**ARE YOUR PARENTS USING DRUGS OR ALCOHOL?**

*It is important that we understand what your views are around people who are helping your family. I would like to get to know about how you are and what your thoughts, feelings and worries are around your parents/carer’s drug or alcohol taking.*

1. **What is your understanding of your parent’s drug or alcohol taking?**
* *What drugs/alcohol do they use.*
* *How the drugs/alcohol effects your parent/carer*
1. **What are the 3 things that worry you the most about your parent/carer’s drug or alcohol taking?**

(1)

(2)

(3)

1. **Can you tell me about any day to day activities that you feel your parent/carer struggle to support you with because of their drug or alcohol taking?**

(1)

(2)

(3)

1. **Can you describe 3 things that you feel are going well at home?**

(1)

(2)

(3)

1. **Tell me about activities, hobbies that you enjoy outside of the home and who helps you to access them.**

*What you enjoy doing: Who supports you to access them:*

1. **Can you tell me about anyone who you can talk to and share your thoughts and feelings with?**
2. **If you could change 3 things at home, what would they be?**

(1)

(2)

(3)

**Is there anyone that you would like to share this questionnaire with? (*Consent to share with parents/carers)***

T

*Thank you for sharing your thoughts and feelings with us.*