

Name: _____

DOB: _____

SSN: _____

DRUG USE QUESTIONNAIRE:

Have you used, tried, experimented or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE	OTHER
Marijuana						
Hashish, Hashish Oil						
Cocaine						
Crack, Rock, Ice						
Barbiturates, Hypnotics, or "Downers"						
Amphetamines (Cross-tops, Whites, Beannies, "Uppers")						
Methamphetamines (Speed, Crank)						
LSD or other Hallucinogens						
PCP (Angel Dust, Sherm)						
Heroin or other Opiates						
Steroids						
Pharmaceutical drugs not prescribed for you						

Questionnaire	Y / N	If yes, when
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold an illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation or production of any illegal drug, narcotic or controlled substance?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middleman, go-between or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever temporarily stored or "held" any illegal drug, narcotic or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drugs at work?		
Are any illegal drugs presently in your home or car?		