Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Program # ____________ Client Name: ________________________

Counsellor: ____________________ Date: ______________________________

ADVERSE CONSEQUENCES OF SUBSTANCE USE

(Note to Assessment Therapist: Code only the most severe level of consequences for each problem.)

As a result of your substance use, have you experienced:

(8 = Refused, 9 = Missing)	Ever	Past 90 Days	Clinical Comments
a. Problems with your physical health (including overdose but not neurological problems unless neurological damage has been diagnosed) 0 none 1 self-identified/other person concerned 2 health care professional's health warning 3 medical treatment for physical problem (illness or accident) related to substance use	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 8 ☐ 9	If Ever, When:
b. Blackouts or memory problems, forgetting, confusion, difficulty thinking 0 none 1 5 or fewer occasions 2 more than 5 occasions	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	If Ever, When:
c. Mood changes, personality changes, substance-related psychoses, flashbacks when using 0 none 1 minor (impairment had no serious consequences on daily functioning) 2 major (impairment had adverse on daily functioning)	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	If Ever, When:
d. Problems in relationships (including friendships, family of origin, partner/spouse,etc.) 0 none 1 minor (strains and arguments) 2 major (relationship broken off or about to be broken)	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	If Ever, When:

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(8 = Refused, 9 = Missing)	Ever	Past 90 Days	Clinical Comments
e. Emotional/Physical abuse 0 been neither verbally or physically abusive when using 1 been verbally abusive when using 2 been physically abusive when using	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	If Ever, When:
f. School or work problems 0 none 1 performance affected (loss of time from work or school, or reduced work/school capacity, turning in school assignments late or not at all, assignments of poor quality or supervisor/teacher complained) 2 loss of job threatened, or actual loss of job/expelled from school threatened or actual 7 n/a – no job and not in school	☐ 0 ☐ 1 ☐ 2 ☐ 7 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 7 ☐ 8 ☐ 9	If Ever, When:
g. Legal Problems (substance-related charges) 0 none 1 charged only (case pending or dropped) 2 convicted	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	If Ever, When:
h. Financial Problems (DUE TO SUBSTANCE USE) 0 none 1 minor (spending too much) 2 major (substance use associated with significant loss of income, etc.)	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 2 ☐ 8 ☐ 9	If Ever, When:

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