

Taking a look at my drug, alcohol and tobacco knowledge and use

**PLEASE TICK THE BOXES THAT APPLY TO YOU**

Today's Date

Name

Date of Birth  Age  Gender - Male  Female

Ethnicity  Disability Yes  No

Where are you at School/College/Employed

Type of accommodation

Have you completed this form before? Yes  No

If Yes - Who with? When

Can my worker talk to the person named above Yes  No

- Confidentiality and information sharing has been explained to me:
- I understand what it means:

**Section 1..... What do I know?**

**1a. Where do I get information from about.....**

	Drugs	Alcohol	Tobacco
Older friends			
Younger friends			
Friends of the same age			
Parents			
Carers			
Brothers or sisters			
Other family			
School			
TV			
Internet			
Youth Service			
Other - where.....			

**1b. What do I remember about the information?**

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1c. What do I know about the risks, dangers and legal issues?

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1d. What more information do I need or want?

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**Section 2 .....Who do I know that uses drugs, alcohol and/or tobacco?**

	Tobacco	Alcohol	Drugs
Parents/Carers			
Brothers/Sisters			
Grandparents			
Aunties/Uncles			
Friends			
People I don't know well			

**Section 3..... What is my experience of using drugs, alcohol, solvents and or tobacco?**

	I have tried tobacco	I have tried alcohol	I have tried solvents	I have tried drugs
Never				
Once or twice				
Regularly				
Every day				

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**How important is it for you to change your tobacco use?**

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1 *Not important*

*Very important 10*

**How important is it for you to change your alcohol use?**

-----  
1 *Not important*

*Very important 10*

**How important is it for you to change your solvent use?**

-----  
1 *Not important*

*Very important 10*

**How important is it for you to change your drug use?**

-----  
1 *Not important*

*Very important 10*

**What have I tried? I.e. alcohol, drugs, solvents, tobacco?**

Name of substance	How is it used?	Any concerns?* Including the effects it has on me and others around me when I use it. *Concerns in relation to physical and mental health; family relationships; housing; school/employment; finances; offending behaviour.

### Section 4 ..... Checklist

**Problems with housing:**

*None*

*Some*

*A lot*

**Truancing**

*Never*

*Sometimes*

*All the time*

**Involved in offending behaviour**

*Never*

*Sometimes*

*All the time*

**Mental Health recently (0 is bad, 10 is great)**

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0

5

10

Physical Health recently (0 is bad, 10 is great)

0

5

10

Exclusion from school

*Never*

*Once or twice*

*Permanently*

Are you unemployed?

Yes

No

Are you looked after by the local authority?

Yes

No

Section 5 ..... What do I want to do now?

Section 6 ..... What does my worker think?

Section 7 ..... Agreed plan\*

\*To include any information given, plans to deliver targeted education, referral and/or information sharing needed.

Signed -Young Person

Date

Taking a look at my drug, alcohol and tobacco knowledge and use

Signed - Worker

Date

Copies sent to:-