

Patient Alcohol and Drug Use Form Case History

Directions: Read the case history. Use it to fill out the Patient Alcohol and Drug Use Form.

Ed is 33 years old. He smokes one pack and a half of cigarettes a day. He's been smoking since he was 15 years old.

He likes to have a beer or two on Friday night after work with his friends. He usually doesn't drink during the week. He sometimes keeps some beer in the refrigerator and he will drink a bottle on Saturday or Sunday if he's watching sports on TV.

Ed used to smoke a lot of marijuana when he was younger. Now he'll smoke a joint if he's at a party, but he doesn't usually keep pot around the house. He smokes pot about once a month.

Patient Medical History Form, Alcohol and Drug Use

Directions: Read the case history of Ed. Fill out this form for Ed. Be prepared to share your answers with the class.

Tobacco Use

1. Do you or have you ever smoked or chewed tobacco?
Yes_____ No_____

| Type of Tobacco | Amount | Frequency (How often) | Years of Use | Last Used |
|-----------------|--------|--------------------------|-----------------|--------------|
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| | | | | |
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Alcohol/Drug Use

2. Do you or have you ever used alcohol products?
Yes_____ No_____

| Type | Usual Amount | Usual Frequency (How often) |
|-----------------------|--------------|--------------------------------|
| Beer | | |
| Wine | | |
| Liquor (mixed drinks) | | |

3. Do you now or have you ever used drugs? Yes_____ No_____

| Type | Route (e.g., inject, snort, smoke) | Frequency (How often) | Years of Use | Last Used |
|------------------|------------------------------------------|--------------------------|-----------------|--------------|
| Cocaine | | | | |
| Marijuana | | | | |
| Heroin (opiates) | | | | |
| Other | | | | |

4. Have you ever felt you should cut down on your drinking or drug use?
Yes_____ No_____
5. Have you ever felt annoyed when other people criticize your drinking/drug use?
Yes_____ No_____
6. Have you ever felt guilty about your drinking/drug use?
Yes_____ No_____
7. Have you ever had a drink/drug first thing in the morning to feel better?
Yes_____ No_____
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Patient Medical History Form, Alcohol and Drug Use

Directions: Read this form. At home, fill in the form with your information. You do not need to share this with your teacher or the class.

Tobacco Use

1. Do you or have you ever smoked or chewed tobacco?
Yes_____ No_____

| Type of Tobacco | Amount | Frequency (How often) | Years of Use | Last Used |
|-----------------|--------|--------------------------|-----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Alcohol/Drug Use

2. Do you or have you ever used alcohol products?
Yes_____ No_____

| Type | Usual Amount | Usual Frequency (How often) |
|-----------------------|--------------|--------------------------------|
| Beer | | |
| Wine | | |
| Liquor (mixed drinks) | | |

3. Do you now or have you ever used drugs? Yes_____ No_____

| Type | Route (e.g., inject, snort, smoke) | Frequency (How often) | Years of Use | Last Used |
|------------------|------------------------------------------|--------------------------|-----------------|--------------|
| Cocaine | | | | |
| Marijuana | | | | |
| Heroin (opiates) | | | | |
| Other | | | | |

4. Have you ever felt you should cut down on your drinking or drug use?
Yes_____ No_____
5. Have you ever felt annoyed when other people criticize your drinking/drug use?
Yes_____ No_____
6. Have you ever felt guilty about your drinking/drug use?
Yes_____ No_____
7. Have you ever had a drink/drug first thing in the morning to feel better?
Yes_____ No_____
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