

Juvenile Justice Substance Screening Questionnaire

Identifying Information

Full Name

Date of Birth

Sex

Case/ID Number

Date of Screening

Screening Questions

1. Have you ever used alcohol?

☐ Yes ☐ No

2. Have you ever used marijuana or cannabis?

☐ Yes ☐ No

3. Have you used any other drugs (prescription or street drugs)?

☐ Yes ☐ No

4. Has your use of alcohol or drugs ever caused problems (at home, school, or with the law)?

☐ Yes ☐ No

5. Has anyone ever expressed concern about your alcohol or drug use?

☐ Yes ☐ No

Additional Information

If yes to any above, please specify details (substance, frequency, last use, etc.)

Notes/Comments

Screened By

Name

Title/Role