



The purpose of this inquiry by school and student health services is to assess your potential use of intoxicants. The public-health nurse will talk with you about the results from the intoxicant indicator in connection with your physical examination. This discussion is strictly confidential, which refers to the health-care authorities' (public-health nurse, doctor, etc.) obligation to professional secrecy.

In this inquiry, intoxicants refer to alcohol, drugs, solvent substances (sniffing), medical substances and other substances used for becoming intoxicated. Also smoking is regarded as an intoxicant, since nicotine causes addiction.

Name	Date of birth
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Check off the alternatives that best describe your use of intoxicants during the past year.

<p>1. Do you smoke or use snuff?</p> <p>0 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> I smoke (use snuff) occasionally</p> <p>2 <input type="checkbox"/> I smoke (use snuff) every day</p> <p>How old were you when you started smoking?</p> <p>_____</p> <p>2. Have you tried or used intoxicants during the past year?</p> <p>0 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Alcohol (excluding tasting, e.g. a spoonful)</p> <p>2 <input type="checkbox"/> Medical substances in order to "get high"</p> <p>3 <input type="checkbox"/> Solvent substances (sniffing)</p> <p>4 <input type="checkbox"/> Drugs, which</p> <p>_____</p> <p>5 <input type="checkbox"/> Other intoxicants, which</p> <p>_____</p> <p>6 <input type="checkbox"/> Alcohol and the above-mentioned substances at the same time (abuse of mixed substances)</p> <p>How old were you when you tried for the first time?</p> <p>_____</p> <p>If you answered "no" to the above question, go to question 14.</p> <p>3. How often have you tried or used intoxicants during the past year?</p> <p>1 <input type="checkbox"/> 1 - 3 times</p> <p>2 <input type="checkbox"/> 4 - 6 times</p> <p>3 <input type="checkbox"/> About once a month</p> <p>4 <input type="checkbox"/> A couple of times a month</p> <p>5 <input type="checkbox"/> Once a week or more often</p> <p>When was the last time you used intoxicants and which intoxicants were they?</p> <p>_____</p>	<p>In the following question, one portion of alcohol is</p> <p>one bottle (0.33 l) of medium strength beer or cider or more than half a glass (12 cl) of wine or less than half a glass (8 cl) of fortified wine or less than a quarter glass (4 cl) of hard liquor</p> <p>Examples:</p> <p>0.5 l of cider or medium strength beer corresponds to 1.5 portions</p> <p>one 0.3-l bottle of A-beer corresponds to 1.5 portions</p> <p>one three quarters (3/4 l) bottle of wine corresponds to 6 portions</p> <p>one 0.5-l bottle of hard liquor corresponds to 13 portions</p> <p>1 six-pack of medium strength beer (0.33 l x 6) corresponds to 6 portions</p> <p>4. How many portions of alcohol do you usually consume on the days you use alcohol?</p> <p>0 <input type="checkbox"/> I do not use alcohol</p> <p>1 <input type="checkbox"/> 1 - 2 portions</p> <p>2 <input type="checkbox"/> 3 - 4 portions</p> <p>3 <input type="checkbox"/> 5 - 6 portions</p> <p>4 <input type="checkbox"/> 7 portions or more, how many _____</p> <p>5. Have you been late for school, left in the middle of the school day or been absent from school due to intoxicants?</p> <p>0 <input type="checkbox"/> Never</p> <p>1 <input type="checkbox"/> Once</p> <p>2 <input type="checkbox"/> 2 - 3 times</p> <p>3 <input type="checkbox"/> 4 times or more</p> <p>6. Have you acted in the following ways while intoxicated? (One or more answers)</p> <p>a <input type="checkbox"/> I have hurt myself</p> <p>b <input type="checkbox"/> I have hurt another person</p> <p>c <input type="checkbox"/> I have been in a car driven by an intoxicated person</p> <p>d <input type="checkbox"/> I have driven a vehicle while intoxicated</p> <p>e <input type="checkbox"/> I have broken or stolen someone else's property</p> <p>f <input type="checkbox"/> I have had a sexual relationship that I have later regretted</p> <p>g <input type="checkbox"/> I have not gotten into any trouble</p> <p>If you have not gotten into any trouble, go to question 8.</p>
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7. How often have you acted in the above mentioned way?

1 Once
 2 Twice
 3 More frequently

8. How often have you forgotten what you did or what happened when you had become intoxicated? ("Did you lose your memory")

0 Never
 1 Once
 2 More often

9. Have you ever passed out?

0 Never
 1 Once
 2 More often

10. Why do you use intoxicants?

a For the company / with friends
 b To have fun
 c To relax
 d To ease my depression
 e To become drunk or "get high"
 f For another reason, which

11. How would you evaluate your own use of intoxicants?

12. Has a person close to you or a friend of yours expressed concern about your use of intoxicants or suggested that you diminish it?

a No
 b We talked about it once
 c We have talked about it several times

13. Do your parents know that you use intoxicants?

a Yes
 b Yes, but they do not know how much
 c No

14. Has any of your close friends tried drugs?

a No
 b One
 c 2 - 5
 d More than 5

15. How difficult or easy do you think it is for young people in your neighbourhood to get drugs?

a Difficult
 b I do not know
 c Easy

16. What have you and your parents talked about young people's use of drugs?

17. What is your general opinion about use of intoxicants by young people of your own age?

Thank you for your answers