
Client Name

Client ID

Date Form Completed

Check if Staff Administered

ALCOHOL AND SUBSTANCE IMPACT INVENTORY

Many of the people in our programs have difficulties with alcohol and substances. In our efforts to help them, it is important that we know what kinds of problems people are having with alcohol and substances. Please answer the following questions by circling **YES** or **NO** regarding your experiences in the last three months as openly and honestly as possible. Your answers may help us to serve both you and other clients better. **Thank You!!**

IN THE PAST THREE MONTHS

1. Have you been employed?	YES	NO
2. Has using drugs or alcohol created problems between you and your family or friends?	YES	NO
3. Have you run out of money at least once before the end of the month due to using drugs or alcohol?	YES	NO
4. Have you sold drugs or stolen things to get money to buy drugs or alcohol?	YES	NO
5. Have you lost friends, husband, wife, or a significant other due to using drugs or alcohol?	YES	NO
6. Have you gotten into fights (verbal or physical) when using drugs or alcohol?	YES	NO
7. Have you gotten into trouble at work (e.g., lateness, missing work) because of drugs or alcohol?	YES	NO
8. Have you lost your job because of using drugs or alcohol?	YES	NO
9. Have you been evicted or been otherwise forced to change residence because of using drugs or alcohol?	YES	NO
10. Have you traded sex or prostituted for drugs or alcohol?	YES	NO
11. Do you have a representative payee as a result of using drugs or alcohol?	YES	NO
12. Have you been arrested (e.g., assault, D.U.I., loitering, public nuisance, prostitution, etc.), even for a few hours, because of drug or alcohol use?	YES	NO
13. Have you suffered physical injuries as a result of using drugs or alcohol (e.g., broken bones from falling down when drunk, injuries while driving while intoxicated, etc.)?	YES	NO
14. Have you been told by a medical doctor or nurse that you have new physical health problems due to using drugs or alcohol (e.g., cirrhosis of the liver, HIV or Hepatitis infection resulting from using an infected needle)?	YES	NO
15. Have you had DT's (severe shaking) or hallucinations due to WITHDRAWAL from drugs or alcohol?	YES	NO
16. Have you entered a hospital or other facility <u>primarily</u> due to your drug or alcohol use?	YES	NO
17. Have you had to increase the amount of alcohol or drugs you use to get the same effect?	YES	NO
18. Have you felt you might need to cut down on your drinking or drug use?	YES	NO
19. Have your psychiatric or emotional symptoms bothered you more when you used drugs or alcohol?	YES	NO

