

CONFIDENTIAL

Young Essex Assembly's Smoking, Alcohol and Drugs Questionnaire to Parents

How old is your child?

Has your child ever had a house party? Y / N

Was it a success? Y / N

For what reason?

Do you know if drugs were ever at a party your child has been to? Y / N

Did your child tell you this? Y / N (if no, how did you find out? please specify)

Did they say what the drug was? (if yes, please specify) Y / N

When your child goes to parties, do you allow your child to drink? Y / N

Are you aware to what extent your child drinks? Y / N

Does your child usually go home after house parties? Y / N

If not, do you know where your child is staying? Y / N

When your child goes out, do you always know where they are going? Y / N

Are you aware whether your child has ever: Smoked? Y / N

Drunk alcohol? Y / N

Taken any drugs? Y / N

THANK YOU FOR YOUR TIME =D

