

SUBSTANCE USE BEHAVIORAL INDICATOR CHECKLIST II

This forms 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 AUDT/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

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

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

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