

**INTERVIEW FORM**

Name:

Surname:

Gender:

Age:

1. How many years have you been using substances? .....
2. Are you receiving psychiatric treatment?.....
3. Do you receive psychotherapy support?.....
4. Can you briefly tell us about the process of getting acquainted with the substance?
5. What were the reasons that led you to use substances - What do you think are the biggest risks?
6. What can be done to avoid getting infected - What would make you not an addict or user
7. What prevented you from getting worse?
8. What has substance abuse caused (changed) in your life?

Family:

Social

Academic:

Mental Health:

Personality:

9. What do you need to stop using substances??
10. How much new lifestyles and trends influence your substance use (influenced)
11. What are your thoughts on legal issues
12. Have you had any legal problems due to substance use?
13. What can the state and school do?
14. What are your suggestions for your peers?

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