



**JUDICIARY OF GUAM  
ADULT DRUG COURT  
CLINICAL SCREENING SUMMARY**

Referral Date: \_\_\_\_\_ Case No.: \_\_\_\_\_

Screen Date: \_\_\_\_\_ Other Court Case No: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Mailing Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Contact #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Charges: \_\_\_\_\_ Probation Officer: \_\_\_\_\_ Attorney: \_\_\_\_\_

Have you ever been arrested or convicted: Locally: \_\_\_\_\_ Federally: \_\_\_\_\_

HX of arrests date/charges: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Reared By: \_\_\_\_\_

If not by parents, why: \_\_\_\_\_ Name

Reared Parents:  Married  Divorced  Separated  Common-law

Names of siblings: \_\_\_\_\_ Closest Relative: \_\_\_\_\_

Disciplinary Practices: \_\_\_\_\_  Physical Abuse  Verbal Abuse  Sexual Abuse

Relationship w/ Parents: \_\_\_\_\_ Relationship w/ Siblings: \_\_\_\_\_

Education last completed \_\_\_\_\_ Scholastic Problems:  yes  no Overactive  yes  no

School refusal:  yes  no Behavioral problem:  yes  no Suspension/Expulsion  yes  no

Marital status: \_\_\_\_\_ No. of Marriages/Live-in: \_\_\_\_\_ Reason for separation/divorce: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_

Child(ren) Parent's Name(s): \_\_\_\_\_

Relationship w/Spouse: \_\_\_\_\_ Worst disagreement w/spouse: \_\_\_\_\_

History of violent behavior: \_\_\_\_\_

Relationship with child(ren): \_\_\_\_\_

Disciplinary practices: \_\_\_\_\_  Physical Abuse  Verbal Abuse  Sexual Abuse  
(time out/corporal punishment, etc.)

Currently living with: \_\_\_\_\_ Ever homeless: \_\_\_\_\_

Support network, explain: \_\_\_\_\_

Religion: \_\_\_\_\_ Different from childhood:  yes  no Practice:  yes  no

Do you have a drug problem?  yes  no

Substance Choice: \_\_\_\_\_ Last Used: \_\_\_\_\_ How Often Used: \_\_\_\_\_

How long have you used? \_\_\_\_\_ Quantity: \_\_\_\_\_

Consequences: \_\_\_\_\_ Reason for use: \_\_\_\_\_  
(family problems, lonely, depressed, etc.)

Substance Choice: \_\_\_\_\_ Last Used: \_\_\_\_\_ How Often Used: \_\_\_\_\_

How long have you used? \_\_\_\_\_ Quantity: \_\_\_\_\_

Consequences: \_\_\_\_\_ Reason for use: \_\_\_\_\_  
(family problems, lonely, depressed, etc.)

**Clinical Screening (continued)**

Other addiction(s):  Food  Gambling  Sex Other: \_\_\_\_\_

Suicide attempts: \_\_\_\_\_ When: \_\_\_\_\_ Method: \_\_\_\_\_

Drugs/Alcohol associated: \_\_\_\_\_ Psychological seriousness: \_\_\_\_\_ Physical seriousness: \_\_\_\_\_

Depression: \_\_\_\_\_ Severity: \_\_\_\_\_

Leisure activities: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Interests: \_\_\_\_\_ Recreation: \_\_\_\_\_

Major Illnesses: \_\_\_\_\_ Operations: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_ Risk Factors for AIDS: \_\_\_\_\_ Physical Impairments: \_\_\_\_\_  
(unprotected sex, multiple partners, etc)

Disorder of appetite:  yes  no      Head injury:  yes  no      Convulsions:  yes  no

Unconsciousness:  yes  no      PMS:  yes  no  
(women)

I, \_\_\_\_\_ have answered the above questions truthfully and to the best of my knowledge.

(Name)

Client's Signature/Date

**WRAT 3 Reading Observation/Remarks:**

SASSI Results:                      FVA/FVOD      SYM      OAT      SAT      DEF      SAM      COR      FAM

Client's Score:                      \_\_\_\_\_

SASSI Classification: (check one)                      \_\_\_\_\_ DEPENDENT                      \_\_\_\_\_ NON-DEPENDENT

RECOMMENDATION TO ADULT DRUG COURT:       YES       NO

If not recommended, explain: \_\_\_\_\_

ALTERNATIVE REFERRAL: \_\_\_\_\_

Screener's Name (Pls. Print)

Signature of Screener

Date