

Drug Use/Dependence Questionnaire

Title Surname

Given name(s)

Date of birth

1 Are you now using or have you ever used any of the following, other than for treatment of a medical condition under proper medical supervision?

- A** Amphetamines eg 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers', Crystal Meth, Tina No Yes
- B** Barbiturates eg 'Downers' No Yes
- C** Cannabis eg 'Hashish', Marijuana, 'Pot', 'Weed' No Yes
- D** Cocaine eg 'Coke', 'Crack', 'Snow' No Yes
- E** Hallucinogens eg 'Acid', 'Angel dust', 'Haze', LSD, 'Microdots' No Yes
- F** Herbs eg catnip, poppy, kavakava, lobelia No Yes
- G** Opiates eg Codeine, Heroin, Methadone, Morphine, Opium, 'Smack' No Yes
- H** Sedatives eg Diazepam, 'Downers', Nitrazepam, 'Tranks' No Yes
- I** Solvents eg Aerosols, glue No Yes
- J** Others No Yes

If YES to any of the above, please provide full details of each below

Name of Drug

Date Commenced Date Ceased

Method of Use / Quantity

Name of Drug

Date Commenced Date Ceased

Method of Use / Quantity

Question 1 continued ...

Name of Drug

Date Commenced Date Ceased

Method of Use / Quantity

Name of Drug

Date Commenced Date Ceased

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Name of Drug

Date Commenced Date Ceased

Method of Use / Quantity

2 Have you ever sought medical treatment due to drug usage or detoxification?

No **Go to next question**

Yes What was the medical treatment sought, including date(s) of attendance and name of doctor(s).

