

DrugCheck Assessment Tool

DATE: _____

Patient's Name: _____	DOB: _____
Service: _____	UR: _____
Screen Completed by: _____	
Provisional Diagnosis: _____	

PROBABLE SUBSTANCE USE PROBLEM

ASSESSMENT SUMMARY

- AUDIT Total
- Problem List Total
- SDS Total
- Readiness to change
- Confidence to change

INSTRUCTIONS FOR CLINICIANS:

By using different markers on the form, indicate at least 2 sources of information used to complete this assessment. For each source, use a different marker and indicate this below (ie. red and blue pens etc)

Patient:..... File/Treating Team:..... Relative:..... Other:.....

In the last 3 months have you had any?

	No	Yes	Frequency <i>How often do you have...? If yes, perform AUDIT</i>	Quantity <i>How much do you usually have...?</i>
Alcoholic drinks?				
Tea, coffee or cola drinks Tea/coffee – cups per day Cola = cans per day				
Cigarettes (Brand/type)				cigs/day
Sleeping tablets or sedatives (like Valium or Normison) (state type, form and route)				mg/day
Other pain killers? (state type, form and route))				mg/day
Cannabis or hash? (state type, form and route)				/day
Drugs you sniff, like petrol or glue? (state type)				/day
Drugs like LSD? (state type, form and route)				Number /day
Speed (amphetamine) or cocaine? (state type, form and route)				Number /day
Heroin, morphine, methadone? (state type, form and route)				Number /day

Q. "You said that you have been using.....(summarise the drugs that were identified from the list above), which of these drugs have caused you the most problems or hassles in the last 3 months?"

Social psychological and health implications from use of AOD...

Q. "In the last 3 months..... (use the most problematic drug in this section)"	No (0)	A bit (1)	A lot (2)
1. Did (substance) cause any money problems for you?			
2. Did (substance) make you have problems at work, or at school (Tafe/University/ training courses)?			
3. Did you have housing problems because of (substance) ?			
4. Were there problems at home or with your family because of (substance) ?			
5. Did you have any arguments or fights because of (substance) ?			
6. Has (substance) caused any trouble with the law, or the police?			
7. Has (substance) caused any health problems or injuries?			
8. Have you done anything 'risky' or 'outrageous' after using (substance) ? eg. driving under the influence; unprotected sex; sharing needles; (circle risky behaviours)			

Q. "Did your use of (substance) in the last 3 months result in you....."	No (0)	A bit (1)	A lot (2)
9. being uninterested in your usual activities?			
10. feeling depressed?			
11. being suspicious or distrustful of others?			
12. having strange thoughts?			
13. missing doses of medication?			

PROBLEM LIST

TOTAL = _____

Source: Adapted from ADTRU, 2002, *Training package for medical practitioners in the effective identification and treatment of pharmaceutical and illicit drug problems*. Alcohol and Drug Training and Research Unit (ADTRU), Queensland Divisions of General Practice, Department of Psychiatry, University of Queensland, Brisbane.