

Confidential - Drug Use Screen

Please answer the following questions regarding your drug use:

1) Have you ever used any illegal drugs, or used prescription medications without a prescription?

- Yes
- No
- Formerly

2) What drugs have you used?

- | | |
|---|---|
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Chloral Hydrate | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Opium |
| <input type="checkbox"/> Cough suppressants | <input type="checkbox"/> PCP |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Peyote |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Sleeping Pills |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> Vicodin |
| <input type="checkbox"/> LSD | <input type="checkbox"/> Other: _____ |