**Tool for drug abuse**

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| 1. When did you start taking drugs and what is your drug history? |
| Answer here |

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| 2. How many and what drugs are you presently using? |
| Answer here |

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| 3. How much do you spend on drugs and how does this impact on the family financial circumstances? |
| Answer here |

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| 4. How often does your drug use also involve alcohol? |
| Answer here |

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| 5. What are your preferred drugs? |
| Answer here |

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| 6. How often do you mix drugs together? |
| Answer here |
| 7. Do you use prescription drugs, such as sleeping tablets, as well? |
| Answer here |

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| 8. Do you have a reliable and safe drug source? How do you pay? |
| Answer here |

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| 9. How do you take the drugs? |
| Answer here |

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| 10. How do the drugs affect you? |
| Answer here |

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| 11. Where do you keep drugs and equipment? |
| Answer here |

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| 12. Is there any way the children could gain access to these? |
| Answer here |

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| 13. Did you continue to use drugs during pregnancy (if applicable)? |
| Answer here |

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| 14. How often have you taken drugs in front of the child(ren)? |
| Answer here |

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| 15. What do the child(ren) know about your drug habit? |
| Answer here |

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| 16. How often have you taken drugs when you have been looking after the children? |
| Answer here |

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| 17. What does/do the child(ren) know about different ways of taking drugs? |
| Answer here |

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| 18. How often do people come to your home to take drugs? |
| Answer here |

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| 19. What detoxification programmes have you tried? |
| Answer here |

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| 20. Which Drug Project are you registered with? |
| Answer here |

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| 21. How long do you consider that you have been a drug addict? |
| Answer here |

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| 22. Would you like to stop taking drugs? |
| Answer here |

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| 23. To what extent do you think taking drugs affects your ability to look after a child? |
| Answer here |

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| 24. How often would you look after the child(ren) when you were taking drugs? |
| Answer here |

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| 25. What do you think your partner feels about you taking drugs? |
| Answer here |

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| 26. What do you think the child(ren) feel about you taking drugs? |
| Answer here |

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| 27. What do you think of your partner’s use of drugs? |
| Answer here |

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| 28. Have you discussed your views with your partner? If so, what happened? |
| Answer here |

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| 29. How do you feel when you partner is taking drugs? |
| Answer here |

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| 30. What impact do you think drug use has on your parenting ability? |
| Answer here |

*(Fowler 2005, adapted)*