

EDUCATION

How many years of schooling completed? _____

Highest school grade completed: (Circle one)

None GED/HS diploma Bachelors Masters Doctorate

What type of work have you been trained to do?

Are you employed in the type of work you've been trained to do at this time? Yes_____ No_____

EMPLOYMENT

List all jobs you have held in the past 3 years, beginning with your present job. Give a description of the type of job, year of employment, and reason for leaving.

JOB DESCRIPTION	YEAR OF EMPLOYMENT	REASON FOR LEAVING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much total time were you unemployed in last 3 years?

ARREST INFORMATION

Dates of current and previous arrest and charges:

DATE OF ARREST (YEAR)	CHARGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If charged with DWI, what was the BAC?_____ Present arrest _____

Others _____

How many times has your license now or ever been:

- suspended _____
- revoked _____
- business purposes only _____

Prior to this arrest, was your license:

- (circle one) •OK
- suspended
 - revoked } Reason_____
 - business purposes only

Your age when you:

- began drug activities_____
- began drinking alcohol_____
- were arrested for first offense_____
- were arrested for first drug-related offense_____

What is your drug of choice?_____

OTHER INFORMATION

Have you ever thought you might have a drug problem?

(circle one) YES NO

Have you ever thought you might have a drinking problem?

(circle one) YES NO

Have you ever received help from: (circle all that apply)

- Family doctor
- Church
- Drug/Alcohol rehab program
- Narcotics Anonymous
- Agency (Name:_____)
- Other (Explain:_____)
- Psychiatrist/psychologist
- Relative/friend
- Alcoholics Anonymous

Where do you usually use drugs?

- _____ Party or social event
- _____ Home, with family, friends
- _____ Work or School
- _____ Other
- _____ Home, by self
- _____ Night club
- _____ On the street
- _____
- _____

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____
(name of patient)

authorize **Hill Country Council on Alcohol and Drug Abuse, Inc.**
(name of agency)

to release the following information from my records:

1) **Class participation certificate**

2) _____

3) _____
(please list specific information)

to _____ County Probation Department

for the purpose of **proof of participation/completion**
(need for disclosure)

This authorization expires three (3) months from the date it was granted. I understand that I can revoke this consent at any time prior to the actual release of the above specified information.

(signature)

(signature of parent, guardian, or next of kin)

(date)

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations, as general authorization for the release of medical or other information is NOT sufficient for this purpose.

**TEXAS DRUG OFFENDER EDUCATION PROGRAM
KNOWLEDGE TEST**

NAME: _____ DATE: _____

Select the best answer and place the letter that corresponds to it in the space provided next to the question.

- _____ 1. Which of the Stages of Change refers to the stage when a person has not considered a behavior?
- A. Action
 - B. Contemplation
 - C. Preparation
 - D. Pre-contemplation
- _____ 2. Which of the following is the length of driver's license suspension for a drug conviction in Texas for persons 21 years and older?
- A. one year
 - B. three months
 - C. 90 days
 - D. 180 days
- _____ 3. Which schedule of drugs has the highest potential for abuse and carries the severest penalties?
- A. Schedule I
 - B. Schedule II
 - C. Schedule III
 - D. Schedule IV
 - E. Schedule V
- _____ 4. Which of the Stages of Change is the stage when a person gets busy taking action that specifically addresses changing the problem behavior?
- A. Relapse
 - B. Contemplation
 - C. Action
 - D. Maintenance
- _____ 5. The law that required over-the-counter medicine to reveal the contents of the drugs was:
- A. Harrison Narcotic Act of 1914
 - B. Controlled Substances Act of 1970
 - C. Pure Food and Drug Act of 1906
 - D. The Federal Narcotics Act of 1956

- _____ 6. Which of the following drugs has been around since ancient times?
- A. Heroin
 - B. Crack
 - C. LSD
 - D. Alcohol
- _____ 7. During the Civil War, an addiction to _____ was known as "the soldier's addiction"?
- A. Heroin
 - B. Opium
 - C. Morphine
 - D. Cocaine
- _____ 8. The part of the brain that controls a person's ability to process information is:
- A. Vital Functions Center
 - B. Higher Learning Center
 - C. Muscle Control Center
 - D. Autonomic Nervous System
- _____ 9. Which of the following drugs is categorized as a "stimulant"?
- A. Alcohol
 - B. Barbiturate
 - C. Cocaine
 - D. Cannabis
- _____ 10. Which term listed below explains the following effect of drug use: *Repeated exposure to the same dose of drug results in diminishing effect. Therefore, increased doses are required to achieve the desired effect.*
- A. Tolerance
 - B. Cross tolerance
 - C. Withdrawal
 - D. Dependence
- _____ 11. Which of the following terms means that tolerance to one drug may also produce tolerance to other similar-acting drugs?
- A. Withdrawal
 - B. Dependence
 - C. Tolerance
 - D. Cross tolerance

- _____ 12. _____ is a condition where loss of control over the use of a drug occurs, in spite of unpleasant consequences.
- A. Dependence
 - B. Tolerance
 - C. Cross tolerance
 - D. Denial
13. Which term identifies one of the biggest problems in dealing with drug dependency because it keeps the dependent person from clearly seeing the effects of his/her drug use?
- A. Denial
 - B. Tolerance
 - C. Cross dependence
 - D. Cross tolerance
- _____ 14. Which of the following has been identified as an "HIV high risk" behavior?
- A. Unprotected sex
 - B. Sharing dirty needles
 - C. Drug use
 - D. All of the above are "high HIV risk" behaviors.
- _____ 15. The length of time between becoming infected with HIV and the possibility of transferring HIV to another person is:
- A. immediately
 - B. 3 months
 - C. 6 months
 - D. 1 year or more
- _____ 16. The use of drugs by some celebrities mistakenly _____ impact drug use can have on a person's life.
- A. glamorizes the
 - B. overstates the negative
 - C. understates the positive
 - D. ignores the
- _____ 17. Which of the following describes "values?"
- A. How we act
 - B. Basic beliefs — rules by which we live
 - C. Feelings

- _____ 18. Which of the following describes “attitudes?”
- A. Our positions or views on situations
 - B. Our responses to stress
 - C. Our behaviors—the way we act
- _____ 19. Which of the following reflects the latest medical thinking regarding addiction?
- A. That it is a moral weakness.
 - B. That it is a brain chemistry disease.
 - C. That it is a sin.
 - D. That it is bad luck.
- _____ 20. Setbacks or returning to old behaviors that may lead to using drugs is:
- A. Abstinence
 - B. Sobriety
 - C. Recovery
 - D. Relapse
- _____ 21. Which of the following is not an advantage of 12-Step Support Groups?
- A. Encourages self evaluation and growth
 - B. Provides a safe, supportive environment
 - C. Provides a place for detoxification
 - D. Provides drug-free social contacts
- _____ 22. Which of the following is an example of Physiological Needs according to Maslow’s hierarchy?
- A. Friends and Family
 - B. Food
 - C. Self-Fulfillment
 - D. The recognition of others.
- _____ 23. During the Contemplation Stage going back and forth between the pros and cons of changing a behavior is known as:
- A. Ambivalence
 - B. Procrastination
 - C. Denial
 - D. Resignation

- _____ 24. Which of the following is a reason that planning is important?
- A. Breaks the future into smaller steps.
 - B. Gives a sense of order.
 - C. Creates ownership.
 - D. All of the above.
- _____ 25. Which of the following can act as a barrier to reaching our goals?
- A. Recovery
 - B. Contemplation
 - C. Procrastination
 - D. None of the above.

HCCADA SCREENING INSTRUMENT

Please read the following questions and circle the answer that best describes the activity for you. Your honest answer to these questions will provide information to the counselor and help determine the services most appropriate for you.

DAST

1. Have you ever used drugs other than those required for medical reasons?	Y	N
2. Do you abuse more than one drug at a time?	Y	N
3. Are you always able to stop using drugs when you want to?	Y	N
4. Have you ever had blackouts or flashbacks as a result of drug use?	Y	N
5. Do you ever feel bad or guilty about your use of drugs?	Y	N
6. Does your spouse, family, or friends ever complain about your involvement with drugs?	Y	N
7. Have you ever neglected your family because of drug use?	Y	N
8. Have you ever engaged in illegal activities in order to obtain drugs or money for drugs?	Y	N
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Y	N
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Y	N