

Patient Name:
Job Title:

D.O.B:
Rail safety worker category:
Cat 1 Cat 2 Cat 3 non rail safety

Drug and Alcohol Questionnaire

Quantifying the Problem

Substance(s):	Maximum quantity consumed & frequency:
Age first used:	Number of substance free days / week:
Past history of use:	Reason for use:
Previous periods of abstinence:	Amount of money spent per week:
Number of days used in the last month:	Route of administration:
Current frequency of use:	Last used:
Usual daily amount:	
Withdrawal effects:	
Previous rehabilitation or other support:	
Success of previous detox /rehab/other services - duration of abstinence:	
Usual place of use eg at home, when socialising:	
Any use at work:	

Impact of the problem

Previous positive tests (date, result, circumstances, any change in substance use following the positive test):
Related criminal convictions / DUI / (testing date, location, circumstances, results)
Effect on relationships/previous employment:
Related health effects, including mental health:

State of Change

Describe motivation to stop using:

What do they think would be useful in helping change:

What barriers do they envisage:

Other relevant history

employment/ medical, psychiatric, social history, live or socialise with other users:

Results

Date	ABT	UDS	MCV	CDT	GGT	AST	ALT	ALP

Examination:

HR:
BP:
Pupils:
Skin:
Signs of IVDU:
Palmar erythema:
Spider naevi:

CNS examination (gait / Rhombergs / coordination):
Abdomen:
Other:

Conclusion

Describe the level of risk of further substance use::

Rehabilitation plan:

Fit for rail safety work: Yes No

Examining Doctor Name:

Signature:

Date:

Ensure the worker has signed the 'agreement to participate in D&A rehabilitation' and then send this questionnaire, the signed agreement and all subsequent results to Dr Casolin, Chief Health Officer Sydney Trains