Understanding your substance use

Name:	Date:

The purpose of this tool is to explore your overall relationship with substances.

1. Does your substance use cause you any concerns with your...

Physical, mental or emotional health?
e.g. Illness, injury, poor sleep, unhealthy eating, bad teeth/gums, feeling sad/worried/stressed/paranoid/ shame, etc.

What about your relationships/kinship?
e.g. Loss of connection or troubles/worries with family, partners, friends, children, parenting issues etc.

What about your lifestyle?
e.g. Work, school, money, housing, caregiving responsibilities, chores, hobbies, goals etc.

What about legal concerns?
e.g. Contact with police, debts/fines, court, loss of driver's licence, parenting arrangements, child protection / youth justice involvement etc.

2. Does your substance use cause you any concerns with your...

Connection to your community?
(including religion/faith)

What about your connection to Country, or the place you are originally from?

What about your culture?
(including cultural responsibilities)

Is there anything else?
e.g. Embarrassing or harmful incidents or events (making a fool of yourself, regretting sex, getting into fights, getting ripped off, passing out, losing phone/wallet/purse etc.)

3. How much do you spend on substances?

TIP: Average out how much you spend on a heavy session or a "big night out" across the week or month (including if it's your shout on pay day)

You may need a calculator for this section:

Per week $ _____ (enter a dollar amount)

Per month $ _____ (multiply the weekly number by 4)

Per year $ _____ (multiply the monthly number by 13 to equal 52 weeks)

Space for calculations

After buying substances, do you find that you have enough money left over for daily expenses? e.g. food, rent, transport, bills (please tick)

○ **Always** ○ **Mostly** ○ **Sometimes** ○ **Rarely** ○ **Never**

Is there anything else other than substances that you would like to spend this money on?

4. This next question is about whether you could be physically or psychologically dependent

Over the past 3 months... (tick all that apply)

- ☐ Have you experienced cravings or urges to drink/use?
- ☐ Have you felt anxious or worried if you did not have it?
- ☐ Have you felt like you needed more to feel the same effects?
- ☐ Have you tried to cut back or stop but couldn't?
- ☐ Have there been times where you haven't managed to do what was expected of you at home, school or work because of your substance use?

And how soon after waking up do you first drink/use?

If you ticked any of the boxes above, or if you start drinking/using soon after waking up, it could be a sign that you are dependent on (or 'addicted' to) the substance.

5. So where are things at for you right now?

On a scale of 1-5, how worried are you about your substance use? (please tick)

1	2	3	4	5
Not worried at all				Very worried

Would you like to cut back or quit one or more substances? ○ Yes ○ Unsure ○ No (go to question 6)

Can you specify which substance/s here?

If you're thinking about cutting back or quitting, how confident are you that you can make these changes? (please tick)

1	2	3	4	5
Not confident				Very confident

6. Do you have any worries or concerns about what would happen if you cut back or stopped your substance use?

7. So where to from here?

We could... (please tick)

- ☐ Talk about some ways to stay safer? (see Check Tool 4: "Ways to reduce harms")
- ☐ We could talk about ways to cut back or quit? (see Check Tool 3: "Thinking about cutting back or quitting?")
- ☐ We could talk about both?
- ☐ We could talk about another substance?
- ☐ Or you're okay for now... If so, would you like to arrange a follow up appointment? ○ Yes ○ No ○ Unsure

Date/time:

Also, is there someone else you feel you can talk to about your substance use if you felt you needed to?
Name or service:

Thanks for your honesty. You can take this tool away with you to refer back to in the future.

Consumers and / or carers provided feedback on this publication

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