

NAME \_\_\_\_\_

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### *TEEN'S SUBSTANCE USE HISTORY*

How often do you drink alcohol? \_\_\_\_\_ Average # of drinks in one sitting? \_\_\_\_\_ Maximum in one sitting? \_\_\_\_\_

How often do you use non-prescription or street drugs? \_\_\_\_\_ What drugs have you used? \_\_\_\_\_

How much do you use at one sitting? \_\_\_\_\_ Maximum you have used at one time? \_\_\_\_\_

How often are you 'high', 'buzzed', intoxicated? \_\_\_\_\_ If you are in recovery, since when? \_\_\_\_\_

Do you smoke cigarettes, cigars or a pipe, or chew tobacco? yes      no

If yes, how much in one day? \_\_\_\_\_

Do you drink coffee, caffeinated teas or sodas? yes      no

If yes, how much in one day? \_\_\_\_\_

Is there any family history of substance abuse? yes      no

Have you ever been in a relationship with someone who had an alcohol or drug problem? yes      no

Do you ever worry that you have a drug or alcohol problem? yes      no

Has anyone ever complained or been worried that you have a drug or alcohol problem? yes      no

Have you ever misused prescription medications? yes      no

Have you ever been treated for an alcohol or drug problem, gone to AA/NA, or tried to stop on your own? yes      no

Have you ever used alcohol or drugs to get going in the morning or while at school? yes      no

Have you ever had hangovers, been late for or missed school, forgot portions of the night before, or suffered other negative consequences after using drugs or alcohol? yes      no

Have you ever received a DUI, DWI or been stopped by the police for an alcohol or drug related inquiry? yes      no

Have you ever used intravenous drugs? (used a syringe to shoot drugs into yourself) yes      no

### *SEXUAL HISTORY*

Are you currently sexually active? yes      no

Have you had sex without a condom? yes      no

Have you ever received an HIV or other STD test? yes      no

Who do you find yourself most attracted to?      males \_\_\_\_\_      females \_\_\_\_\_      both \_\_\_\_\_

Are you able to achieve orgasm? yes      no

Are you satisfied with your sex life? yes      no

Do you experience pain during sex? yes      no

Is there conflict with your partner or parents about your sex life? yes      no

Do you engage in internet sex? yes      no

Has internet sex or pornography caused any problems in your life? yes      no

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_