



Derby City Council

My Life, My Journey

Drugs & Alcohol

Name

Age

Today's Date

Alcohol

1. At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include even those times when you only drink a small amount

- | | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Every week | <input type="checkbox"/> Every month | <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Never |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|

2. Have you ever had so much alcohol that you were really drunk?

- | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> No, never | <input type="checkbox"/> 1 - 2 times | <input type="checkbox"/> 2 - 3 times | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|

3. How old were you when you first had an alcoholic drink?

4. Do you think you are more likely to have sex while you are under the influence of alcohol?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Where do you go to get information and advice about alcohol?

- | | |
|--|--|
| <input type="checkbox"/> Internet (e.g. Talk to Frank) | <input type="checkbox"/> Family Hub |
| <input type="checkbox"/> School | <input type="checkbox"/> Breakout |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Family | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Support Worker | <input type="checkbox"/> Other, please tell us below |

Alcohol

6. Do you know about the effects and the risks of drinking alcohol?

Nothing at all

Only a little

Some

A lot

7. Why do you drink alcohol?

Fun

To help with stress

Escape problems

To help with stress

Pressure from friends

Other, please tell us below

8. Do you ever take drugs and alcohol together?

Yes

No

9. Do you want to change your current alcohol use?

Yes

No

Unsure

Drugs

1. Have you tried, or do you use, any of the following? (Please tick one box per line)

Occasionally: 3-4 times in total Regularly: 1 or more times every week	Never tried	Thinking about trying	Tried	Use occasionally	Use regularly
Paracetamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal cannabis (grass, weed, green)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis resin (dope, hash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stronger forms of cannabis (skunk, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue, gas, solvent or sprays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Psychoactive substances e.g. legal highs such as MKat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed, sulphate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor tranquillisers such as Temazepam (jellies, wobbly eggs), Diazepam (Valium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Charlie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack (rock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, brown, gear, skag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please tell us here					

Drugs

2. Do you think you are more likely to have sex when you are on drugs?

Yes

No

3. Why do you take drugs?

Fun

To help with stress

Escape problems

To help with stress

Pressure from friends

Other, please tell us below

4. Where do you go to get information and advice about drugs?

Internet (e.g. Talk to Frank)

Connexions

School

Breakout

School Nurse

Friends

Family

Doctor

Support Worker

Other, please tell us below

Drugs

5. Do you know about the effects and the risks of taking drugs?

Nothing at all

Only a little

Some

A lot

6. Do any of your friends ever use illegal drugs, such as smoking cannabis, or taking ecstasy, cocaine, or crack or MDMA (Mandy) and Ketamine?

None

A few

Most

Don't know

7. Do you ever take drugs and alcohol together?

Yes

No

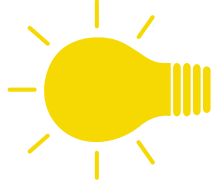
8. Do you want to change your current drug use?

Yes

No

Unsure

Action Plan



Name

What is going to help you?	How is it going to help you?	Who is going to help you?	When would you like it to start?
What else might help?			

Review



Name

How much has it helped you?

A lot

A little

Not at all

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