

Teen Intervene Teen Survey

Client Identifier: _____

Date: _____ Pre or Post Evaluation (circle one)

Instructions: Circle the answer that most accurately describes how you feel about each of the five questions below.

1. How comfortable are you talking about using or not using drugs/alcohol/tobacco?

Completely uncomfortable	Moderately uncomfortable	Slightly uncomfortable	Moderately comfortable	Slightly comfortable	Completely comfortable
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2. How comfortable are you with being open about the positives and negatives of using drugs/alcohol/tobacco?

Completely uncomfortable	Moderately uncomfortable	Slightly uncomfortable	Moderately comfortable	Slightly comfortable	Completely comfortable
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3. How confident are you that you have 2 ways to turn down drugs/alcohol/tobacco if you wanted to?

Completely uncomfortable	Moderately uncomfortable	Slightly uncomfortable	Moderately comfortable	Slightly comfortable	Completely comfortable
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4. How confident do you feel identifying triggers and cravings for drugs/alcohol/tobacco?

Completely uncomfortable	Moderately uncomfortable	Slightly uncomfortable	Moderately comfortable	Slightly comfortable	Completely comfortable
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5. How confident are you that you know how drugs/alcohol/tobacco could affect your mental health?

Completely uncomfortable	Moderately uncomfortable	Slightly uncomfortable	Moderately comfortable	Slightly comfortable	Completely comfortable
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Instructions: Circle Yes or No for each of the five questions below:

6. Are you aware of alternatives to using drugs/alcohol/tobacco that would give you those same positive affects?
- Yes No
7. Are you able to identify at least 2 reasons to not use drugs/alcohol/tobacco?
- Yes No
8. Can you identify and apply the 5 Step decision making process in situations that involve drugs/alcohol/tobacco?
- Yes No N/A
9. Can you identify people in your life who are supportive of you not using drugs/alcohol/tobacco, someone who is good at coming up with new ideas and alternatives to not using drugs/alcohol/tobacco, and someone who listens and is understanding.
- Yes No
10. Are you aware of the rules in your family around drug/alcohol/tobacco?
- Yes No