

# Do you...

- Smoke** anything other than tobacco?      yes       no
- Vape** anything other than tobacco?      yes       no
- Sniff/snort** any powder?      yes       no
- Swallow** any pills/pellets that's not prescribed to you?      yes       no
- Inject** anything that's not prescribed to you?      yes       no
- Inhale** any gas/glue/aerosol?      yes       no
- Drink alcohol/any liquid** that gets you high?      yes       no

	No	Yes
<b>1</b> Answered <b>yes</b> to any of the above questions. (If no, end screening here)	0	1
<b>2</b> Do you use more than one substance at a time?	0	1
<b>3</b> Are you unable to stop using when you want to?	0	1
<b>4</b> Have you had "blackouts" or "flashbacks" because of your use?	0	1
<b>5</b> Do you ever feel bad or guilty about your substance use?	0	1
<b>6</b> Do those closest to you ever complain about your involvement with substances?	0	1
<b>7</b> Have you neglected your family because of your use?	0	1
<b>8</b> Have you engaged in illegal activities to obtain substances?	0	1
<b>9</b> Have you ever experienced withdrawal symptoms (felt ill) when you stopped taking anything?	0	1
<b>10</b> Have you had medical problems because of your use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

Score

Score	Level	Suggested Action
1-2	Low	Self-monitor, harm-reduction advice, brief intervention
3-5	Moderate	Further investigation through brief intervention and enhanced brief intervention
6-8	High	Further assessment through structured enhanced brief intervention and consider a medical review
9-10	Very High	Prioritise a medical review and provide structured support via 1-to-1s/groups