Date Completed: ______________________

Parent/Caregiver Name: _________________________________   Relationship to Child: __________________

Please include tobacco as a drug.

1. Have you ever spoken to your child about the use of alcohol or drugs?  □ YES □ NO
2. Have you ever suspected that your child may use alcohol or drugs?  □ YES □ NO
3. Would you recognize the symptoms of drug/alcohol use?  □ YES □ NO
4. Have you ever caught your child using or under the influence of alcohol or drugs (cigarettes included)? □ YES □ NO
5. Has your child ever left school to use alcohol or drugs?  □ YES □ NO
6. Does your child hang out with a group of friends who use drugs or alcohol?  □ YES □ NO
7. Has your child ever stayed out all night without calling? □ YES □ NO
8. Does your child ever miss classes or days of school without permission? □ YES □ NO
9. Does your child make frequent references or jokes about alcohol or drugs? □ YES □ NO
10. Does your child wear t-shirts or other clothes that have logos with references to alcohol or drug use? □ YES □ NO
11. Has your child's school performance declined recently? □ YES □ NO
12. Has your child's weight or eating habits changed recently? □ YES □ NO
13. Has your child become more irritable, depressed, or withdrawn recently? □ YES □ NO
14. What substances has your child tried?

15. What drugs/alcohol does your child use most often? (List and describe frequency of use.)

16. Have you ever wondered if your child might have problems with alcohol and/or other drugs? WHY or WHY NOT?