

# UNCOPE

Name:		DOB:	
Date:		FACTS No:	
Event No:		Relationship to Child (living/unborn):	
Completed by:			

<b>U</b>	Have you spent more time drinking or <b>using</b> drugs more than you intended to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Collateral
<b>N</b>	Have you ever <b>neglected</b> some of your usual responsibilities because of using alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Collateral
<b>C</b>	Have you felt you wanted or needed to <b>cut</b> down on your drinking or drug use in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Collateral
<b>O</b>	Has your family, a friend, or anyone else ever told you they <b>objected</b> to your alcohol or drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Collateral
<b>P</b>	Have you found yourself thinking a lot about drinking or using drugs? ( <b>pre-occupied</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Collateral
<b>E</b>	Have you ever used alcohol or drugs to relieve <b>emotional</b> discomfort, such as sadness, anger or boredom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Collateral

Two or more "Yes" responses indicate possible abuse or dependence and the need for further assessment.	
A referral was made to:	
Date of referral:	



*Strong Families Make a Strong Kansas*

(This form supersedes CFS 2005 REV 7/10)