

Check-Up Summary Form

From the information you provided it appears that you have problems in the following areas, which may or may not be associated with your drug use. You can take it away with you and use it to think more about the consequences of your drug use or the problem areas you have indicated. Please contact us again if you want to discuss any of these issues further.

Wanted effects

| _____

| _____

| _____

Unwanted effects

| _____

| _____

| _____

Sleep

| _____

| _____

| _____

Appetite

| _____

| _____

| _____

Mood / Behaviour

| _____

| _____

| _____

Enjoyment

| _____

| _____

| _____

Day to day functioning

■ _____
■ _____
■ _____

Thinking

■ _____
■ _____
■ _____

Physical health

■ _____
■ _____
■ _____

Risk Behaviours

■ _____
■ _____
■ _____

Other

■ _____
■ _____
■ _____
■ _____
■ _____
■ _____
■ _____
■ _____
■ _____

DRUG AND ALCOHOL SERVICES SOUTH AUSTRALIA (DASSA) Clinical Services

Alcohol and Drug Information Service (ADIS):	1300 13 1340 (8.30am to 10.00pm every day)
DASSA Central Services, Stepney	08 7425 5000
DASSA Northern Services, Elizabeth	08 7485 4600
DASSA Southern Services, Morphett Vale	08 8325 8111