

Addiction Recovery Assessment

Supplement to the PDI

Today's Date: _____

Identification

Name: _____ Birth Date: _____ Male Female

All Past or Current Chemical Use¹ (other than nicotine)

<u>Substance</u>	<u>First & Last Use</u> (age or date)	<u>Amount Used</u>	<u>How Often?</u>	<u>How Used</u>	<u>In Withdrawal Now?</u> [Y/N]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

All Past or Current Non-Chemical Addictions²

<u>Description</u>	<u>Frequency/Severity</u>	<u>Became a Habit</u> (date)	<u>Last Indulgence</u> (date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drug (or Habit) of Choice:

First choice: _____ Second choice: _____

Biggest problems or concerns that addiction has caused you (or others):

- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____
 - 7) _____
 - 8) _____
 - 9) _____
- Any trouble at jobs: _____
- Any impact on relationships: _____

¹ Drugs, alcohol, medication (used in non-prescribed ways), or other chemicals.

² Such as gambling, sex, overeating, overworking, shopping, romance, pornography, the Internet, cutting/self-mutilation, anorexia/bulimia, TV, or codependency.

Involvement

My age when I first used: _____ My age the first time I became intoxicated: _____

While intoxicated, I am usually: Gentle & Emotional Violent & Angry Other: _____

- Yes No I can normally get through the week without indulging.
- Yes No I can stop indulging without a struggle after one or two (drinks, hits, websites, pills, etc.)
- Yes No I have used alcohol and drugs at the same time.
- Yes No I have used medication and drugs/alcohol at the same time.
The name of the medication was: _____
- Yes No I have used drugs/alcohol and sex at the same time.
- Yes No I have felt bad after indulging and I have indulged again in order to try to *feel better*.
- Yes No I have had health problems (physical, emotional, or mental) because of the addiction.
Please describe:
- Yes No Other people have had concerns about things associated with my addiction.
They were concerned about:
- Yes No I have engaged in illegal activities or irresponsible behavior³ because of my addiction.
- Yes No I have overdosed or had a bad reaction⁴ to alcohol or other chemical.
Describe the incident(s):

Family History

Do any family members struggle with alcohol, chemical, or non-chemical addictions (past or present)...

<u>Person</u>	<u>Addiction</u>	<u>Currently Addicted?</u> [Y/N]
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Yes No When growing up, it was normal to allow children to indulge in my addiction.
- Yes No As an adult, my family members and I have indulged in my addiction together.

³ Including *selling* what you were using.

⁴ Such as a hangover, blackout, memory loss, DT's (delirium tremens) such as shaking, hallucinations, etc.

Employment

How many employers have you had in the last 12 months? _____ Last 24 months? _____

Quitting

Yes No I feel I need to reduce my habitual behavior.

→ This is why I want to decrease my use:

Yes No I have tried before to decrease my involvement with addiction.

→ This is how I tried doing it:

→ This was the results of my attempt:

Yes Some No I know the withdrawal symptoms that are common to my addiction

Yes No I am experiencing withdrawal symptoms currently.

→ These are my symptoms:

My longest “clean” or “dry” period was from _____ to _____.

I believe this clean period was caused by: _____

Quitting

My current level of temptation to use is:

If I decided to submit to temptation today, here is where I would go and what I would do:

Treatment History

*Please list all treatment programs & detox facilities you have been involved in.
Do not list counselors, therapists, psychologists, or psychiatrists that you already described on the PDI form.*

<u>Name of Facility</u>	<u>Location</u>	<u>Dates</u>	<u>Completed?</u> [Y/N]
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#1) _____

Reason for Being There: _____

Impact or benefits received: _____

#2) _____

Reason for Being There: _____

Impact or benefits received: _____

#3) _____

Reason for Being There: _____

Impact or benefits received: _____

#4) _____

Reason for Being There: _____

Impact or benefits received: _____

#5) _____

Reason for Being There: _____

Impact or benefits received: _____

#6) _____

Reason for Being There: _____

Impact or benefits received: _____