Does My Child Need Help?

People are often unsure about whether their child or another loved one needs help for an alcohol, cannabis, or other drug issue.

One indication of substance use disorder is someone's behaviors. You may see troubling behaviors like being secretive, sneaking out, or changing friends to those who use. Teens and young adults frequently act out and behave impulsively, so it can be tricky to know how much of this behavior is typical and when it has reached a point where treatment could be helpful.

Take this test to see if your loved one might benefit from ASAP treatment programs. Please complete all questions, or answer no to any questions that are not applicable.

If you have any questions about our programming or the questions found found below, please give us a call at 513.792.1272 or contact us through our website.

Has your child ever drank alcohol, smoked marijuana or used other drugs that were not prescribed

Self Test for Parents: Find out if your child needs help

to them?	
 Yes No None ● Have you ever wondered if your child has a problem with alcohol or drug use? 	
YesNoNone ●	

Has your child ever been in trouble with school or with the court system related to substance use?

Yes \circ No None ●

Have your teen's grades gotten worse recently?

FOR LIST OF REFERENCES, SEE: https://asapcincinnati.com/child-needs-help/

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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O Yes
○ No None ● Has anyone ever expressed concerns about your child related to alcohol/drug use?
 Yes No None ● Has your child ever missed school or been tardy due to drinking, getting high, or being hung over?
 Yes No None ● Has your child recently changed their friend group or remain secretive and protective about who they hang out with?
 Yes No None ● Does your teen give reasons or excuses when you ask why he or she drinks/uses drugs?
 Yes No 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?
 Yes No None ● Have you recently felt concerns about your child, even if you aren't sure its alcohol/drug related?
 Yes No None ● Has your child ever gotten high or drunk alcohol before school or work?
 Yes No None ● Has your child ever lied about alcohol/drug use?
 Yes No None ● Have you ever seen your teen's text messages or social media posts asking friends what happened the night before?
O Yes

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

O No
None ●
Has your child ever taken your money or sold possessions to buy drugs or alcohol?
○ Yes ○ No
None ●
Has your child ever driven home when you knew or suspected he or she had used drugs or drank
alcohol?
○ Yes
O No
None ●

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