

# Elderly Substance Abuse Screening Questionnaire

Name

Date of Birth

Gender

1. Do you consume alcohol?

2. Do you use prescription medications not as directed?

3. Have you used any illicit drugs in the past year?

4. Has a family member or friend expressed concern about your substance use?

5. Have you experienced memory loss or confusion after using substances?

6. Do you take more of a substance than intended?

7. Have you tried to cut down or stop using substances, but couldn't?

Additional Comments