactions _____ Withdrawal symptoms
_____ Overdoses _____ Detoxification in a hospital
_____ Other problems

Have you undergone treatment for chemical use? _____ Yes _____ No

IV. Self-description of use:

1. Would you say you: _____ are a social drinker _____ are a heavy drinker
_____ are an alcoholic or _____ have a drinking problem? Or how would you describe your use?

2. Would you say you _____ are a recreational drug user _____ are an addict
_____ have a drug problem? Or how would you describe your use?

3. Has your drinking/drug use caused you any physical, emotional, employment, legal, spiritual, academic, or marital (or other primary relationship) problems? Please be specific.
