

**SUBSTANCE ABUSE  
BEHAVIORAL INDICATOR CHECKLIST II**

This form may be completed if a Work First client has a negative screening for substance abuse, but there is reasonable suspicion that substance abuse issues may be present. When there is an observation of actions, appearance or conduct that may be associated with substance abuse issues refer the Work First client to a Qualified Professional in Substance Abuse (WF/QPSA) for further assessment and/or referral.

Name of Client: \_\_\_\_\_

Name of Observer: \_\_\_\_\_

Location: \_\_\_\_\_

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

Time of Observation: \_\_\_\_\_ a.m./p.m.

**Check all appropriate items. Behavioral indicators require only one check for referral to a WF/QPSA.**

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

HISTORY OF SUBSTANCE ABUSE RELATED PROBLEMS:

- \_\_\_\_\_ pending DWI court case or drug court case
- \_\_\_\_\_ loss of license for DWI
- \_\_\_\_\_ drug or alcohol arrest or conviction
- \_\_\_\_\_ history of/or current substance abuse treatment involvement
- \_\_\_\_\_ reports from employer, probation/parole of positive drug screen/breathalyzer
- \_\_\_\_\_ positive AUDIT or DAST and non-compliance with referral to QPSA
- \_\_\_\_\_ prior SUDDS IV diagnosis and non-compliance with treatment recommendations

SPEECH:

- \_\_\_\_\_ slurred speech
- \_\_\_\_\_ rapid/accelerated speech
- \_\_\_\_\_ incoherent speech

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 Work First client's behavior different from that previously observed? Be specific and describe any other observations about behaviors or actions not listed above:

To the best of my knowledge, this report represents the appearance, behavior and/or conduct of the above named Work First client, observed by me and upon which I base my decision to refer the person to the WF/QPSA for further assessment and/or referral.

\_\_\_\_\_  
Signature of Observer

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

To be completed by WF/QPSA:

- Was SUDDS IV assessment completed?
- Was Work First/CPS client referred to SA treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

WF/QPSA Signature \_\_\_\_\_

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