

CORE Assessment – Alcohol OnlyPlease **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

1. Which of these statements best describes to what extent you view your alcohol use as a problem?
 - a. My alcohol use is NOT a problem
 - b. My alcohol use MIGHT be a problem, but I'm not really sure
 - c. My alcohol use DEFINITELY is a problem
2. Which of these statements best describes to what extent you want/need professional help for an alcohol problem?
 - a. I do not want or need professional help for an alcohol problem
 - b. I might want or need professional help, but I'm not really sure
 - c. I definitely want/need professional help for an alcohol problem

ALCOHOL USE HISTORY

3. Which phrase best describes your current use of alcohol: CHECK ONE
 Never a problem, Minor Concern, Major Concern,
 Resolved, no longer a concern. Year resolved: _____
4. How many years do you feel you have been a heavy drinker? _____
5. How many years do you feel you have had a problem with alcohol? _____
6. How many times have you seriously tried to quit or reduce your drinking? _____
7. Since you first became concerned about your drinking, what is the longest number of continuous months over which you drank no alcohol (excludes times in jail, hospital)? _____ When (year): _____
8. What prompted you to start drinking again? _____

9. In the past year, have you drank in the morning upon waking, to avoid withdrawals from the previous night's drinking? No Yes
10. In the past year, how many times have you experienced blackouts when drinking (i.e., cannot remember anything — total amnesia)? _____
11. Have you ever received any treatment or self-help for alcohol problems (e.g., out- or inpatient treatment, AA)?
 No Yes, describe: _____
12. What did you like least about your past treatment experiences? _____

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.

CORE Assessment – Alcohol Only (Continued)

 Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

13. How many times have you ever been hospitalized for alcohol-related reasons? (e.g., detox, inpatient.)? _____
Describe: _____
14. How many times have you ever been arrested for alcohol reasons other than drinking and driving? _____
Describe: _____
15. How many times have you been arrested for drunk driving (DUIs)? _____
16. What has been your highest blood alcohol content (BAC)? _____
17. Have you ever had a complete physical examination? _____ If yes, when? _____
18. As part of your physical examination, were liver function tests performed? _____
If yes, were there any adverse findings? _____

YOUR ALCOHOL USE DURING THE PAST SEVEN DAYS

		SUBSTANCES USED (Alcohol)	AMOUNTS USED
19.	Today		
20.	Yesterday		
21.	2 days ago		
22.	3 days ago		
23.	4 days ago		
24.	5-7 days ago		

ALCOHOL USE

25. When you drink alcohol, what types of beverages do you most often drink? (check all that apply)
 beer, wine, vodka, gin, scotch/whiskey, other (specify) _____
26. How many drinks do you usually have? per day _____ per week _____
27. Do you experience any physical problems when you try to stop drinking?
 No, Yes, check all that apply: shakes or trembling, sweating, vomiting, sleep problems, seizures, hallucinations
28. Have you ever experienced physical withdrawal or other medical complications from prior attempts to stop drinking alcohol? No Yes, please describe _____

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.



Private Code # _____

Today's Date _____

CORE Assessment – Alcohol Only (Continued)

Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

ALCOHOL USE PROFILE

- 29. Have you ever found yourself thinking a great deal about alcohol or being preoccupied with drinking? [] No [] Yes
- 30. Have you ever experienced cravings or a strong compulsion to use alcohol? [] No [] Yes
- 31. Have you ever had difficulty in reducing or totally stopping your alcohol use? [] No [] Yes
- 32. Have you ever used more frequently and/or in larger amounts than you intended to? [] No [] Yes
- 33. Have you ever been under this influence of alcohol while driving a car or operating dangerous machinery? [] No [] Yes
- 34. Has your use ever caused you to miss workdays or impaired your productivity or judgment at work? [] No [] Yes
- 35. Have you ever become less sociable, socially withdrawn, or isolated as a result of using alcohol? [] No [] Yes
- 36. Have you ever given up recreational activities/exercise, or other healthy pursuits due to alcohol use? [] No [] Yes
- 37. Has your self-esteem or self-image ever been negatively affected by your alcohol use? [] No [] Yes
- 38. Have relationships with a mate, family members or significant others been damaged by your alcohol use? [] No [] Yes
- 39. Have you ever used alcohol to "medicate" yourself for depression, anxiety, or other negative moods? [] No [] Yes
- 40. Has your substance use been associated "STD risky" sexual behavior such as having sexual encounters with unknown partners, or having STD-risky unprotected sex with someone other than your primary mate while under the influence of alcohol? [] No [] Yes
- 41. Do you feel a need for professional help to deal with your alcohol problem? [] No, [] Yes, [] Not Sure
- 42. YOUR TOTAL NUMBER OF "YES" RESPONSES TO QUESTIONS 29 - 41 _____

CONSEQUENCES OF YOUR ALCOHOL USE

Check all that apply during the past 3-6 months or similar period prior to any recent discharge from inpatient rehab.

- 43. **PSYCHOLOGICAL** [] Irritability, short temper, [] Self-hate, [] Depression, [] Suicidal thoughts or actions, [] Homicidal thoughts or actions, [] Paranoia, suspiciousness, [] Memory, [] Anxiety or panic attacks, [] Other (describe): _____
- 44. **SEXUAL** [] Loss of sexual desire, [] Sexual obsession, [] Sex with strangers, [] AIDS-risky sex, [] Inability to achieve orgasm, [] Inability to achieve or sustain erection, [] Other (describe): _____

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.



Private Code # _____

Today's Date _____

CORE Assessment – Alcohol Only (Continued)

Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

45. **RELATIONSHIPS** [] Arguments with mate, [] Violence with mate, [] Breakup of marriage or relationship, [] Loss of friends, [] Arguments with parents or siblings, [] Other (describe): _____

46. **JOB OR FINANCIAL** [] Job loss or threatened job loss, [] Lateness or absenteeism, [] Less productive at work, [] In debt, [] Falling behind in paying bills, [] Other (describe): _____

47. **LEGAL** [] Arrested for DWI, [] Other: _____

48. **OTHER CONSEQUENCES:** please describe _____

TREATMENT HISTORY

INPATIENT OR REHAB - Hospital Detox, Psychiatric Facility, or Alcohol Rehab

	Facility Name	Reason for Admission	Admission Date mo/yr	Length of Stay	Results-completed/dropped out
49.					
50.					
51.					

OUTPATIENT SUBSTANCE ABUSE TREATMENT- Alcohol Program or Addiction Clinic

	Facility Name	Reason for Admission	Admission Date mo/yr	Length of Stay	Results-completed/dropped out
52.					
53.					

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.



Private Code # _____

Today's Date _____

CORE Assessment – Alcohol Only (Continued)

Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

54. Are you currently seeing a psychologist, psychiatrist, or other therapist? No Yes

55. Practitioner's Name: _____

56. Primary reason for seeking help _____

57. Seeing this clinician for how long? _____ How useful has it been for you? _____

PRESCRIBED MEDICATIONS YOU ARE CURRENTLY TAKING

	Medication	Dose per day	Condition or Illness	Doctor's Name	Approx. starting date	Take as prescribed?
58.						
59.						
60.						
61.						
62.						
63.						

Please Answer ALL Questions Below

- 64. Have you ever been hospitalized or treated in an ER for alcohol overdose? No Yes Past 30 days?
- 65. Have you ever had seizures, convulsions, or epilepsy? No Yes Past 30 days?
- 66. Have you ever had blackouts (memory gaps) due to alcohol use? No Yes Past 30 days?
- 67. Have you ever felt suicidal or had repeated thoughts about harming yourself? No Yes Past 30 days?
- 68. Have you ever planned out or chosen a specific method for killing yourself? No Yes Past 30 days?
- 69. Have you ever attempted to kill or seriously harm yourself? No Yes Past 30 days?
- 70. Have you ever been hospitalized due to a suicide attempt or suicidal thoughts? ... No Yes Past 30 days?
- 71. Are you afraid that you might try to harm yourself in the near future? No Yes Past 30 days?
- 72. Do you have a history of being violent toward other people?..... No Yes Past 30 days?
- 73. Do you ever have persistent thoughts or fantasies about harming other people?.. No Yes Past 30 days?
- 74. Have you ever (when not under the influence of alcohol seen or heard things that others did not? No Yes Past 30 days?

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.

CORE Assessment – Alcohol Only (Continued)Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

75. *Please explain any "YES" answers for questions 64-74:*

YOUR SELF-HELP INVOLVEMENT

76. Have you ever attended a 12-step meeting of AA/CA/NA or SMART/MM/SOS?
[] No [] Yes For how long? _____
77. How often do you go to meetings now? _____ Do you have a sponsor? [] No [] Yes
78. Do you maintain regular contact with your sponsor? [] No [] Yes If Yes, how often? _____
79. Are you doing step work with your sponsor? [] No [] Yes
80. How important to your recovery is your current involvement in the 12-step program?
[] None, [] Minimal, [] Moderate, [] Very Important, [] Extremely Important

Mood and Mental State: OVER THE PAST 30-60 DAYS:

81. Have you been feeling depressed, down, blue, or hopeless on a regular basis? [] No [] Yes
82. Has your appetite significantly increased or decreased? [] No [] Yes
83. Have you lost or gained a significant amount of weight? [] No [] Yes
84. Have you experienced problems falling asleep or staying asleep on most nights? [] No [] Yes
85. Have you been sleeping too much or having trouble getting out of bed? [] No [] Yes
86. Have you been feeling worthless and/or overwhelmed with guilt? [] No [] Yes
87. Have you been feeling irritable, agitated, restless, or unable to concentrate? [] No [] Yes

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.



Private Code # _____

Today's Date _____

CORE Assessment – Alcohol Only (Continued)

Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

- 88. Have you lost interest or reduced participation in pleasurable activities? [] No [] Yes
- 89. Have you been less interested in sex?..... [] No [] Yes
- 90. Have you been avoiding social contact or become withdrawn and isolated?..... [] No [] Yes
- 91. Have you been feeling overwhelmed with sadness or had crying spells? [] No [] Yes
- 92. Has your overall energy level decreased or been much lower than usual? [] No [] Yes
- 93. Have you been feeling that life may not be worth living?..... [] No [] Yes
- 94. Do you feel that you worry excessively about many things? [] No [] Yes
- 95. Do you avoid social situations because of feelings of fear? [] No [] Yes
- 96. Do you have recurrent thoughts or images in your head that refuse to go away? [] No [] Yes
- 97. In the last month, has there been a period of time when you were feeling so good,
high, excited or hyper that other people thought you were not your normal self or
you got into trouble? Did anyone say you were manic? [] No [] Yes
- 98. Have you ever had a time when you were feelings so good or hyper that other people
thought you were not your normal self or you were so hyper that you got into trouble:
(Did anyone say you were manic, then?) [] No [] Yes
- 99. Have you had any unusual experiences, for example did it ever seem like people were
talking about you or taking special notice of you? [] No [] Yes
- 100. What about receiving special messages from people or from the way things were
arranged around you, or from the newspaper, radio, or TV?..... [] No [] Yes
- 101. Other than when you were depressed or feeling high, has there been a time when you
heard voices, had visions, or saw or smelled things that others couldn't see or smell?..... [] No [] Yes
- 102. Or did you do something to call attention to yourself like dressing in some odd way
or doing something strange? [] No [] Yes
- 103. Have you ever had a panic attack, when you felt frightened, anxious, uncomfortable,
worried about going crazy or suddenly developed a lot of physical symptoms
(e.g., heart-pounding, trembling, dizziness)? [] No [] Yes

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.

CORE Assessment – Alcohol Only (Continued)Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide

104. If yes, has the panic attack been followed by persistent concern about having additional attacks, worry about the implications or consequences of the attack, or a significant change in behavior related to the attacks?..... No Yes
105. Have you ever been bothered by thoughts, impulses or images that caused anxiety and kept coming back even when you tried not to have them?..... No Yes
106. What about awful thoughts, like hurting someone against your will, or being contaminated by germs or dirt?..... No Yes
107. Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure you'd done it right?..... No Yes
108. Have you been afraid of leaving the house alone, being in crowds, standing in line, or traveling on buses or trains?..... No Yes

LEARNING AND BEHAVIOR PROBLEMS

109. Did you ever have any learning, attention, hyperactivity, or other behavior problems in school?
 No Yes, describe _____
110. Were you ever diagnosed as having: learning disability, attention deficit disorder, or hyperactivity disorder Please check all that apply.
111. Do you have difficulty with distractibility, short attention span, impulsivity, or restlessness?
 No Yes, describe _____
112. Did you ever receive tutoring, therapy, or medication for these problems? No Yes, describe _____

ADVERSE CHILDHOOD EXPERIENCES**Did you experience any of the following during childhood:**

113. Recurrent and severe physical abuse No Yes
114. Recurrent and severe emotional abuse No Yes
115. Sexual abuse No Yes

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.

CORE Assessment – Alcohol Only (Continued)Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide

Continued from previous page - Growing up in a household with:

116. An alcohol or drug abuser [] No [] Yes
117. A member being imprisoned..... [] No [] Yes
118. A mentally ill, chronically depressed, or institutionalized member..... [] No [] Yes
119. Witnessed your mother being physically abused or intimidated..... [] No [] Yes
120. Both biological parents not being present [] No [] Yes

NEGATIVE LIFE EVENTS

Have you ever experienced any of the following traumatic life events:

121. Physical or sexual abuse [] No [] Yes
122. Life threatening illness, injury or catastrophic situation [] No [] Yes
123. Unexpected death of loved one or caregiver..... [] No [] Yes
124. Survived a natural disaster or near death experience [] No [] Yes
125. If Yes to any of the above, please describe below and answer the following questions: _____

Do you re-experience the negative or traumatic event in at least one of the following ways?

126. [] No [] Yes Repeated, distressing memories and/or dreams?
127. [] No [] Yes Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)?
128. [] No [] Yes Intense physical and/or emotional distress when you are exposed to things that remind you of the event.

Do you avoid reminders of the event and feel numb, compared to the way you felt before, in three or more of the following ways (Questions 129 – 134)?

129. [] No [] Yes Avoiding thoughts, feelings, or conversations about it?
130. [] No [] Yes Avoiding activities, places, or people who remind you of it?
131. [] No [] Yes Blanking on important parts of it?
132. [] No [] Yes Losing interest in significant activities of your life?

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

CORE Assessment – Alcohol Only (Continued)Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide

133. No Yes Feeling detached from other people?
134. No Yes Feeling your range of emotions is restricted?

Are you troubled by any of the following:

135. No Yes Problems sleeping?
136. No Yes Irritability or outbursts of anger?
137. No Yes Problems concentrating?
138. No Yes Feeling "on guard"?
139. No Yes An exaggerated startle response?

MEDICAL

140. Any current medical problems? No Yes, describe: _____
141. Currently under a doctor's care for these problems? No Yes, names of doctors: _____

142. Any serious illness within the past year? No Yes, describe: _____
143. EVER had? (check all that apply): high blood pressure, heart disease, epilepsy, seizures, convulsions,
 kidney disease, diabetes, colitis, thyroid disease, pancreatitis, cancer, TB,
 HIV, Hep A, Hep B, Hep C, serious head/brain injury, other serious illnesses or major
surgeries (describe): _____

FINANCIAL

144. Are you currently experiencing financial problems? No Yes
145. Are you falling behind in paying: rent, credit card, loans, car lease
146. Are you having to borrow money to keep up with monthly living expenses? No Yes

MILITARY

147. Have you ever served in the military? No Yes
148. If yes, did you receive an honorable discharge? Yes No, please explain: _____

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

CORE Assessment – Alcohol Only (Continued)Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide

LEGAL

149. Have you ever been arrested or convicted of a crime? No Yes, explain: _____

150. Are there any legal charges or lawsuits pending against you? No Yes, explain: _____

RELATIONSHIPS

151. Your sexual orientation: heterosexual, homosexual, bisexual

152. Are you currently involved in a significant relationship? No Yes

153. How many times have you been married? _____

154. If currently married, for how long? _____ Reasons for prior separation/divorce: _____

155. Name of your current spouse/mate: _____

156. Spouse/mate's Age: _____ Occupation: _____

157. Current areas of conflict with your mate: _____

158. Does he/she have any history of emotional or psychiatric problems? No Yes, please explain: _____

159. Does he/she have a history of alcohol or drug problems? No Yes, please explain: _____

160. Who do you consider to be a part of your social support network? _____

↓

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.

CORE Assessment – Alcohol Only (Continued)

 Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide. **Your history of past substance use is vital in developing a treatment plan.**

YOUR HISTORY OF SUBSTANCE USE

	SUBSTANCE	Age at First Use	Time Since Last Use	Currently a "Problem"?	Ever a "Problem"?	Longest time able to remain abstinent from this drug when you were deliberately trying to stop using it.
161.	Cocaine snorting (powder)					
162.	Cocaine smoking (crack)					
163.	Methamphetamine					
164.	Alcohol					
165.	Heroin					
166.	Methadone					
167.	Prescription Opioids <i>Specify:</i>					
168.	Marijuana					
169.	Benzodiazepines					
170.	Barbiturates					
171.	Dextromethorphan (DXM)					
172.	Hallucinogens (LSD, mescaline, psilocybin, etc)					
173.	"Ecstasy" (MDMA)					
174.	Amyl Nitrate ("Snappers")					
175.	"Special K" (ketamine)					
176.	PCP "Angel Dust"					
177.	Steroids (specify)					
178.	Rohypnol ("Roofies")					
179.	GHB "G"					
180.	Nitrous Oxide / "Whippets"					
181.	Other (specify):					

PLEASE FAX COMPLETED FORM TO (310) 388-5548.

9171 Wilshire Blvd., Suite 680, Beverly Hills, California 90210 – Phone (310) 275-5433

HabitDoc.com is a division of Life Management Skills, Inc. Copyright © 2007. All rights reserved.