**Substance Misuse Screening Tool**

**Current Substance Use**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug name | Amount | Frequency | Route | Age at first use |
| Alcohol |  |  |  |  |
| Cannabis |  |  |  |  |
| Ecstasy |  |  |  |  |
| Cocaine |  |  |  |  |
| Amphetamine |  |  |  |  |
| Ketamine |  |  |  |  |
| Acid |  |  |  |  |
| Mushrooms |  |  |  |  |
| Other |  |  |  |  |

Frequency: Daily, Weekly, Monthly, Occasional, Binges

Route: Oral, sniffed/ snorted, smoked, injecting, unknown, other route.

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| **Has the Young Person received Drug and Alcohol treatment previously?****What have they/you used in the past week?**Is this typical?**Does anyone else see their/your substance use a problematic?** |