## <u>Does My Child Have a Drug</u> <u>Problem</u>

Has your child ever drank alcohol, smoked marijuana or used other drugs that were not prescribed to them?
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Have you ever wondered if your child has a problem with alcohol or drug use?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child ever been in trouble with school or with the court system related to substance use?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Have your teen's grades gotten worse recently?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has anyone ever expressed concerns about your child related to alcohol/drug use?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child ever missed school or been tardy due to drinking, getting high, or being hung over?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child recently changed their friend group or remain secretive and protective about who they hang out with?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Does your teen give reasons or excuses when you ask why he or she drinks/uses drugs?</li> </ul>
<ul><li>Yes</li><li>No</li></ul>

9403 Kenwood Rd. Ste. C-111 Cincinnati, Ohio 45242 TEL 513.792.1272 FAX 513.891.4449 Author of Article: David Baum, Psy.D.,

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ASAP is Cincinnati's premiere outpatient treatment center for teenagers and their families struggling with substance use.

None ●
Have you ever found alcohol, marijuana, pills or paraphernalia (e.g., bongs, bowls, lighters, rolling
papers) in your teen's car, on their person, or in your home?
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Have you recently felt concerns about your child, even if you aren't sure its alcohol/drug related?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child ever gotten high or drunk alcohol before school or work?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child ever lied about alcohol/drug use?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Have you ever seen your teen's text messages or social media posts asking friends what happened the night before?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child ever taken your money or sold possessions to buy drugs or alcohol?</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>None ●</li> <li>Has your child ever driven home when you knew or suspected he or she had used drugs or drank alcohol?</li> </ul>
<ul><li>Yes</li><li>No</li><li>None ●</li></ul>

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