

## DRUG HISTORY:

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### IS IT A REASON FOR PRESENTATION?

#### PERSONAL:

- Age
- Occupation
- Reason for attending
- Place of residence
- People at home
- Relationship
- Family
- Financial status: working/bludging/crime

#### ALCOHOL:

- Where do you drink
- Socially or alone?
- How often?
- Whats your drink of choice?
- How much is spent per week?
- Tried to **CUT DOWN?**
- Ben **ANNOYED by CRITICISM?**
- Felt **GUILTY about drinking?**
- Need an **EYE-OPENER in the morning?**
- WHEN DID YOU START ?
- Changed patterns of use? WHY?
- Is the use PERCEIVED AS A PROBLEM?
- Have there been LEGAL ISSUES?
- RELATIONSHIP PROBLEMS?
- Work or health problems?
- EVER SOUGHT HELP FOR IT?

#### IV DRUGS:

- Same; how often?
- How much is purchased?
- Sharing needles?
- Withdrawal?
- Ready to address problem?

## OCCUPATIONAL HISTORY

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- **NOT just a job description: need detailed walk-through**
- What do you do, or ever did?
- Please describe the daily tasks
- What hours did you work
- When did the problem first begin
- Has anyone else at work had any of these problems?

#### Are the symptoms better during the

- Weekend?
- Holiday?
- Weekdays?

#### Have there been any SPILLS or ACCIDENTS AT WORK?

- Do you regularly use protective clothing/equipment, eg. breathing masks or gloves?
- **SMOKING + DRINKING HISTORY**
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#### Then: WHAT DO YOU DO FOR A HOBBY?

