## SCREENING NFTC

Clier	nt Name:				
	]	Last	First	Middle	
Date	<b>:</b>				
Cont	tact Code:	In person	Phone call		
Inter	rview Setting: Cir	<u>cle answer</u>			
Offic	re / Home / O	utpatient clinic	Outpatient hospital /	Inpatient hospital /	
Resid	dential facility /	Boarding home	/ Correctional facility /	/ Mobile/Extended/Outreach/	
Hosp	pice / Nursing h	ome / Other			
Refe	rred By: Circle ar	<u>iswer</u>			
Alcoi	hol Drug Abuse C	are Program / C	ivil Protective Custody (CI	PC)/(Court) Criminal Justice	
			d Organization / Individua	l (Includes Self Referral /	
Othe	r Healthcare Prov	ider / School (Ed	ducational) / Unknown		
PAR	T ONE				
Duri	ing the last 6 mon	ths:			
1.	Did you often u	se larger amoun	ts of alcohol or drugs or us	e them for a longer time than	
	you had planned or intended? Yes / No				
2.	Did you try to cut down on alcohol or drugs and were unable to do it? Yes / No				
3.	Did you spend a lot of time getting alcohol or drugs, using them, or recovering from their use? Yes $/$ No				
4.	Did you often g	et so high or sic	k from alcohol or drugs tha	ıt it—	
	a. Kept yo	u from doing wo	ork, going to school, or cari	ng for children? Yes / No	
	b. Caused	an accident or be	ecame a danger to you or o	thers? Yes / No	
5.	Did you often s	pend less time a	t work, school, or with frien	nds so that you could drink or	
	use drugs? Ye	•	,	•	
	D:1		C.		
6.	•	alcohol or drug			
		nal or psychologi			
		-	riends, work, or police? Y	es / No	
	c. Physical	l health or medic	al problems? Yes / No		
7.	Did you increas	e the amount of	alcohol or a drug you were	taking so that you could get	
	the same effects	s as before? Ye	es / No		

Did you ever keep drinking or taking a drug to avoid withdrawal or keep from getting sick? Yes / No

8.

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				
11.	How often did you inject drugs with a needle? <u>Circle answer</u> 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 al 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: <u>Circle answer</u> Seizures GI Bleeding Gastritis/Ulcers Anema Hepatitis HIV  STD TB Heart disease Hypertension Diabetes Cancer Malnutrition  Respiratory Lung Disease Injuries Other				
Othe	r 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?				

Yes/No

If female, are you pregnant?

a.

## • GAMBLING BEHAVIORS

- 19. How old were you the first time you gambled (bet money or something of value on sports, a game of change 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?