

CASEWORKER QUESTIONNAIRE

Please fill out this list of questions for your clients who drink alcohol or use drugs

- | | Yes | No |
|--|-----|-----|
| 1. Do you worry about your client's drinking or chemical use? | ___ | ___ |
| 2. Do you spend more than the average amount of time managing?
client's case? | ___ | ___ |
| 3. Have you ever had to assist the client in locating new housing because
of his or her drinking behavior?
How many times in the past 2 years? _____ | ___ | ___ |
| 4. Does your client function at a level which is lower than you expect he or
she is capable of? | ___ | ___ |
| 5. Does your client have a history of poor memory retention? If not, has this
recently become a problem for your client? | ___ | ___ |
| 6. Has your client experienced any kinds of problems while or shortly after
he or she has been drinking or drugging? | ___ | ___ |
| 7. Does your client experience mood swings? | ___ | ___ |
| 8. Is your client defensive about his or her drinking or drugging? | ___ | ___ |
| 9. Does your client brag about his or her substance abuse? | ___ | ___ |
| 10. Do you try to control your client's drinking or drugging? | ___ | ___ |
| 11. Are other people (such as family members) concerned about your client's
substance usage? | ___ | ___ |
| 12. Does your client have trouble getting along with others? | ___ | ___ |
| 13. Has your client ever been fired or refused work as a result of his or her
drinking? or behavior? | ___ | ___ |
| 14. Are you afraid of physical or verbal abuse when your client is drinking or
using chemicals? | ___ | ___ |
| 15. Does your client spend money that is budgeted for food, clothing) or
housing on alcohol or drugs? (If you are the client)s representative payee,
is he or she often coming to you for extra money?) | ___ | ___ |
| 16. Is client on prescribed medication? If so, does your client abuse or misuse
these drugs? | ___ | ___ |
| 17. Does your client stop taking his or her medications when drinking? | ___ | ___ |