

# Alcohol and Drug Use History

Substance (List primary drug of concern first)					
Age of first use					
Date last used					
Method of use (IV, smoked, snorted, swallowed)					
Amount used on an average day (Cost? Weights? Standard Drinks?)					
Pattern of use in the past 7 days (frequency, fluctuations, precipitators)					
Pattern of use in past 28 days (frequency, fluctuations, precipitators)					
Duration of use (How long in the current pattern?)					
Longest abstinence? (Any complications? Why resumed?)					
High risk AOD use? (e.g. overdose, poly-drug use, dangerous contexts)					
Family history of use					