

PARENT/CAREGIVER QUESTIONNAIRE

Child/Adolescent Drug and Alcohol Use (To be completed by parent/caregiver)

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 Has your child become more irritable, depressed, or withdrawn recently?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?

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Name:

MIS #:

Agency:

Prov. #:

Los Angeles County - Department of Mental Health

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