PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to provide a basis for assessing your use of alcohol and drugs and to provide therapeutic assistance as required. The information will become part of your alcohol and drug treatment record. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice MMN00019 which can be downloaded at **http://privacy.defense.gov/notices/usmc/MMN00019.shtml**.

RETENTION AND SAFEGUARDS: The collected information will be maintained in paper case files in locking file cabinets with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. Records in this file system will only be retrieved by name and social security number. Level I, II, and II alcoholism treatment case files and Level I and II drug abuse treatment case files are cut off and destroyed 5 years after the end of the calendar year the case is closed.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice MMN00019 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at ***http://www.defenselink.mil/privacy/notices/blanket-uses.html*.**

DISCLOSURE: Providing information on this form is voluntary. If the individual does not complete necessary data fields, treatment may be negatively impacted.

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Print Form

SACC CLINICAL PACKAGE

ALCOHOL AND DRUG SCREENING

Screening Date:	Name:	Rank:
Last 4 of SSN:	SEX: M ☐ F ☐	DOB:
Command/Unit:	Command Address:	
Section:	Phone Number	
Supervisor's Name:	Phone Number	

What is your goal for being here today?

Have you attended a 12-step program (Alcoholics Anonymous, Narcotics Anonymous, Al-Anon)?

Drinking and drug use affect people differently. Answer the following questions about your experiences:

Drinking and drug use has: (Check appropriate phrases.)

- ☐ affected my reputation
- ☐ helped reduce stress
- ☐ affected my job performance
- ☐ caused financial problems
- ☐ affected my home life
- ☐ affected my sleep
- ☐ caused hangovers at work
- ☐ helped me overcome shyness
- ☐ helped me talk to the opposite sex
- ☐ gotten me into arguments or fights
- ☐ caused marital problems
- ☐ other

What time in your life was your drinking most serious, i.e. high school? After joining the Marine Corps? This past year? On deployment? Explain.

What is the longest time you went without drinking or using drugs? When and why?

When and why did you return to drinking or drug use?

Have you kept drinking or using drugs for a couple of days or more without sobering up? If yes, how often and in what circumstances?

Are you experiencing any of the following feelings?

☐ depressed/sad	☐ people are out to get you	☐ crying spells	☐ difficulty sleeping
☐ afraid	☐ nervous	☐ appetite loss	☐ difficulty waking up
☐ angry/mad	☐ fearful	☐ weight loss	☐ feelings of helplessness/. hopelessness
☐ anxious	☐ hurting yourself	☐ weight gain	☐ excessive worry
☐ hurting someone else	☐ other		

Most recently:	Have you experienced excessive stress?	Do you have a deployment or field training scheduled?
	Have you suffered a loss or are you still grieving a past loss?	How do you view your alcohol or drug use? Explain. ☐ Minimal ☐ Moderate ☐ Heavy ☐ Problem ☐ Serious
	Have you had thoughts of suicide?	

What is the most alcohol you consumed in a 24-hour period?	When I drink, I usually drink _____ drinks in a _____ hour period.	Has anyone said you might have a drinking problem? Who? When?

D-I Before your most recent incident, or if you are still drinking:		
Has your drinking increased or decreased?	☐ Yes	☐ No
Were you surprised at how many drinks you could hold or the amount of drugs you had to use before feeling any effects?	☐ Yes	☐ No
Did you ever have a BAL of .08 or higher on a Breathalyzer or other test?	☐ Yes	☐ No
Has anyone said, "You can really hold your liquor?"	☐ Yes	☐ No
D-II After a drinking episode:		
Do you have a hangover?	☐ Yes	☐ No
Do you get sick with nausea, vomiting, or diarrhea?	☐ Yes	☐ No
Do you feel your heart beating rapidly?	☐ Yes	☐ No
Were you overly hot and sweaty or feverish?	☐ Yes	☐ No
Do you have tremors?	☐ Yes	☐ No
Do you have feelings of fear, nervousness or anxiety?	☐ Yes	☐ No
Do you have sleep disturbances?	☐ Yes	☐ No
Do you see, feel, or hear things that aren't really there?	☐ Yes	☐ No

DII - Continued:		
Do you have convulsions or seizures?	☐ Yes	☐ No
Have you needed medical help to "sober up" or been admitted to a hospital for detoxification?	☐ Yes	☐ No
Do you drink to relieve the above occurrences?	☐ Yes	☐ No
Do you awaken during the night and take a drink to go back to sleep?	☐ Yes	☐ No
D-III		
Do you ever spend more time drinking or using drugs than you planned?	☐ Yes	☐ No
Do you ever spend more money drinking or using drugs than intended?	☐ Yes	☐ No
Have you set rules for drinking or drug use you couldn't follow?	☐ Yes	☐ No
D-IV		
Do you feel you should cut down on drinking or drug use?	☐ Yes	☐ No
Do you try to cut down and then just found yourself drinking or using drugs again?	☐ Yes	☐ No
Do you try not to drink or use drugs?	☐ Yes	☐ No
Do you worry about your drinking or drug use?	☐ Yes	☐ No
Have you broken a promise to yourself or anyone else concerning drinking or using drugs?	☐ Yes	☐ No
D-V		
Do you plan activities to include drinking or drug use?	☐ Yes	☐ No
Does drinking or drug use interfere with work or family obligations?	☐ Yes	☐ No
Do you drink or use drugs at lunch?	☐ Yes	☐ No
Do you drink or use drugs daily?	☐ Yes	☐ No
Do you spend more than half your free time drinking, obtaining and/or recovering from the effects of alcohol or drugs?	☐ Yes	☐ No
Are you uncomfortable when alcohol or drugs are not available at functions or activities?	☐ Yes	☐ No
D-VI		
Due to drinking or drug use, have family members or friends said you don't spend as much time with them as you used to?	☐ Yes	☐ No
Have you cut back on or stopped doing things that are important to you because you are spending more time drinking or using drugs?	☐ Yes	☐ No
Has your daily routine changed due to drinking or drug use?	☐ Yes	☐ No
Do you feel drinking or drug use has become or is becoming a central part of your life?	☐ Yes	☐ No
Do you resent others discussing your drinking or drug use?	☐ Yes	☐ No
Has a family member, friend or co-worker complained or worried about your drinking or drug use?	☐ Yes	☐ No
D-VII		
Even though you regret drinking or using drugs, do you continue the use of these substances?	☐ Yes	☐ No
Do you continue to drink or use drugs regardless of a medical condition prohibiting use?	☐ Yes	☐ No
Has your drinking or drug use resulted in injury to yourself or another?	☐ Yes	☐ No
Do you drink or use drugs while taking prescribed medication?	☐ Yes	☐ No

A-I		
Has drinking or drug use affected your work?	☐ Yes	☐ No
Has your supervisor criticized or reprimanded you for drinking or drug use?	☐ Yes	☐ No
Have you neglected your family or work because of drinking or drug use?	☐ Yes	☐ No
Due to drinking or drug use, have you had an advancement recommendation or PCS orders canceled, or an evaluation mark lowered?	☐ Yes	☐ No
Have you spent money on drinking or drug use that should have been spent on obligations?	☐ Yes	☐ No
Does drinking or drug use cause hardships for you, your family and/or friends (financial problems, friends having to cover up for you)?	☐ Yes	☐ No
A-II		
Do you drink or use drugs and drive?	☐ Yes	☐ No
While drinking or using drugs, or when recovering from their effects, do you operate machinery or equipment?	☐ Yes	☐ No
Have you accidentally hurt or injured yourself or someone else while drinking or using drugs?	☐ Yes	☐ No
A-III		
Were you ever arrested for a DUI or DWI?	☐ Yes	☐ No
Have you experienced other legal problems related to alcohol or drugs?	☐ Yes	☐ No
Has drinking or drug use resulted in your arrest or being taken into custody for a related offense (domestic violence, public intoxication)?	☐ Yes	☐ No
Has drinking or drug use resulted in a Court Martial or page 11?	☐ Yes	☐ No
A-IV		
Has a relationship ended because your partner didn't like or would no longer tolerate your drinking or drug use?	☐ Yes	☐ No
Has drinking or drug use caused problems between you and your significant other, parents, children, or others?	☐ Yes	☐ No
Has drinking or drug use led to the loss of a friend?	☐ Yes	☐ No
When drinking or using drugs, do you physically or verbally abuse family members and others?	☐ Yes	☐ No
Does drinking or drug use cause you social problems?	☐ Yes	☐ No
What are your goals regarding drinking?		

Counselor's Signature:	Date:

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