Client Name_________________ Date ________________

The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder (AUD) or Substance Use Disorder (SUD). The severity of the AUD/SUD is defined as: Mild: The presence of 2 to 3 symptoms. Moderate: The presence of 4 to 5 symptoms. Severe: The presence of 6 or more symptoms.

1. Substance is often taken in larger amounts or over a longer period than was intended. Yes___ No____
Had times when you ended up drinking/using more, or longer than you intended?

2. There is a persistent desire or unsuccessful efforts to cut down or control substance use. Yes___ No____
More than once wanted to cut down or stop drinking/using, or tried to, but couldn’t?

3. A great deal of time is spent in activities necessary to obtain alcohol or drugs, use of substance, or recovery from its effects.
Yes___ No____
Spent a lot of time drinking/using? Or being sick or getting over the aftereffects?

4. Craving, or a strong desire or urge to use alcohol and/or drug... Yes___ No____
Experienced craving — a strong need, or urge, to drink/use?

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home. Yes___ No____
Found that drinking/using — or being sick from drinking/using — often interfered with taking care of your home or family? Or caused job troubles? Or school problems?

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol and/or drugs.
Yes___ No____
Continued to drink/use even though it was causing trouble with your family or friends?
7. **Important social, occupational, or recreational activities are given up or reduced because of substance use.** Yes___ No___
   Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink/use?

8. **Recurrent substance use in situations in which it is physically hazardous.** Yes___ No___
   More than once gotten into situations while or after drinking/using that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?

9. **Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol or drug use.** Yes___ No___
   Continued to drink/use even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?

10. **Tolerance, as defined by either of the following:**
    a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of the substance.
   Had to drink/use much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?

11. **Withdrawal, as manifested by either of the following:**
    a. The characteristic withdrawal syndrome for alcohol or drug.
    b. Substance is taken to relieve or avoid withdrawal symptoms.
   Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or sensed things that were not there?

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Diagnosis code(s)

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Counselor Signature  Date  Medical Director Signature  Date