

**Portland Dialectical Behavior Therapy Program, PC
DBT-S Additional Assessment**

Name: _____

Date: _____

Substance abuse history:

	1 st substance choice:	2 nd substance choice:	3 rd substance choice:	4 th substance choice:	5 th substance choice:
Age of 1 st use					
Current amount/frequency of use					
Age of peak use (highest use)					
Amount/frequency at peak use					
Date of last use:					
Withdrawal history (specify symptoms)					
Family history with this substance					

Substance use history:

Have you ever attempted to quit	<input type="checkbox"/> No <input type="checkbox"/> Yes, details:
What is your history of abstinence?	
What have you done to achieve/maintain abstinence?	<input type="checkbox"/> Outpatient therapy <input type="checkbox"/> Residential treatment <input type="checkbox"/> IOP <input type="checkbox"/> AA/NA <input type="checkbox"/> Rational recovery <input type="checkbox"/> SMART <input type="checkbox"/> Other: _____
Longest period without using?	
What usually causes relapse?	

Recovery factors:

What are the obstacles to recovery?	
What does your recovery environment look like?	
What supportive factors are in place?	
What is your current desire to change this behavior (0-5)?	<input type="checkbox"/> 0=no desire <input type="checkbox"/> 1=minimal desire <input type="checkbox"/> 2=mild desire <input type="checkbox"/> 3=moderate desire <input type="checkbox"/> 4=strong desire <input type="checkbox"/> 5=intense desire

