Project Point of Light

20231 Paint Boulevard
Shippenville, PA 16254
(814) 226-1159
Fax (814) 227-2876

850 Leonard Street
Clearfield, PA 16830
(814) 205-4004
Fax (814) 205-4013

SUBSTANCE USE QUESTIONNAIRE

Name: _____ **Date:** _____

☐ Check here if the child is under 6 years of age therefore NO NEED TO COMPLETE

DRUG	EVER USED YES NO	AGE AT FIRST USE	FREQUENCY OF USE	DATE OF LAST USE
Alcohol				
Tobacco Products				
Inhalants (glue, spray, gas, etc.)				
Marijuana, Hash				
Hallucinogens (LSD, PCP, etc.)				
Oral Amphetamines, Uppers				
Injected Methamphetamine (Meth, Speed, etc.)				
Barbiturates (Downers Yellow Jackets, Quaaludes, etc.)				
Heroin				
Methadone/Dolophine				

Client Name: Client ID:

DRUG	EVER USED YES NO	AGE AT FIRST USE	FREQUENCY OF USE	DATE OF LAST USE
Opiates (Opium, Morphine, Codeine, Percodan, Demerol, Oxycontin, Tramadol Morphine, etc.)				
Cocaine / Crack				
Tranquilizers (Valium, Librium, Xanax, etc.)				
Suboxone / Subutex				
Ecstasy				
Other Designer Drugs (K2, Spice, Bath Salts, Synthetic Marijuana, Purple Salvia, etc.)				
Over the Counter Drugs (Cold & Cough Medicines, Cough Syrup, Benadryl, Dramamine, Caffeine, Diet Pills, etc.)				
Inhalants (Duster, Spray Paint, Paint Thinner, Cleaning Products, Gasoline, Whip-its, Glue, etc.)				
Other Illegal Drugs Specify:				