Orientation Questionnaire Form

1. Legal Name _____________________________________________________

2. Name you go by_________________________________________________________________

3. Relationship Status______________________________________________________________

4. Make/Model of Vehicle_______________________________________________________________

5. Describe your childhood___________________________________________________________________________________________________________

6. How old were you when you started using?
_____________________________________________________________________________________________

7. Are you an addict? _________________________________________________________________

8. Describe your drug/alcohol use?
________________________________________________________________________________________

9. Have you ever or are you an IV user? _________________________________________________

10. Does anyone in your family abuse drugs? _____________________________________________

11. Have you ever overdosed? ____________________________________________________________

12. If so Where and when? _____________________________________________________________

13. Have you ever used a needle? _________________________________________________________

14. Have you ever been through a program

   If so, which one__________________________________________________________

   How Long__________________________________________________________________________

   Why did you leave___________________________________________________________________

15. What is your longest clean time? ____________________________________________________

16. When? _____________________________________________________________________________

17. What preceded it?

____________________________________________________________________________________
18. What led to your relapse?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

19. How many times have you been incarcerated?
____________________________________________________________________________________

20. What is the longest time you’ve been incarcerated?
____________________________________________________________________________________

21. Have you ever run from the police? If so what was the situation?
____________________________________________________________________________________

22. Have you ever been abused?
____________________________________________________________________________________

23. Have you or are you currently receiving disability?
____________________________________________________________________________________

24. Have you ever been to treatment for mental health?
____________________________________________________________________________________

Psychiatrist/Therapist?
25. Have you ever been on medication for mental health? ________________________________

26. What are they? ________________________________

27. What did they do for you? ________________________________

28. How long did you take them? ________________________________

29. Have you ever been hospitalized for psychiatric reasons?
____________________________________________________________________________________

30. Has anyone else in your family had any of the same issues?
____________________________________________________________________________________

31. Have you ever been in mental health treatment while sober?
____________________________________________________________________________________

32. Have you ever been in an abusive relationship?
____________________________________________________________________________________

33. Tell us why you would like to be accepted into the Drug Court Program
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________