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

PSYCHOACTIVE DRUG HISTORY QUESTIONNAIRE

Program # _____ Client Name:_____ Counsellor: _____ Date: _____

DRUG TYPE (1) NONE ☐	Used in Past 12 Months? Yes 1	No 2	Refused 8	Missing 9	# of days used in past 90 days	How Long Since Last Drug Use? (see codes below)	Typical Amount on Each Day of Use in the Last 90 Days*	Clinical comments (e.g. drug name, dosage, patterns, periods of abstinence, used only as prescribed, length of use, age of first use, etc.)
(2) ALCOHOL: Beer/liquor/wine	☐	☐	☐	☐				
(3) COCAINE/CRACK: coke	☐	☐	☐	☐				
(4) AMPHETAMINES/OTHER STIMULANTS	☐	☐	☐	☐				
(5) CANNABIS: hash, weed, grass, pot, marijuana	☐	☐	☐	☐				
(6) BENZODIAZEPINES	☐	☐	☐	☐				
(7) BARBITURATES	☐	☐	☐	☐				
(8) HEROIN/OPIUM	☐	☐	☐	☐				
(9) PRESCRIPTION OPIOIDS	☐	☐	☐	☐				

How Long Since Last Used: 1=<24 hour 2=1-3 days 3=within last week 4=within last month 5=more than a month ago

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(10) OVER-THE-COUNTER CODEINE PREPARATIONS	☐ ☐ ☐ ☐				
(11) HALLUCINOGENS	☐ ☐ ☐ ☐				
(12) GLUE/OTHER INHALANTS	☐ ☐ ☐ ☐				
(13) TOBACCO	☐ ☐ ☐ ☐				
(14) OTHER PSYCHOACTIVE DRUGS	☐ ☐ ☐ ☐				

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** See Guidelines for Describing "Amount" of Each Drug Use*

90 DAY WINDOW: START DATE (dd/mm/yyyy) _____ END DATE (Yesterday) (dd/mm/yyyy) _____