

## Intake- Substance Use Supplement #2

If reducing/ ending substance use not identified, based on frequency of use and substance use as self care ask youth to answer the following:

As a result of your substance use, in the last six months have you:

Had blackouts or memory problems, forgetting, confusion, difficulty thinking?  Yes  No

Details: \_\_\_\_\_

Had problems in relationships with friends, partner, family?  Yes  No

Details: \_\_\_\_\_

Been verbally or physically abusive when using?  Yes  No

Details: \_\_\_\_\_

Had school or work problems due to your substance use?  Yes  No

Details: \_\_\_\_\_

Had financial problems because you spent too much money on drugs/ alcohol?  Yes  No

Details: \_\_\_\_\_

Had legal problems related to substance use? (Did something dumb while under the influence or charged with possession etc)  Yes  No

Details: \_\_\_\_\_

How would you define problematic substance use? \_\_\_\_\_

\_\_\_\_\_

How would you define your use? \_\_\_\_\_

\_\_\_\_\_

Have you ever tried to stop using?  Yes  No

If yes, how did it go? \_\_\_\_\_

\_\_\_\_\_

Based on the above answers: would you be willing to explore the possibility of finding a better balance with you substance use? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_