

9. Did you get sick or have withdrawal when you quit or missed drinking or taking a drug?
Yes / No

10. Which drugs or alcohol caused you the MOST serious problems? See list below.

	Drug Name	# of days used in the last 30 days
Primary Substance	_____	_____
Secondary Substance	_____	_____
Tertiary Substance	_____	_____

11. How often did you inject drugs with a needle? Circle answer
Never / Only a few times / 1-3 times a month / 1-5 times a week / about every day

12. How serious do you think your drug problems are?
Not at all / Slightly / Moderately / Considerably / Extremely

13. How many times before now have you ever been in an alcohol treatment program?

14. How many times before now have you ever been in a drug treatment program?
(do not include AA/NA/CA meetings)

15. Do you think you need treatment for your drug use now?
If "Yes," answer question "a" below:
a. How important to you is it that you get into some type of treatment program now?
Not at all / Slightly / Moderately / Considerably / Extremely

16. How many times have you received psychiatric or counseling services for reasons other than alcohol or drug problems?
(Include all hospitalization and outpatient visits)

17. Do you currently have a medical condition?
If "YES" Choose no more than 3 conditions below: Circle answer
Seizures GI Bleeding Gastritis/Ulcers Anema Hepatitis HIV
STD TB Heart disease Hypertension Diabetes Cancer Malnutrition
Respiratory Lung Disease Injuries Other

Other Medical Conditions? _____

18. What medications have been prescribed or have you been taking in the past 6 months for substance abuse or mental health problems?

_____	_____
_____	_____
_____	_____

a. If female, are you pregnant? Yes/No

- **GAMBLING BEHAVIORS**

19. How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery, or bet cards or dice games/?)
20. In the last 30 days, have you gambled for anything of value?
21. If you have gambled in the past 12 months, how much money did you usually bet?
22. In the past year, have you often found yourself thinking about gambling or planning to gamble?
23. In the past year, have you ever spent more than you meant to on gambling?
24. In the past year, has gambling lead you to lie to your family?
25. Has the money you spent gambling led to financial problems?
26. Has the time you spent gambling led to problems in your family, work, school, or personal life?