

Worksheet 23

Substance Misuse Worksheet

This worksheet is completed with your practitioner. It is not about judging your choices – it is about understanding how substance use may be affecting your ability to stay safe and protect your children. Complete only the parts that apply to you.

Do I (or does someone in my household) use alcohol, drugs or other substances?

☐ Yes, I do	☐ Yes, someone else in the household does
☐ No	☐ Not sure / rather not say

What substances are involved (you do not have to be specific)?

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How often does this happen?

☐ Daily	☐ Several times a week	☐ Weekends only
☐ Occasionally	☐ Rarely	

How do I feel it affects my ability to supervise the POC/Y-POC or protect my children?

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Are there times when I am less able to notice risk or take action because of substance use?

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What support would help me?

☐ Help to reduce or stop	☐ Information about services
☐ Support for someone else in my household	☐ A referral to a specialist service
☐ I am already getting support	☐ I do not want support right now

Actions agreed with my practitioner:

Service / contact	What they offer	When