



# Substance Use Questionnaire

Student Name: \_\_\_\_\_ Course # \_\_\_\_\_

During the enrollment process, you indicated that you have a history of substance abuse, dependency or treatment. We would appreciate your response to the following questions.

1. Have you been in treatment or counseling for substance related issues?  Yes  No
2. Please check all that apply
  - Residential treatment? From \_\_\_\_\_ to \_\_\_\_\_ Completed?  Yes  No
  - Outpatient treatment? From \_\_\_\_\_ to \_\_\_\_\_ Completed?  Yes  No
  - Support group? From \_\_\_\_\_ to \_\_\_\_\_ Completed?  Yes  No
  - Other \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Completed?  Yes  No
3. What substance(s) were your in treatment or counseling for?
4. Do you abuse/use more than one substance at a time?
5. Where would place your substance use on the following scale:  
Exploratory                      Recreational                      Abusive                      Dependent
6. What events caused you to seek treatment?
7. What are your triggers for using drugs or alcohol?
8. Have you had "blackouts" or "flashbacks" as a result of substance use?  Yes  No
9. Can you get through a week without using substances?  Yes  No  Unknown
10. Have you had withdrawal symptoms (felt sick) when you stopped taking substances?  Yes  No
11. Are you always able to stop using substances when you want to?  Yes  No  Most of the time



12. Has substance abuse created problems between you and your friends or family?  Yes  No

13. Have you been in trouble at work or school because of your use of substances?  Yes  No

14. What goals or objectives do you hope to achieve on your Outward Bound® Course? What are your expectations?

15. Are you using Outward Bound as a way to stop using drugs or alcohol?  Yes  No

16. Are you willing to stop using any drugs or alcohol at least 90 days before your course?  Yes  No

17. Do you understand that possessing, obtaining or using any drugs or alcohol that are not prescribed or disclosed on your medical form will result in immediate dismissal from your course with no refund of tuition?  Yes  No

Who filled out this questionnaire?  The applicant  Parent/Guardian  Other:

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**Participant Signature**

**Date**

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**Parent/Guardian Signature**

**(If 21 years old or under)**

**Date**