

ALCOHOL/DRUG ASSESSMENT (8 YEARS and OLDER)

Have you ever suspected or worried that your child was drinking or using drugs? yes/no

Do you believe that she/he has a chemical abuse problem? yes/no

If yes, has she/he received treatment? yes/no

where? _____ when? _____

Have you noticed any of the following behaviors in the last 6 months?

1. Noticeable personality change - sudden mood swings, depression, moodiness, irritability, giddiness, unprovoked aggression, new vocabulary with lots of slang/drug culture words used like a secret language?
yes/no
2. Less responsible - not getting home on time, not obeying rules, not doing chores, drives irresponsibly? yes/no
3. School problems - grades dropping, not interested in school activities, discipline problems at school? yes/no
4. Problem with friends - losing old friends, hanging out with problem kids, running around with kids who have a reputation for using drugs, fighting? yes/no
5. Dishonesty - does not tell you the truth about where he/she has been or who he/she has been with, you have missed cash or objects from the house, denies his/her behavior even when caught in the act, takes the car without permission or lies about having driven it? yes/no
6. Spends a lot of time alone - stays in room alone, withdrawn from family? yes/no
7. Medical problems - ulcers, high blood pressure, acute indigestion, gastritis, depression, liver dysfunctions, kidney problems, injuries? yes/no
8. Physical signs of chemical use - smell alcohol/marijuana on breath or clothing, find stashes of alcohol/drugs/drug equipment hidden around the house, find your liquor supply dwindling or pills missing from the medicine cabinet, change in the size of the pupils of his/her eyes, hyperactivity or sluggishness, slurred or incoherent speech? yes/no
9. Information from others - friends or parents of friends let you know he/she has been drinking or using drugs, arrested for drug/alcohol related offense; school counselor expresses concern over possible chemical problem? yes/no