

NAME _____ DATE _____

CHEMICAL HISTORY

For each substance used in your life, identify your age and circumstances of first use and the date of your last use. Describe how often and how much you used this substance. Be sure to identify all chemicals used – even those that were used once. Include times when you did not use that substance. The goal is to look for patterns of use and related trouble.

Substance	Age of 1 st use	Date of last use	Frequency (how often)	Amount
Alcohol				
Marijuana (smoke and/or edibles)				
Heroin				
Pain medications (Percocet, Vicodin, OxyContin, Fentanyl, etc.)				
Meth				
Cocaine/crack				
Tranquilizers (Valium, Xanax, Klonopin, Ativan)				
Amphetamines (Speed)				
Hallucinogens (Acid, Mushrooms, Ecstasy)				

Substance	Age of 1 st use	Date of last use	Frequency (how often)	Amount
Synthetics (Bath Salts, etc.)				
OTC meds (Coricidin, Robitussin, etc.)				
Tobacco/nicotine				
Sedatives (Phenobarbital, Seconal)				
Inhalants				

#1 substance I used most often is: _____

#2 substance I used most often is: _____

#3 substance I used most often is: _____

Provide examples of the following:

Times that I have put myself or others in danger (fights, gun play, driving under the influence, unprotected sex, overdoses, mixing substances, being around dangerous people/places, etc.).

Members from my family of origin (parents, grandparents, aunts, uncles, sisters/brothers) **who have, or had, problems with alcohol or other drug use, or may be suspected of having an alcohol or drug problem?**

Do I believe my chemical use is a problem? Why or why not?

If I've tried quitting before, what is different this time?

How I feel about myself today.

If I were wearing a t-shirt that told the story of my life so far, it would say...
