

What are your drugs of choice? \_\_\_\_\_

### OTHER INFORMATION

Have you ever thought you might have a drug problem?

(circle one) YES NO

Have you ever thought you might have a drinking problem?

(circle one) YES NO

Have you ever received help from: (circle all that apply)

- |                             |                            |
|-----------------------------|----------------------------|
| •Family doctor              | •Psychiatrist/psychologist |
| •Church                     | •Relative/friend           |
| •Drug/Alcohol rehab program | •Alcoholics Anonymous      |
| •Narcotics Anonymous        | Treatment Program          |
| •Agency (Name: _____)       |                            |
| •Other (Explain: _____)     |                            |

Where do you usually use drugs?

- |                                  |                     |
|----------------------------------|---------------------|
| _____ Party or social event      | _____ Home, by self |
| _____ Home, with family, friends | _____ Night club    |
| _____ Work or School             | _____ On the street |
| _____ Other                      |                     |

I understand that information about me and my progress in this Drug Education Course will be used for research purposes and will be shared with Probation and do hereby authorize such use, with the further understanding that this information will otherwise be held confidential and not released to other individuals for any reason without my signed consent.

\_\_\_\_\_  
(Signature)