



Instructions: Please have your child or adolescent who is age 10 or older complete the following questionnaire and bring it in with them the day of the assessment. (circle yes or no).

1. Have you ever ridden in a car driven by someone (including yourself) that was high or had been using alcohol or drugs?
Yes No

2. Do you ever use alcohol or drugs to relax, feel better about yourself or to fit in?
Yes No

3. Do you ever use alcohol or drugs while you are by yourself, alone?
Yes No

4. Do you ever forget things you did while using alcohol or drugs?
Yes No

5. Do your family or friends ever tell you that you should cut down on your drinking?
Yes No

6. Have you ever gotten into trouble while you were using alcohol or drugs?
Yes No