**Children and Young People’s Substance Misuse Services**

**Questionnaire**

**If you would like the chance to win a brand new iPad please complete your details below; the personal information you provide will only be used to contact you if you win the iPad.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

|  |
| --- |
|  |

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Closing Date: 10th December 2013**

**Return Address: Julie Gardner, CYPF Commissioning Team,**

**PO BOX 16551, Birmingham, B2 2FT**

**Age\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:** Male Female **(please circle)**

**School/College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Or**

**Employed** YES NO **(please circle)**

**This questionnaire will help us provide support to children and young people who need advice and help with alcohol, drugs and solvent misuse.**

1. **Do you think information about the dangers of alcohol and drugs is important? (please circle)**

YES NO

1. **At what age do you think you should start being told about the dangers of drugs and alcohol? (please circle)**

Under 5 years old 5-10 years old

11-16 years old 17 and over

1. **Who do you think is the right person to talk to you about the dangers of drugs and alcohol? (please circle – one or more)**

PARENTS SCHOOL FRIENDS

DRUG AND ALCOHOL SERVICES WEBSITES/INTERNET

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Where would you prefer to access support about substance misuse?**

CITY-CENTRE LOCAL AREA

SCHOOL DOCTORS

DON’T MIND

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When do you think drug and alcohol services should be open? (please circle – one or more)**

9.00 – 5.00 Weekdays Late nights 5.00 – 9.00

Weekends

1. **Do you know who the services are in Birmingham that support children and young people with drug and alcohol problems? (please circle)**

YES NO

**Who are they?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever accessed any advice or support to help you with a drug or/and alcohol problem?**

YES NO

IF YES WHERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you ever and how often –** (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Daily | Weekly  | Monthly | Not Often | Never |
| Smoked Cigarettes |  |  |  |  |  |
| Smoked Cannabis |  |  |  |  |  |
| Drank Alcohol |  |  |  |  |  |
| Been Drunk |  |  |  |  |  |
| Inhaled Solvents |  |  |  |  |  |
| Taken any illegal drugs |  |  |  |  |  |
| Taken Legal Highs |  |  |  |  |  |

1. **If you were going to get help with a drug or alcohol problem what would be important to you?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very Important | Maybe | Not Important |
| Confidentiality |  |  |  |
| Friendly Staff  |  |  |  |
| Location of Service |  |  |  |
| Quick and Easy Access |  |  |  |
| Access to Diversionary Activities |  |  |  |

**Please use this sheet if you have any ideas about how to improve drug and alcohol services for children and young people in Birmingham.**