



**Phillip Ybarra, MA, LAADC\***

**Licensed Advanced Alcohol and Drug Counselor**

**32605 Temecula Parkway, Ste 303 Temecula, CA 92589 CCAPP# LCi04720315 760.443.1397**

**Date:** \_\_\_\_\_

**Date of your last use:** \_\_\_\_\_

**What did you use?** \_\_\_\_\_

**\*\*PLEASE ANSWER THE FOLLOWING QUESTIONS WITHIN THE PAST 2 YEAR TIMEFRAME:**

**1. Why are you here today? If because of a positive urinalysis/breathalyzer, missed or test refusal, please give the date of when that happened:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Have you ever attended any formal drug/alcohol treatment or education?\_\_\_\_\_ . If so:**

**Why?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**When?** \_\_\_\_\_

**3. Have you ever attended any type of self help program (i.e.: SMART Recovery, Alcoholics Anonymous, Narcotics Anonymous, Al-Anon)? \_\_\_\_\_**

**Why?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**When?** \_\_\_\_\_

**4. Do you have any family history of alcohol and/or drug abuse? If so, who? What was used?**

\_\_\_\_\_  
\_\_\_\_\_

**5. How do you view your use of alcohol and/or drug use? Circle one and please explain:**

**Minimal      Moderate      Heavy**

\_\_\_\_\_  
\_\_\_\_\_

**6. What is the most alcohol/drugs that you have ever consumed in a 24-hour period?**

\_\_\_\_\_

**7. Has anyone ever told you that you might have a drinking and/or drug problem? Who, When?**

\_\_\_\_\_  
\_\_\_\_\_

**8. What is the period in your life that your drinking/drug use was most serious (i.e.: high school, college, this past year, etc.?) Please explain: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**9. What is the longest period you have gone without drinking or using drugs? When? Why?**

\_\_\_\_\_  
\_\_\_\_\_



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10. When did you return to drinking or drug use? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you currently experiencing any of the following feelings?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> angry/mad sad/depressed | <input type="checkbox"/> excessive worry                       | <input type="checkbox"/> weight loss   |
| <input type="checkbox"/> crying spells           | <input type="checkbox"/> people are out to get you             | <input type="checkbox"/> weight gain   |
| <input type="checkbox"/> afraid/fearful          | <input type="checkbox"/> difficulties sleeping                 | <input type="checkbox"/> appetite loss |
| <input type="checkbox"/> anxious                 | <input type="checkbox"/> difficulties waking up                | <input type="checkbox"/> other _____   |
| <input type="checkbox"/> nervous                 | <input type="checkbox"/> feelings of helplessness/hopelessness |  |

12. Have you had thoughts of hurting yourself or someone else within the past year? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you recently been experiencing excessive stress? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been physically, emotionally or sexually abused? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION A**

- |   |     |    |
|---|-----|----|
| 1. Has your drinking/drug use ever caused you to miss work or be late to work?  | YES | NO |
| 2. Has your drinking/drug use ever caused you to lose a job or be transferred?  | YES | NO |
| 3. Have you ever been criticized or reprimanded as a result of your drinking/drug use?  | YES | NO |
| 4. Have you ever been unable to do your usual work due to your drinking/ drug use (i.e.: when you are intoxicated/high or have a hangover?) | YES | NO |
| 5. Have you neglected your family, self or work because of your drinking/drug use?  | YES | NO |
| 6. Does your drinking/drug use cause hardships for your family and/or friends (financial problems, friends having to cover for you, etc.?)  | YES | NO |

**SECTION B**

- |  |     |    |
|--|-----|----|
| 1. Have you ever drank/take drugs and drove?   | YES | NO |
| 2. While under the influence of drugs/alcohol, do you ever participate in activities such as swimming, rock climbing, jet-skiing, boating, mountain biking, etc? | YES | NO |



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**3. Have you ever injured yourself or someone else while under the influence of alcohol/drugs? YES NO**

**SECTION C**

**1. Have you ever been arrested or charged with a DUI/DWI? YES NO**

**2. In the past, have you ever been arrested or ticketed for any alcohol/drug-related incidents? YES NO**

**3. In the past, have you ever been arrested or ticketed for any NON alcohol/drug-related incidents YES NO**

**SECTION D**

**1. Have you ever had a relationship end because your drinking/drug use? YES NO**

**2. Has your drinking/drug use ever created problems between you and a friend or family member? YES NO**

**3. Has your drinking/drug use ever led to the loss of a friendship? YES NO**

**4. Has your family or friends ever expressed worry or commented on your drinking/drug use? YES NO**

**5. When drinking/using drugs, do you ever become physically or verbally abusive towards anyone? YES NO**

**7. Do you continue to drink/use drugs even though it's gotten you into trouble? YES NO**

**PART 1**

***PLEASE DESCRIBE YOUR CURRENT ALCOHOL/DRUG USE:***

**1. Has drinking/drug use either *increased* or *decreased* in the past year? (Please circle one that applies)**

**2. Have you ever been surprised at how much alcohol/ drugs that you can consume? YES NO**

**3. Have you ever had a BAC of .15 or higher on a breathalyzer? YES NO**

**4. Have you ever been told that you “can really hold your liquor” or “hold your drugs?” YES NO**

**PART 2**

***THE MORNING AFTER DRINKING ALCOHOL OR USING DRUGS HAVE YOU EVER:***

**1. Had any hangovers? YES NO**

**2. Gotten physically sick (i.e. nausea, vomiting, diarrhea, etc.)? YES NO**

**3. Felt your heart beating more rapidly than usual? YES NO**

**4. Felt uncomfortably hot, sweaty and/or feverish? YES NO**

**5. Had the “shakes” (hands tremble or shake?) YES NO**



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- |  |     |    |
|--|-----|----|
| 6. Had feelings of fear, nervousness, depression or anxiety?                         | YES | NO |
| 7. Had intrusive, weird and/or vivid dreams?   | YES | NO |
| 8. Ever seen or heard something that you felt/knew wasn't really there?              | YES | NO |
| 9. Had convulsions or seizures that you knew were related to your drinking/drug use? | YES | NO |
| 10. Been to the hospital to "sober up" or been admitted to a non medical detox?      | YES | NO |
| 11. Had any problems getting to sleep?   | YES | NO |

**PART 3**

- |   |     |    |
|---|-----|----|
| 1. Have you ever found that you've had more to drink/ use more drugs than you planned?    | YES | NO |
| 2. Have you ever found that you've spent more time drinking/using drugs than you planned? | YES | NO |
| 3. Do you sometimes spend more money drinking/using drugs than you planned?               | YES | NO |
| 4. Have you ever set rules for your drinking/drug use that you <u>could not</u> follow?   | YES | NO |

**PART 4**

- |   |     |    |
|---|-----|----|
| 1. Have you ever felt that you should cut down on your use of alcohol/ drugs?   | YES | NO |
| 2. Have you ever tried to cut down and then just found yourself starting again? | YES | NO |
| 3. Do you sometimes worry about you're drinking/drug use?                       | YES | NO |
| 5. Have you ever broken promises about your drinking and/or drug use?           | YES | NO |

**PART 5**

- |  |     |    |
|--|-----|----|
| 1. Have you ever planned your activities to include drinking/drug use?       | YES | NO |
| 2. Have you ever gotten upset when alcoholic and/or drugs are not available? | YES | NO |
| 3. Have you ever drank alcohol and/or used drugs before lunchtime?           | YES | NO |
| 4. Do you drink and/or use drugs on a daily basis?                           | YES | NO |

**PART 6**

- |   |     |    |
|---|-----|----|
| 1. Have you ever cut back or stopped important activities like hobbies, sports, family time, etc. because you are spending more time drinking and/or using drugs? | YES | NO |
| 2. Has your daily routine changed due to your drinking and/or use of drugs?   | YES | NO |
| 3. Do you believe that your drinking and/or drug use is becoming a central part of your life?   | YES | NO |



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**4. Do you resent others talking about your drinking/drug use? YES NO**

**PART 7**

**1. Have you ever been told by a medical professional that you have a medical condition that was a direct result of your drinking and/or drug use? YES NO**

**2. Do you often feel sad or guilty after drinking and /or using drugs? YES NO**

**3. Have you ever accidentally injured yourself/ someone else due to drinking and/or using drugs? YES NO**

**4. Have ever drank and/or used drugs while taking prescribed medication? YES NO**

**8. Have you ever had blackouts as a result of drinking and/or drug use? YES NO**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phillip Ybarra, LAADC**

\_\_\_\_\_  
**Date**