

SUBSTANCE USE BEHAVIORAL INDICATOR CHECKLIST II

This form may be completed when there is an observation of actions, appearance or conduct that may be associated with Substance use issues. Once the checklist is completed, the caseworker may then administer the AUDIT/DAST-10.

Name of Recipient _____

County Name _____

Name of Observer _____

Date of Observation _____

Location _____

Time of Observation _____ a.m. /p.m.

Check all appropriate items. Behavioral indicators require only one check to administer the AUDIT/DAST-10.

APPEARANCE/PHYSICAL SYMPTOMS

___ odor of alcoholic beverage on breath

___ extremely poor hygiene

___ constricted pupils (pinpoint)

___ dilated pupils (enlarged)

___ glazed or glassy eyes

___ stumbling/staggering

___ body odor of alcoholic beverage

___ lethargic/slow movement

___ swaying gait

SPEECH

___ slurred speech

___ rapid/accelerated speech

___ incoherent speech

If known, how is the recipient's behavior different from that previously observed? Be specific and describe any other observations about behavior or actions not listed above.

To the best of my knowledge, this report represents the appearance, behavior and/or conduct of the above named person, observed by me.

Signature of Observer _____ Date _____

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Economic and Family Services

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, natural origin, sex, age, religion, political beliefs, or disability in the admission, treatment, or participation in its programs, services and activities, or in employment.

HISTORY OF SUBSTANCE USE RELATED PROBLEMS

___ pending DUI or drug court case

___ loss of license for DUI

___ drug or alcohol arrest or conviction

___ history of/or current substance use treatment involvement

CONDUCT/BEHAVIOR

___ loss of inhibitions with no apparent reason (i.e., yelling, screaming, cursing, assaultive)

___ failure to report for job interview (2 or more)

___ repeated missed scheduled appointments