

# Virginia Alcohol Safety Action Program

## Intake Questionnaire

**Full Name:** \_\_\_\_\_  
(Suffix) (First) (Middle) (Last)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Primary Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Last Four Numbers of Social Security:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Are you a Student?**  Yes  No **If yes, where?** \_\_\_\_\_

### Medical History

**Medical Conditions:** \_\_\_\_\_

**Prescribed Medications:** \_\_\_\_\_

**Have you ever been told by a medical professional not to use alcohol or drugs?**  Yes  No

**Do you have any medical conditions directly related to your use of alcohol or drugs?**  Yes  No

**If yes, list the conditions:** \_\_\_\_\_

### Legal History **Have you had any...**

**Previous Arrest or Convictions for: (Do not include your present referral)**

**DUI**  Yes  No **How many?** \_\_\_\_\_ **Public Intoxication**  Yes  No. **How many?** \_\_\_\_\_

**Underage Poss. of Alcohol**  Yes  No **How many?** \_\_\_\_\_

**Drug Offenses**  Yes  No. **How many?** \_\_\_\_\_

**Other Criminal Charges (including Reckless Driving)**  Yes  **If yes, how many?**

**List each offense:** \_\_\_\_\_

**Do you have any pending charges?**  Yes  No **If yes, how many?**

**List all pending charges:** \_\_\_\_\_

**Are you currently on probation with any other agency?**  Yes  No. **If yes, list the name of the**

**Agency:** \_\_\_\_\_ **Probation Officer:** \_\_\_\_\_

### About Your Current Referral

**What was your original charge/offense?** \_\_\_\_\_

**Date of original charge/offense:** \_\_\_\_\_

What was your final conviction? \_\_\_\_\_ Court of Conviction \_\_\_\_\_

Date of conviction: \_\_\_\_\_

What alcohol beverages and/or what drugs were you using on the day of your arrest? \_\_\_\_\_

How much did you drink/use that day? \_\_\_\_\_ What was the occasion? \_\_\_\_\_

Did you have an accident that day?  Yes  No Were there any injuries?  Yes  No

What was your BAC at the time of arrest? \_\_\_\_\_ Did you feel impaired?  Yes  No

**Alcohol and Drug History**

How many days per week do you consume alcohol? \_\_\_\_\_ How much alcohol do you consume on those occasions? \_\_\_\_\_

When did you last consume any alcohol? \_\_\_\_\_

How much did you consume? \_\_\_\_\_

Which drugs have you used within the last six months:

Cocaine  Marijuana  Heroin  Amphetamines  Other: \_\_\_\_\_

Have you ever tried to quit?

Drinking?  Yes  No If yes, how long did you abstain? \_\_\_\_\_

Using Drugs?  Yes  No If yes, how long did you abstain? \_\_\_\_\_

Have you ever taken a prescription drug that was not prescribed to you?  Yes  No If yes, what medication did you take? \_\_\_\_\_ When? \_\_\_\_\_

Have any of your blood relatives have, or had, a problem with alcohol or drugs?  Yes  No

Have you had any...

Previous Alcohol/Drug Education?  Yes  No If yes, where?: \_\_\_\_\_

When: \_\_\_\_\_

Previous Alcohol/Drug Treatment?  Yes  No If yes, where?: \_\_\_\_\_

When?: \_\_\_\_\_

Previous ASAP Participation?  Yes  No If yes, where?: \_\_\_\_\_

When? \_\_\_\_\_

Previous AA or NA Attendance?  Yes  No If yes, was your attendance  Voluntary  Court Ordered

I certify this information is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ASAP Office Use Only**

Indicate Service Type: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_