

APPENDIX 1

New Patient Questionnaire

Name _____ Current age _____ Date _____

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 |
|---|------------------|---------------------|------------------------|-------------------|---|
| Cocaine powder | | | | | |
| Crack cocaine | | | | | |
| Methamphetamine "crystal" | | | | | |
| Alcohol | | | | | |
| Heroin | | | | | |
| Methadone | | | | | |
| Prescription narcotics/ painkillers (Vicodin, Percocet, codeine, OxyContin, etc.) | | | | | |
| Marijuana/hashish | | | | | |
| Benzodiazepines (Valium, Xanax, Ativan, Klonopin, etc.) | | | | | |
| Barbiturates | | | | | |
| Hallucinogens (LSD, mescaline, psilocybin, etc.) | | | | | |
| "Ecstasy" (MDMA) | | | | | |

From *Treating Alcohol and Drug Problems in Psychotherapy Practice: Doing What Works, Second Edition*, by Arnold M. Washton and Joan E. Zweben. Copyright © 2023 The Guilford Press. Permission to photocopy this appendix is granted to purchasers of this book for personal use or use with patients (see copyright page for details).

HISTORY OF SUBSTANCE USE *(continued)*

| 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 |
|---------------------------|------------------|---------------------|------------------------|-------------------|---|
| Amyl nitrate ("snappers") | | | | | |
| "Special K" (ketamine) | | | | | |
| PCP ("angel dust") | | | | | |
| GHB ("G") | | | | | |
| Rohypnol ("roofies") | | | | | |
| Nitrous oxide | | | | | |
| Other (specify): | | | | | |

Alcohol and Drug Use during the *Past Week*

| | Substances used | Amounts used |
|------------|-----------------|--------------|
| Today | | |
| Yesterday | | |
| 2 days ago | | |
| 3 days ago | | |
| 4 days ago | | |
| 5 days ago | | |
| 6 days ago | | |

SUBSTANCE USE PROFILE

1. Have you ever found yourself thinking a great deal about alcohol or drugs or being preoccupied with using?
 Yes No
2. Have you ever experienced cravings or a strong compulsion to use alcohol or drugs?
 Yes No
3. Have you ever had difficulty in reducing or totally stopping your alcohol or drug use?
 Yes No Never tried to stop
4. Have you ever used more frequently and/or in larger amounts than you intended to?
 Yes No
5. Have you ever been under the influence of alcohol or drugs while driving a car or operating other dangerous machinery?
 Yes No

6. Has alcohol or drug use ever caused you to miss days of work and/or impaired your productivity, effectiveness, or judgment at work?
[] Yes [] No
7. Have you ever become less sociable, socially withdrawn, or isolated as a result of using alcohol or drugs?
[] Yes [] No
8. Have you ever given up recreational activities, exercise, or other healthy pursuits because of alcohol or drug use?
[] Yes [] No
9. Has your self-esteem or self-image ever been negatively affected by your alcohol or drug use?
[] Yes [] No
10. Have you ever engaged in “STD-risky” sexual behavior, such as having sexual encounters with unknown partners or having unprotected sex with someone other than your primary mate while under the influence of alcohol or drugs?
[] Yes [] No
11. Have relationships with a mate, family members, or significant others been damaged by your alcohol or drug use?
[] Yes [] No
12. Have you ever used alcohol or drugs to “medicate” yourself for depression, anxiety, or other negative moods?
[] Yes [] No
13. Do you feel a need for professional help to deal with your alcohol or drug problem?
[] Yes [] No [] Not sure

Total number of “Yes” responses: _____

CONSEQUENCES OF ALCOHOL AND DRUG USE

Psychological: [] irritability, short temper [] self-hate [] depression
[] suicidal thoughts or actions [] homicidal thoughts or actions
[] paranoia, suspiciousness [] memory problems [] anxiety or panic attacks
[] other (describe):

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):

Relationships: [] arguments with mate [] violence with mate [] breakup of marriage or relationship [] loss of friends [] arguments with parents or siblings [] other (describe):

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):

Legal: [] arrested for possession of illegal drugs [] arrested for sale of illicit drugs [] arrested for DWI [] other (describe):

TREATMENT HISTORY

Inpatient Addiction Treatment (in a Hospital, Detox, Rehab, or Residential Program)

| Facility name | Reason for admission | Admission date (mo/yr) | Length of stay | Results (completed/dropped out) |
|---------------|----------------------|------------------------|----------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Outpatient Addiction Treatment (in a Clinic or Program)

| Facility name | Reason for admission | Admission date (mo/yr) | Length of stay | Results (completed/dropped out) |
|---------------|----------------------|------------------------|----------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

POSITIVE EFFECTS OF SUBSTANCE USE

Please check all positive effects you have experienced from using alcohol/drugs, even if presently you no longer get these positive effects when you use.

- more relaxed less anxious less depressed better able to have fun
 increased sexual desire better able to perform sexually easier to meet sexual partners
 more talkative less anxious or awkward in social situations less critical of myself more energy less angry
 more productive at home or work other positive effects (specify):

PHYSICAL PROBLEMS RELATED TO SUBSTANCE USE

- sleep problems poor nutrition abnormal blood test results heart or circulation problems
 liver problems stomach or digestion problems vomiting bleeding seizures shaking panic anxiety attacks
 paranoia HIV hepatitis C other infections or diseases (specify):
 withdrawal symptoms when you have tried to stop using (specify):
 other medical or physical problems (specify):

SEXUAL BEHAVIOR AND SUBSTANCE USE

Has your alcohol or drug use *ever* been associated with sex? Yes (answer all questions below) No (stop here)

When using substances do you get involved in (check all that apply):

- compulsive masturbation sex with prostitutes/escorts strip clubs
 porno movies telephone sex Internet pornography

- sadomasochistic sex asphyxiation sex with cross-dresser
 other (specify):

Approximately how often does your substance use involve sexual thoughts, feelings, fantasies, or behaviors?

- always almost always most of the time sometimes
 almost never never

1. Does your substance use stimulate your sex drive and fantasies?
2. Does your substance use impair your sexual performance (e.g., prevent orgasm and/or erection) ?
3. Are you more likely to have sex (e.g., intercourse, oral sex, masturbation, etc.) when using substances?
4. Are you more likely to have sex with a prostitute, pickup, other unknown partner, or someone besides your spouse or primary mate when using substances?
5. Has your use of substances increased your preoccupation and obsession with sex or made your sex drive abnormally high?
6. Do you think your substance use is so strongly associated with sex that the two are difficult for you to separate from one another?
7. In prior attempts to stop using substances, have sexual thoughts, feelings, and/or fantasies perpetuated your drug use and contributed to relapse?
8. Are you concerned that if you stop using this substance, sex will not be as interesting or pleasurable for you?
9. Have sexual fantasies or desires ever increased your chances of using substances?
10. If you try to stop using substances, are you concerned that your sexual fantasies or desires will make it harder for you to stop?
11. If you are heterosexual, have you experienced homosexual fantasies or engaged in sex with a same-sex partner while under the influence of substances?
12. Are you less likely to practice safe sex under the influence of substances (e.g., not use condoms, be less careful about whom you choose as a sex partner)?
13. Has your sexual behavior under the influence of substances caused you to feel that you are sexually perverted or have a sex problem?
14. Prior to getting involved with substances, were you ever concerned that your sex drive was abnormally high or that you were preoccupied or obsessed with sex?
15. Prior to getting involved with substances, were you ever concerned that your sex drive was abnormally low or that your sexual performance was inadequate?
16. Do you feel that your treatment should address substance-related sexual issues?

APPENDIX 2

Inventory of “Triggers” for Alcohol and Drug Use

Name _____ Current age _____ Date _____

SITUATIONAL TRIGGERS (PEOPLE, PLACES, THINGS)

- Bars
- Clubs
- Parties
- Dealers
- Drug paraphernalia
- Hidden “stash” of drugs/paraphernalia in your home, car, office, clothing
- Other people who abuse alcohol/drugs—family members, friends, coworkers, sex partners
- Certain anniversaries, holidays, celebrations, etc.
- Having a lot of cash on hand (e.g., payday)
- ATM card
- Sex partners (e.g., escorts, prostitutes, pickups)
- Pornography

INTERNAL (EMOTIONAL) TRIGGERS

- Anger
- Frustration
- Boredom
- Depression
- Hopelessness
- Helplessness
- Anxiety
- Stress
- Uncertainty
- Loneliness
- Sadness
- Exhaustion
- Excitement
- Joy
- Sexual arousal

CHEMICAL TRIGGERS

- Alcohol
- Any other mood-altering drugs of abuse
- Sedating antihistamines, cough medicines, sleep remedies
- Sleeping pills, tranquilizers
- Prescription painkillers (narcotics)
- Large doses of caffeine
- Nicotine

From *Treating Alcohol and Drug Problems in Psychotherapy Practice: Doing What Works, Second Edition*, by Arnold M. Washton and Joan E. Zweben. Copyright © 2023 The Guilford Press. Permission to photocopy this appendix is granted to purchasers of this book for personal use or use with patients (see copyright page for details).

APPENDIX 3

Preparing to Go Off Antabuse

Antabuse (disulfiram) is a valuable tool that can help you buy time while changing behavior patterns to support sobriety. Though it can provide security in the short run, it is important to make sure it is not a substitute for making needed behavior changes.

1. Looking back over the period you have been taking Antabuse, what were the hazardous times in which you might have begun drinking had you not been on it? What were the key elements that made you vulnerable?
2. What old behavior patterns need to be changed to reduce your vulnerability? Pay particular attention to the areas of assertion and stress reduction. What specific changes do you need to make in order to be on more solid ground when you go off? What criteria do you need to meet in order to set a date?
3. What are the difficult times you see during the 90 days following the date you propose for getting off? What changes or new supports would you need in order to weather them without Antabuse?
4. What would be warning signs that you need to resume Antabuse for at least a short period of time? (Use relapse prevention materials and identify specific signs.) How would you like your spouse or partner to cooperate in this task? Have specific discussions with him or her to clarify the issues and come to an understanding about constructive actions.
5. Elicit input from others about how they decided to go off Antabuse, what worked and did not work, and how they would have done things differently.

From *Treating Alcohol and Drug Problems in Psychotherapy Practice: Doing What Works, Second Edition*, by Arnold M. Washton and Joan E. Zweben. Copyright © 2023 The Guilford Press. Permission to photocopy this appendix is granted to purchasers of this book for personal use or use with patients (see copyright page for details).