

SUBSTANCE USE SCREEN FOR YOUTH (FROM ALTERNATIVES FOR YOUTH)

- 1) What types of substances have you used in the last month or so?.....in the last year? How often do you use the substance? How much of the substance do you typically use?**
- 2) Which substances are you concerned about?**
- 3) Is there anything you'd like to change about your substance use? How would you know if your substance use is getting 'out of control'?**
- 4) Alcohol – In a typical week, how many drinks do you have?
Pattern of drinking – Do you usually/always drink to intoxication?
Do you tend to binge drink (men- more that 5 drinks at one time, women- more than 4 drinks at one time)?**
- 5) Do you notice any difference in your mood when you use substances? Are there some feelings that you only express when you're drinking/using substances?**
- 6) Have any of your friends expressed concern about your use of substances?**
- 7) Have you had any injuries while using substances (falling & hitting your head, fights, seizures, other health concerns – HIV, STD's, hepatitis)?**

Screen for mental health concerns – depression, anxiety, panic, ADHD, suicidal impulses, self-harm, level of risk

Concurrent Issues:

Where does your substance use “fit in” with your emotional health (using substances to cope, substance increases/decreases your emotional health concerns)?

Try to identify the overall picture and communicate that it is not just the amounts/frequency of substance use but the “how” and “why” of substance use that is important.