

Family Substance Use Screening Form

General Information

Name

Date of Birth

Relationship to Family

Contact Information

Substance Use History

☐ Alcohol ☐ Tobacco ☐ Cannabis ☐ Prescription drugs ☐ Other

Frequency of Use

Age of First Use

Impact and Concerns

Concerns about substance use in your family

Impact on family functioning

Support & Resources

Support systems in place

Resources needed