



PeaceWay Counseling & Mediation Services, Inc.

2405 Bemiss Road, Valdosta GA 31602 / phone (229) 333-2351 / fax(229)333-2353

CLIENT DEMOGRAPHICS

Name: _____

DOB: _____ Gender: _____ Race: _____

Social Security Number: _____ Email: _____

Telephone Number: Cell _____ Home: _____

Street Address: _____

City, State, Zip Code: _____

Probation Office: _____ Probation Officer: _____

Marital Status: Never Married _____ Married _____

Divorced: _____ Widowed: _____

Employment Status: Employed _____ Unemployed _____ Disabled _____

Full-time Student: _____ Retired _____

Emergency Contact: _____ Ph: _____

Armed Forces Veteran: Yes _____ No _____

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Valdosta, GA 31602

Phone 229-333-2351
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contactus@peacewaycms.com



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C A G E ASSESSMENT

1. Have you felt the need to *Cut Down* on your drinking?
2. Do you feel *Annoyed* by people complaining about your drinking?
3. Do you feel *Guilty* about your drinking?
4. Do you ever drink an *Eye-Opener* in the morning to relieve shakes?



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Drug Abuse Screening Test

1. **Have you used drugs other than those required for medical reasons?**
 Yes
 No

2. **Have you abused prescription drugs?**
 Yes
 No

3. **Do you abuse more than one drug at a time?**
 Yes
 No

4. **Can you get through the week without using drugs?**
 Yes
 No

5. **Are you always able to stop using drugs when you want to?**
 Yes
 No

6. **Have you had "blackouts" or "flashbacks" as a result of drug use?**
 Yes
 No



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7. Do you ever feel bad or guilty about your drug use?

- Yes
- No

8. Does your spouse (or parents) ever complain about your involvement with drugs?

- Yes
- No

9. Has drug abuse created problems between you and your spouse or your parents?

- Yes
- No

10. Have you lost friends because of your use of drugs?

- Yes
- No

11. Have you neglected your family because of your use of drugs?

- Yes
- No

12. Have you been in trouble at work because of your use of drugs?

- Yes
- No

13. Have you lost a job because of drug abuse?

- Yes
- No

14. Have you gotten into fights when under the influence of drugs?

- Yes
- No



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15. Have you engaged in illegal activities in order to obtain drugs?

- Yes
- No

16. Have you been arrested for possession of illegal drugs?

- Yes
- No

17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

- Yes
- No

18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

- Yes
- No

19. Have you gone to anyone for help for a drug problem?

- Yes
- No

20. Have you been involved in a treatment program especially related to drug use?

- Yes
- No



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Michigan Alcohol Assessment Test

1. Do you feel you are a normal drinker? ("normal"—drink as much or less than most other people)?

- Yes
- No

2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?

- Yes
- No

3. Does any near relative or close friend ever worry or complain about your drinking?

- Yes
- No

4. Can you stop drinking without difficulty after one or two drinks?

- Yes
- No

5. Do you ever feel guilty about your drinking?

- Yes
- No

6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?

- Yes
- No

7. Have you ever gotten into physical fights when drinking?

- Yes
- No

8. Has drinking ever created problems between you and a near relative or close friend?

- Yes
- No

9. Has any family member or close friend gone to anyone for help about your drinking?

- Yes
- No

10. Have you ever lost friends because of your drinking?

- Yes
- No

11. Have you ever gotten into trouble at work because of drinking?

- Yes
- No

12. Have you ever lost a job because of drinking?

- Yes
- No

13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?

- Yes
- No

14. Do you drink before noon fairly often?

- Yes
- No

15. Have you ever been told you have liver trouble such as cirrhosis?

- Yes
- No

16. After heavy drinking have you ever had delirium tremors (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?

- Yes
- No

17. Have you ever gone to anyone for help about your drinking?

- Yes
- No

18. Have you ever been hospitalized because of drinking?

- Yes
- No

19. Has your drinking ever resulted in being hospitalized in a psychiatric ward?

- Yes
- No

20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?

- Yes
- No

21. Have you been arrested more than once for driving under the influence of alcohol?

- Yes
- No

22. Have you ever been arrested, even for a few hours, because of other behavior while drinking?

- Yes
- No