

SUBSTANCE ABUSE RISK-SCREENING TOOL

Name & Surname	
Cell Number	
Gender	
Date Of Birth	
TVET College	
Campus	
Date	

I declare and understand that completing this screening tool is voluntary and that my answers to the below questions will be kept confidential. I also give consent to have the person receiving my completed form to follow up on me if I am at risk and require further services. I also understand that this is a risk assessment, not a diagnostic tool, and is not for research purposes but for creating insights into one's own vulnerability. HIGHER HEALTH aims to determine the risk at the early stages and link you to relevant services for further treatment, care, and support. Early prevention saves lives.

Signature

1	Are you worried about your use of drugs and alcohol?				Yes	No
2	What are the main reasons for your substance use?					
	To manage stress or anxiety	For recreational purpose or social settings	To help with sleep issues	To cope with physical pain		
3	To deal with emotional or mental distress	Curiosity or experimentation	Peer Influence or social pressure	Other(Specify):		
	Are your family members, relatives or friends worried about your use of alcohol or drugs and that suggested you cut down?				Yes	No
4	Do you feel annoyed when others question you about your use of alcohol and drug use?					
	Cannabi/Marijuana	Stimulants (e.g cocaine)	Sedative or sleeping pills	Hallucinogens (e.g LSD)	Opioids (e.g Heroin, opium)	
5	Inhalants(e.g Glue, aerosols)	Prescription drugs used and non-medically(Painkillers)	Synthetic substances(e,g Spices, Bath salts)	Alcohol	Other(spcify):	
	How frequently do you use such substances?					
	Daily	Multiple times per week	Multiple times per month	One or less times per month	Never	
6	In the past 6 - 12 months, have you continued to drink/ use drugs even though it was causing trouble with your family or friends?				Yes	No
7	Have you ever gotten into financial difficulties because of drinking/ drugging?				Yes	No
8	In the past 6 - 12 months, have you continued to drink/ use drugs even though it was making you feel depressed or anxious?				Yes	No
9	Do you feel that drinking or drug use affects your physical health problems such as sleep problems, appetite changes, stomach cramps, diarrhoea, and complete or partial loss of memory?				Yes	No
10	Have you tried to cut down or stop drinking/ drugging in the past year but couldn't?				Yes	No
11	Have you ever been to a hospital or rehabilitation facility because of your drinking/ drugging?				Yes	No
12	Have you more than once gotten into dangerous situations while or after drinking/drugging e.g., fighting, destroying, or damaging property, unsafe sexual behaviours, driving or swimming under the influence of drugs or alcohol?				Yes	No
13	Do you believe you need to drink or use drugs (other than those prescribed by a doctor) to function at school, work, at home, or in social situations?				Yes	No
14	Have you ever done poorly on an exam or an assignment because of drinking or drug use?				Yes	No
15	In the past 6 - 12 months, have you experienced alcohol/drug withdrawal symptoms such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, feeling uneasy or unhappy, feeling down, or having a seizure? or sensed things that were not there?				Yes	No
16	Do you feel that drinking or drug use affects your ability to maintain healthy, intimate relationships with a significant other?				Yes	No
17	Have you ever missed classes or work because you were too hungover to get up on time?				Yes	No
18	In the past year, have you increased your alcohol intake/drug dosage?				Yes	No
19	In the past 6 - 12 months, have you given up or cut back on activities that were important or interesting to you or gave you pleasure to drink or use drugs?				Yes	No
20	Do your social activities involve drinking or the use of drugs for you to enjoy yourself?				Yes	No
21	Do you experience a blackout while or after drinking alcohol or using drugs, causing you not to remember some events?				Yes	No
<p>You may be vulnerable to Substance Abuse and should seek help and support from someone. The following 24 Hours Helpline can be contacted for help and support: 08600 36 36 36</p> <p>Remember, you are not alone!</p>						

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