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| <b>Name:</b>       | <b>D.O.B.:</b> _/_/  |
| <b>F.S.P.#:</b>    |                      |
| <b>Medicaid #:</b> | <b>IPRS / LME #:</b> |

**Family Service of the Piedmont  
Adult Substance Abuse Program  
Pre-Test**

1. Alcohol is a \_\_\_\_\_.
2. Cocaine is a \_\_\_\_\_.
3. Primary symptoms of addiction and/or dependency are:
4. Relapse is:
5. What are the general signs of possible relapse?
6. Abstinence and Recovery are the same things.
7. Depression and anxiety can lead to relapse.
8. Physical symptoms of anger are:



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9. Which of the following are forms of communication?
  
10. Co-dependency is a form of a healthy relationship.
  
11. Qualities of a well-defined goal are:
  
12. Do you believe that you have a drug and/or alcohol problem?