

Chemical Use History



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This exercise will help you to become more aware of how chemicals have affected your life and the lives of those around you. Using alcohol or any other mood-altering substance is considered to be chemical use. Answer the questions as completely as you can. It is time to get completely honest with yourself. Write down exactly what happened.

1. How old were you when you had your first alcoholic drink? Describe what happened and how you felt.

2. List all of the drugs you have ever used and the age at which you first used each drug.

3. What are your drug-using habits? Where do you use? With whom? Under what circumstances?

4. Was there ever a period in your life when you used too much or too often? Give at least five examples.

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5. Has using chemicals ever caused a problem for you? Describe the problem or problems. Give at least five examples.

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5. _____

6. When you were using, did you find that you used more or for a longer period of time than you had originally intended? Give at least five examples.

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7. Do you have to use more of the chemical now to get the same effect? How much more than when you started?

8. Did you ever try to cut down on your use? Why did you try to cut down, and what happened to your attempt?

9. List at least five ways you tried to cut down. Did you change your beverage? Limit the amount (“I will only have three tonight”)? Restrict your use to a certain time of day (“I will only drink after 5 o’clock”)?

1. _____

2. _____

3. _____

4. _____

5. _____

10. Did you ever stop completely? What happened? Why did you start again?

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11. Did you spend a lot of time intoxicated or hungover?

12. Did you ever use while doing something dangerous, such as driving a car? Give at least five examples.

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13. Were you ever so high or hungover that you missed work or school? Give at least five examples.

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14. Did you ever miss family events or recreation because you were high or hungover? Give at least five examples.

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15. Did your use ever cause family problems? Give at least five examples.

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16. Did you ever feel annoyed when others talked to you about your drinking or use of drugs? Who were these people, and what did they say? Give at least five examples.

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17. Did you ever feel bad or guilty about your use? Give at least five examples.

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18. Did using ever cause you any psychological problems such as being depressed? Explain what happened.

19. Did using ever cause you any physical problems or make a physical problem worse? Give a few examples.

20. Did you ever have a blackout? How old were you when you had your first blackout? Give some examples of blackouts.

21. Did you ever get sick because you got too intoxicated? Give at least five examples.

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22. Did you ever have a really bad hangover? Give at least five examples of how you felt.

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23. Did you ever get the shakes or suffer withdrawal symptoms when you quit using? Describe what happened physically, mentally, and spiritually to you when you stopped using your drug of choice.

24. Did you ever use chemicals to avoid symptoms of withdrawal? Give at least five examples of when you used a substance to control withdrawal symptoms.

1. _____
2. _____
3. _____
4. _____
5. _____

25. Have you ever sought help for your drug problem? When? Whom did you see? Did the treatment help you? How?

26. Why do you continue to use? Give 5 to 10 reasons.

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27. Why do you want to stop using? Give at least 10 reasons.

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10. _____

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28. Has alcohol or drug use ever affected your reputation? Describe what happened and how you felt.

29. Describe the feelings of guilt you have about your use. How do you feel about yourself?

30. How has using affected you financially? Give at least five examples of how you wasted money in your addiction.

1.

2.

3.

4.

5.

31. Has your ambition decreased due to your use? Give a few examples.

32. Has your addiction changed how you feel about yourself? How do you feel when you are seeking the addiction or in withdrawal?

33. Are you as self-confident as you were before? How has the addiction affected your faith in yourself?

34. List at least 10 reasons why you want treatment now.

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35. List all of the chemicals you have used in the past 6 months.

36. List how often and in what amounts you have used each chemical in the past 6 months.

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2. _____
3. _____
4. _____
5. _____
6. _____

37. List the life events that have been affected by your chemical use (e.g., school, marriage, job, children).

38. Have you ever had legal problems because of your use? List each problem.

39. How has your addiction affected your relationship with your parents and other family members? List at least 10 ways.

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40. If you are in school, list at least five ways your addiction affected your school-work and relationships with teachers and school administrators.

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2. _____
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41. Have you ever lost a job or been suspended or expelled from school because of your use? Describe each time.

42. Do you want treatment for your chemical problem? List at least 10 reasons why.

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