

Drug and Alcohol Survey

Before you start - thank you for taking the time to answer these questions. This survey is purely **anonymous** and the information will be used to help agencies understand some of the issues that young people face, so that we can work in a better way. Please answer it honestly.

1. Do you take drugs?
2. If you take drugs then which type of drugs do you, or people in your age group take?
3. Out of your friendship group, how many take drugs on a regular basis? (Please circle)
 - None
 - A few
 - Most of
 - All
4. If you use drugs then where do you/your friends get drugs from? (Please circle)
 - Friends
 - Friends of friends
 - Older people
 - Family
 - Internet
 - Other – please specify
5. If you use drugs then why did you/friends start taking drugs?
6. If you use drugs, how often do you/your friends take them? (Please circle)
 - Every day
 - Most days
 - Weekends
7. If you are a drug user do you want to stop taking drugs? If yes, what is stopping you?
8. Do you drink alcohol on a regular basis? Yes / No (please circle)
9. Where do you get your alcohol from?
10. Do you/your friends know where to go for help to stop/reduce taking drugs or alcohol?
11. What other help do you think would be helpful for young drug and alcohol users?

