Welcome to the Youth Recovery Center! We are so pleased by your interest and future admission to our program. As part of the admission process, we ask that you take the time and consideration to answer this questionnaire; it may take you about a half an hour to complete. Please be thorough and honest so that we can support you in your goals for treatment. As noted below, we keep all your information private. If you have questions, don’t hesitate to call our admission’s team at 970-384-7484. We look forward to meeting you!

Please note that the following information will be kept confidential except in the case of unreported abuse, as stipulated by 12.43.214(1) (c) CRS.

**QUESTIONNAIRE**

1.) In your opinion how has the use of drugs impacted your life?

2.) In your opinion, has the use of drugs/alcohol caused any positive things to happen in your life?
   If yes, please describe how.

3.) In your opinion, has the use of drugs/alcohol caused any negative things to happen in your life?
   If yes, please describe how.

3.) Which drug/alcohol do you think about the most and/or use the most if it’s available?

*(Drug/s of Choice)* Please list:
4.) Have you experienced any of the following during your using times?

*Please check all that apply to you.*

- Need more and more to get high?
- Have cravings or a strong desire to use?
- Unable to go to work or school due to my substance use?
- Have tried to “quit” but end up using again?
- Spend a lot of time thinking about how to get the drug/alcohol and how I will pay for it?
- Spend less time in sober activities and more time w/ using friends getting high and doing activities high?
- Continue to use despite problems at home or work?
- Use and get high to deal with uncomfortable issues/feelings in my life?
- Don’t feel capable of dealing with my life without my drug/alcohol of choice?
- Put yourself in dangerous situations in order to obtain your drug
- Put yourself in dangerous situations in order to “get high”

5.) What has happened in your life *over the last 3 months* that is *now motivating you* to come to YRC for drug & alcohol treatment? Examples: loss of someone, legal costs, hospitalizations, experienced violence, suicide attempt, divorce, behind in or expelled from school, parent in prison, etc.

- *Legal Issues/Jail, Arrests* – (list crimes, court experiences, time periods in Jail, etc)

- *Family Issues /Changes* – (list divorce, domestic violence, death, fighting, etc)

- *Health Issues/ Medications* –(list ER visits, inpatient treatment, started or changed medications, illnesses, suicide attempts, etc)

- *Traumatic Events/Losses* – (list death of friend/ family, loss of job, divorce, rape , suicide, etc)
- Change in Peer/Romantic Relationships – (list breakup, new relationship, pregnancy, loss of friend)

- School Issues – (list expulsion, using in school, returned to school, etc)

6.) On a scale of 1-10 (10 means that I am 100% committed to participating in treatment at YRC. Please be honest about your motivation. We do not expect that everyone will be highly motivated at this stage!)

**Rate yourself on how motivated you feel to start treatment at YRC.**

1 2 3 4 5 6 7 8 9 10 (Circle)

How do you usually participate in group activities? **Please CHECK what applies to you.**

I’m usually very quiet & observe more than I talk_____ I love to jump in and talk______

I am usually distracting to others_____ I have a hard time staying focused _____

I am easily bored____ I am easily annoyed by others_____ I blow up when angry_____

7.) If you could *magically change* anything in your life so that you could **achieve a drug-free lifestyle, what would you change and what would your new life look like?**

- Legal Issues/Jail, Arrests –

- Family Issues /Changes–

- Health Issues –
8.) On a scale of 1-10 (10 meaning that I am 100% ready and motivated to live a sober lifestyle) rate yourself on how motivated you are to live your life drug and alcohol free (Once again, please be honest)

1 2 3 4 5 6 7 8 9 10 (Circle)

Circle one or more responses to each category of drug below.

**MARIJUANA** - I think I can use marijuana:
At a party ___ Once I’m off probation ___ When I’m 21 years old ___ I can never use it again ___

**ALCOHOL** - I think I can use alcohol:
At a party now ___ Once I’m off probation ___ Once I’m 21 years old ___ I can never use it again ___

**METHAMPHETAMINE/COCAINE** - I think I can use Meth/Cocaine:
If I’m smart about it I can use during probation ___ Once I’m off probation ___ I can never use it again ___
HEROIN/OPIATES - I think I can use Heroin/Opiates:

If I’m smart about it I can use during probation ___ Once I’m off probation ___ I can never use it again___

HALLUCINOGENS/ACID/MUSHROOMS/ECSTACY- I think I can use Hallucinogens:

If I’m smart about it I can use during probation ___ Once I’m off probation ___ I can use it never again___

DXM/TRIPLE C’S/KETAMINE- I think I can use:

If I’m smart about it I can use during probation ___ Once I’m off probation___ I can never use again___

BARBITURATES/XANAX/KLONIPIN/VALIUM- I think I can use:

If I’m smart about it I can use during probation ___ Once I’m off probation___ I can never use again___

9.) Please circle all the substances you have used in the last six months -

ALCOHOL     MARIJUANA     METHAMPHETAMINE  COCAINE  INHALANTS
SPICE        HEROIN/OPIATES  ECSTACY      MUSHROOMS  DXM/TRIPLE C’s
XANAX/BARBITURATES LSD          SALVIA      OVER THE COUNTER MEDICATIONS

Check each month that you used any or all of the above circled substances (Go back over the last six months! For example, if the current month is July, you would review months January through July.)

January__________ May__________ September__________
February__________ June__________ October__________
March__________ July__________ November__________
April__________ August__________ December__________
Have you ever stopped taking your drug of choice or used a different substance to avoid a hot UA?

NO___ YES___ If YES, please list any substance you used to beat your UA’s:

**SCHOOL**

10.) Are you presently attending school? NO ____ YES____ Public___ Alternative___ Online____
11.) Have you received special education services in school? NO___ YES___
12.) Date (month/year) of last regular attendance in school________
13.) Did you go to class high? NO___ YES___

Which substances did you use? ________________
14.) Did you skip school or class to get high? NO___ YES___
15.) How many credits do you have towards High School Graduation? ____________
16.) List the YEAR of your graduating class _____________

**HEALTH**

17.) Do you have any physical limitations or disabilities? NO___ YES___

If YES, what type? _________________________________

18.) Do you have any health issues that require frequent medical care? NO___ YES___

(Ex- Asthma, Diabetes, Chronic Pain, ADHD, Depression, Anxiety, Bipolar Disorder, Hallucinations, etc.)

If YES, please name the medical conditions: ____________________________________________
19.) Do you take any prescribed medications on a daily basis? NO ___ YES ___
If YES, names and doses of each Medication, What is it treating? When was it prescribed?

Do you take the medicine as ordered & on time? YES ___ NO ___ If NO why not? ______

Have you experienced any negative side effects from your medication? NO ___ If YES, please explain ______________________________________________________________________________________

Which clinician prescribed the medication for you? (Dr/ Nurse Practitioner/Clinic Name) __________________________________________

20.) Which medication/s have been helpful and how?

________________________________________________________________________________________

21.) Do any other members of your family take prescribed medications? NO ___ YES ___ If YES, please explain their medical condition:

22.) Does anyone in your family have their MEDICAL MARIJUANA card? NO ___ YES ___
If YES, please explain their medical condition: ______________________________________________________________________________________

23.) Are you pregnant? NO ___ YES ___

24.) Do you have a child OR children? NO ___ YES ___ If YES, age/s: __________________
If you do have a child, do you have custody of your child? NO ___ YES ___ What is the name of person with custody? ____________________________________________________________
LEGAL

22.) Check the **criminal behaviors** that have caused you to be catch a charge:

_____ Weapons Offense

_____ Hot UA’s

_____ Vandalism/Mischief

_____ Theft

_____ Burglary

_____ Shoplifting

_____ Harassment

_____ Assault/Violence

_____ Armed Robbery

_____ Forgery/Fraud

_____ Trespassing

_____ DUI

_____ Probation Violation

_____ Sales of Drugs

_____ Possession

_____ Disorderly Conduct

23.) Circle any of the above crimes that you committed either **high or intoxicated**.

24.) Name of your Probation Officer ______________________________

25.) How old were you when you were first arrested? __________________________

What was the charge? ____________________________________

Please list any other arrests with the **general date of when you were arrested**

__________________________________________________________

26.) When is your next court date? ____________ Are you facing **commitment to DYC**?

NO___ YES___

27.) Are you involved in gang activity? NO___ YES___

If YES, which gang or “color” do you support? __________________________

What does the gang life provide you with?

__________________________________________________________

28.) Have you been involved in **cult activity**? (EX. Satanism) NO___ YES___

29.) Have you ever been charged with **arson**? (starting fires) NO___ YES___ If YES, list the date: ____________
30.) Have you ever purposefully killed an animal? NO___ YES___ If YES, list the date: __________

31.) Have you ever been charged/convicted of a sexual assault? NO___ YES___ IF YES, list the date: __________

32.) Do you have a NO CONTACT or RESTRAINING ORDER with anyone? NO______ YES___ If YES, Who & Why? ________________________________

FAMILY

33.) Do your PARENTS…… (Please check any that apply to you)

LIVE TOGETHER____ ARE SEPARATED _____ ARE DIVORCED _____
WERE NEVER MARRIED____

Do you have FULL SIBLINGS (names & ages)______________________________

______________________________________________________________

34.) Are either of your PARENTS remarried or living with another partner? NO___ YES___

Do you live with your: Mom & Stepdad _____ Dad & Stepmom______

OR Share time w/ both families ______

Is your relationship with your Step Mom: positive____ negative____ N/A____ (circle one)

Is your relationship with your Step Dad: positive____ negative____ N/A____ (circle one)

Do you have HALF SIBLINGS? NO___ YES___ IF YES, please list names & ages below:

Mother’s children (names & ages)______________________________________________

Father’s children (names & ages)______________________________________________
Do you have **STEP SIBLINGS**? NO ___ YES ___ If YES, please list names & ages below:

**Step Mom**’s children (names & ages) ____________________________________________

**Step Dad**’s children (names & ages) ____________________________________________

35.) Were you **ADOPTED**? NO ___ YES ___ If YES, How old were you when you were adopted? ____________

Please name adoptive parent/s & their ages: _________________________________________

I DO ___ DON’T ___ HAVE A RELATIONSHIP WITH MY BIRTH MOTHER

I DO ___ DON’T ___ HAVE A RELATIONSHIP WITH MY BIRTH FATHER

If you do know your **birth parent/s** please explain your involvement with your birth mother or birth father (Example-time spent together)

36.) Please list the **names, ages, & relationship of ALL the people** who live in your home now:
(Example-Jane, 35, mother) -

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

37.) Please list the **names, ages, and relationship of ALL the people who DO NOT** live in your home BUT you consider them to be close or immediate family members:

(Example- Joe, 62, Grandfather) --

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
38.) *When I live at home, my family home can feel (CHECK ALL THAT YOU THINK APPLY)*

Safe _____ Chaotic_____ Lots of Arguing _____ Nurturing_____ Unloving_____ Fun_____

Unsafe because of Domestic Violence_______ We move a lot ______

There is Drug/Alcohol Use in the Home_____

Please list any family member who uses drugs/alcohol & their substance of choice_____________

___________________________________________________________________________

Is your home unsafe for any other reasons? (Please list reasons)
___________________________________________________________________________

39.) What *MAJOR LOSSES* have you experienced in your life? (Example: friend-suicide, family member-overdose, loss of innocence-raped, loss of trust/betrayal-father, parents-divorced, etc.)

___________________________________________________________________________

40.) Have you ever been exposed to or involved in the *HUMAN TRAFFICKING* business (the unwilling transportation of a person to another location for the purpose of prostitution/drug trade or sale/any other illegal activity)  NO___ YES___  IF YES, please explain below:

___________________________________________________________________________
TREATMENT EXPERIENCE

39.) Where have you gone for OUTPATIENT DRUG/ALCOHOL TREATMENT?

40.) Did you usually go to group high/drank?  NO___ YES___

41.) List ONE POSITIVE EFFECT of treatment –

42.) List ONE NEGATIVE EFFECT of treatment –

STRENGTHS/WEAKNESSES

43.) MY WEAKNESSES – Please circle all that apply
Boring   Weird   Angry   Loud   Lazy   Not Smart   Judgmental   Mean   Miserable
Liar     Depressed   Loner   Anxious/Nervous   Physically Aggressive

44.) MY STRENGTHS – Please circle all that apply
Smile A Lot   Athletic   Friendly   Kind   Smart   Generous   Loyal   Compassionate
Love To Learn   Adventurous   Artistic   Musical   Passionate   Independent   Unique
Helpful to others   Organized   Responsible   Self Starter   Finish what I start