

SUPPLEMENTAL QUESTIONNAIRE—TO BE ATTACHED TO CLIENT INITIAL CONTACT

<i>First Name//Middle Initial//Last Name</i>	<i>Telephone Number with Area Code</i>
<i>Address</i>	<i>City//State//Zip Code</i>
<i>Date of Birth</i> <i>Social Security Number</i>	<i>Service Requested (Circle One)</i> Residential // Outpatient-Evaluation

I. ALCOHOL/DRUG SUBSTANCE DEPENDENCY (Substance refers to paint, gasoline, mouthwash, etc.)

- ✚ In the past year, have you used Alcohol? _____ How old were you when you first drank? _____
How many years have you been drinking? _____
- ✚ In the past year, have you used any illicit drugs or substances? _____ If yes, please list: _____

- ✚ In the past thirty (30) days, did you... 1) DRINK? _____ # of days _____ 2) Use DRUGS? _____
of days _____ 3) Use SUBSTANCES? _____ # of days _____
- ✚ Have you had any previous treatment for Alcoholism or Substance Abuse? _____
Where: _____ When: _____
Where: _____ When: _____
- ✚ Do you ever intend to have one or two drinks but drink to intoxication? _____

II. PHYSICAL/MEDICAL HISTORY

- ✚ What is the name of your family physician, clinic, and/or IHS facility? _____
- ✚ Are you presently seen by a physician for any reason? Yes _____ No _____ Condition: _____
- ✚ Are you presently taking medication? Yes _____ No _____ Medication: _____
- ✚ Is there a condition for which medication has been prescribed but is not being taken? Yes _____ No _____
Condition _____ Medication _____
- ✚ Do you have any special dietary need? Yes _____ No _____ List: _____
- ✚ In the past ninety (90) days, have you been hospitalized? Yes _____ No _____ Reason: _____
- ✚ Have you used needles in the past? Yes _____ No _____
- ✚ Due to Alcohol and Drug use, would you object to HIV/AIDS testing? Yes _____ No _____

III. EMOTIONAL HISTORY

- ✚ Do you feel your problems are caused by someone else? Yes _____ No _____
- ✚ When you feel depressed or down, what do you do? _____
- ✚ When you feel anxious, worried, or under stress, what do you do? _____
- ✚ When you think about yourself, what dreams or plans do you have for the future? _____

- ✚ Have you ever thought of committing suicide? Yes _____ No _____

IV. CULTURAL/SOCIAL/GENERAL HISTORY

- ✚ Who are you living with now?
Alone _____ Immediate Family _____ Other Relatives _____ Friends _____
- ✚ Are you satisfied with this arrangement? Yes _____ No _____
- ✚ What is your marital status? Single _____ Married _____ Divorced/Separated _____ Widowed _____
- ✚ Do you have children? Yes _____ No _____ If Yes, how many: _____ Are they living with you: _____
- ✚ What kind of activities do you do in your spare time? _____
- ✚ During these activities, would your normally drink alcohol or use drugs?
All the time _____ Most of the time _____ Sometime _____ Never _____
- ✚ What Tribe/Nation are you a member of? _____ THIS PROGRAM REQUIRES A
VALID CDIB PRIOR TO ADMISSION. Are you able to furnish one? Yes _____ No _____

- ✚ Do you participate in American Indian cultural activities (i.e. Sweat lodge, Social activities, Ceremonies)?
Yes ___ No ___ If yes, Regular ___ Occasional _____
- ✚ Are you currently employed? Yes ___ No ___ What is your usual occupation? _____
- ✚ What was the highest grade you completed? _____ College/Technical _____
- ✚ Are you a veteran? Yes ___ No ___ Branch of service: _____

V. SPIRITUAL HISTORY

- ✚ Do you attend any religious or spiritual activities? Yes ___ No ___
If yes, is it... Regular ___ Occasional ___
- ✚ Do you take part in any American Indian religious or spiritual activities? Yes ___ No ___
If yes, is it... Regular ___ Occasional ___
- ✚ What is your Spiritual Supportive Preference? _____
- ✚ Do you believe in the Creator, God and/or a Higher Power? Yes ___ No ___
- ✚ Do you think a belief in the Creator and the practice of religious/spiritual activities has an effect on a person's life? Yes ___ No ___
- ✚ Does it have an effect in your life? Yes ___ No ___
- ✚ Do you feel you are really living what you believe? Yes ___ No ___

VI. LEGAL HISTORY (If applicable)

- ✚ Have you been arrested in the past ninety (90) days? Yes ___ No ___
Was it DUI/DWI related? Yes ___ No ___
- ✚ Do you have any outstanding charges or warrants? Yes ___ No ___
- ✚ Are you seeking treatment as a result of a Court Referral/Court Order? Yes ___ No ___

VII. CLIENT EXPECTATIONS

- ✚ What do you expect from this program? _____

VIII. OTHER

- ✚ Please list any additional, relevant information: _____

Check list for Initial Contact/Request for Admission:

- ✚ Residential Admissions Forms
- ✚ Supplemental Questionnaire
- ✚ Physical Exam
- ✚ TB/PPD Skin Test Results
- ✚ Hepatitis Profile
- ✚ Any supporting Court Documents
if a Court Order/Referral