

# Leadem Counseling & Consulting Services, P.C.

668 Commons Way  
Toms River, NJ 08755

## CHEMICAL USE SURVEY

NAME: \_\_\_\_\_

I. Describe your use of alcohol. Be specific about amount and frequency of use.

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II. Describe your use of other mood-altering drugs. Be specific about the drug name, amount, and frequency of use.

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III. Which of these have you had?

Blackouts     Bad Reactions     Withdrawal symptoms  
 Overdoses     Detoxification in a hospital  
 Other problems

Have you undergone treatment for chemical use?  Yes  No

IV. Self-description of use:

1. Would you say you:  are a social drinker  are a heavy drinker  
 are an alcoholic or  have a drinking problem? Or how would you describe your use?

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2. Would you say you  are a recreational drug user  are an addict  
 have a drug problem? Or how would you describe your use?

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3. Has your drinking/drug use caused you any physical, emotional, employment, legal, spiritual, academic, or marital (or other primary relationship) problems? Please be specific.

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