Sweetser Affiliate Network

AC-OK ADULT Screening for Co-Occurring Disorders Ages 21+ - Digital Signature

Client Name: (First Name, MI, Last Name)

DOB: (MM/ DD / YYYY) **Client ID:** **Date of Service:** (MM/ DD / YYYY) **Service:** (MH, SA, MM, or CO)

Affiliate: (First Name, Last Name) **Affiliate Number:**

Gender: _____

During the past year:	**Circle One:**
1. Have you been preoccupied with drinking alcohol and/or using other drugs?	☐Yes ☐No
2. Have you experienced problems caused by drinking alcohol and/or using other drugs, and you kept using?	☐Yes ☐No
3. Do you, at times, drink alcohol and/or use other drugs more than you intend?	☐Yes ☐No
4. Have you needed to drink more alcohol and/or use more drugs to get the same effect you used to get with less?	☐Yes ☐No
5. Do you, at times, drink alcohol and/or use other drugs to alter the way you feel?	☐Yes ☐No
6. Have you tried to stop drinking alcohol and/or using other drugs, but couldn't?	☐Yes ☐No

Questions 1-6 Total Number of Yes Answers: _____

7. Have you experienced serious depression (felt sadness, hopelessness, loss of interest, change of appetite or sleep pattern, difficulty going about your daily activities?)	☐Yes ☐No
8. Have you experienced thoughts of harming yourself?	☐Yes ☐No
9. Have you experienced a period of time when your thinking sped up and you had trouble keeping up with your thoughts?	☐Yes ☐No
10. Have you attempted suicide?	☐Yes ☐No
11. Have you had periods of time when you felt that you could not trust family or friends?	☐Yes ☐No
12. Have you been prescribed medication for any psychological or emotional problems?	☐Yes ☐No
13. Have you experienced hallucinations (heard or seen things others do not hear or see)?	☐Yes ☐No

Questions 7-13 Total Number of Yes Answers: _____

14. Have you ever been hit, slapped, kicked, emotionally or sexually hurt, or threatened by someone?	☐Yes ☐No
15. Have you experienced a traumatic event and since had repeated nightmares/dreams and/or anxiety which interferes with you leading a normal life?	☐Yes ☐No

Questions 14-15 Total Number of Yes Answers: _____

Affiliate Signature:_____ Credentials: _____ Date: _____

(By signing, I acknowledge that the services provided and hereby referenced are in compliance with all applicable regulations and laws.)