Drug and Alcohol Questionnai	ire				
Quantifying the Problem	Mariana and a fit and a second of the second of				
Substance(s): Age first used:	Maximum quantity consumed & frequency:				
Past history of use:	Number of substance free days / week:				
Previous periods of abstinence:	Reason for use:				
Number of days used in the last month:	Amount of money spent per week:				
Current frequency of use:	Route of administration:				
Usual daily amount:	Last used:				
Withdrawal effects:					
Previous rehabilitation or other support:  Success of previous detox /rehab/other services - dura	ration of abstinence:				
Usual place of use eg at home, when socialising:					
Any use at work:					
Impact of the problem					
Details of recent positive test: (date, location, result, h	history substance use leading up to the test)				
Other positive tests (date, result, circumstances, any o	change in substance use following the positive test):				
Related criminal convictions / DUI / (testing date, loca	ation, circumstances, results)				
Effect on relationships, previous employment and hea	alth, including mental health				

D.O.B:

Rail safety worker category:

Cat 1□ Cat 2□ Cat 3□ non rail safety□



Patient Name:

Job Title:

State of Change										
Describe motivation to stop using:										
What do they think would be useful in helping change:										
What barriers do they envisage:										
Other relevan										
Employment, medical, psychiatric, social history, live or socialise with other users:										
Results										
Date	ABT	UDS	MCV	CDT	GGT	AST	ALT	ALP		
Date	ADI	UDS	IVICV	CDI	GGT	ASI	ALI	ALP		
Examination:										
HR:					CNS examinati	ion (gait / Rhom	heras / coordin	ation).		
BP:										
Pupils:										
Skin:					Abdomen:					
Signs of IVDU:					Other:					
Palmar erythema:										
Spider naevi:										
Conclusion										
Describe the leve	el of risk of	further subs	stance use:							
D. t t										
Return to work 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 return to work program' and then send this questionnaire, the signed agreement and all subsequent results, as they become available, to the Chief Health Officer <a href="mailto:chiefhealthofficer@transport.nsw.gov.au">chiefhealthofficer@transport.nsw.gov.au</a>

