

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

23.1 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. YES NO (If NO, proceed to 23.2)

Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your use while possessing a security clearance? YES NO

Do you intend to use this drug or controlled substance in the future? YES NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Entry #2

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your use while possessing a security clearance? YES NO

Do you intend to use this drug or controlled substance in the future? YES NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.2 In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? YES NO (If NO, proceed to 23.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Do you intend to engage in this activity in the future?

- YES → Provide explanation.
 NO

Entry #2

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Do you intend to engage in this activity in the future?

- YES → Provide explanation.
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.3 Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed? YES NO (If NO, proceed to 23.4)

Complete the following if you responded 'Yes' to having **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed.

Entry #1

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

Entry #2

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

23.4 Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? YES NO (If NO, proceed to 23.5)

Complete the following if you responded 'Yes' to having **EVER** illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

Entry #1

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Entry #2

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.5 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? YES NO (If NO, proceed to 23.6)

Complete the following if you responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Entry #2

Provide the name of the prescription drug that you misused.


Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Enter your Social Security Number before going to the next page 

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.6 Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? YES NO (If NO, proceed to 23.7)

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | |

Provide explanation ▶

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.
 Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | |

Provide explanation ▶

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.7 Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? YES NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Entry #1

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Entry #2

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Enter your Social Security Number before going to the next page →