QUESTIONS FOR CONCERNED PARENTS

For some important considerations for any parent of a ‘tween or teenager, review these questions.

- Has your child demonstrated a change in personality?
- Has your child lost interest in schoolwork or job?
- Has your child become less physically active? Less active in sports?
- Does your child lie? About what, how often?
- Has your trust level decreased?
- Has your child had unexplainable amounts of money or possessions that didn’t belong to him/her?
- Have you noticed any rapid up and down personality changes or mood swings in your child?
- Has your child had outbursts of violence, breaking furniture, punching walls, etc., when angry?
- Has your child seemed depressed, threatened suicide, attempted suicide?
- Has your child stayed out all night without permission?
- Where does your child spend his/her free time?
- What does your child do on weekends?
- Has your child ever run away from home?
- Does your child follow family guidelines or rules?
- Does your child participate in family activities?
- Has your child been verbally or physically abusive to any family members?
- Have your other children exhibited any of the above behavior problems?
- Have you and your spouse had conflicts regarding your child’s alcohol/drug use or behavior?
- Has your child changed his/her group of friends? Do you approve of his/her choice of friends?
- Have you noticed changes in eating habits, sleeping patterns, weight loss/gain, and frequency of illness?
- Has your child become “spacey” or forgetful? Has your child ever not remembered his/her behavior while “high”?
- Has your child ever been intoxicated or high?
- Has your child ever had a hangover?
- Has your child broken promises about using alcohol/drugs?
- Has your child stolen alcohol, prescription drugs, or money from family members?
- Have you found drugs or paraphernalia in your child’s possession?
- Have you suspected that your child has been involved in dealing?
- What substances do you suspect your child has been using?
- How often do you think he/she uses?
- Has your child promised to quit using?
- How old do you think your child was when he/she started using?
- Has your child ever driven a vehicle while under the influence of alcohol/drugs?
- Has your child ridden in a car with a person who has been drinking or using other drugs?
- Do you worry about your child’s driving safely because he/she maybe using?
- Are you afraid of verbal or physical abuse while your child is under the influence?
- Have your child’s relationships with other members of the family deteriorated?

If you answer “Yes” to more than 3-4 of the questions listed here, you are encouraged to speak to a school counselor or school social worker about what you are observing in your child. You may also consider seeking a professional evaluation for potential substance abuse problems.

Questionaire is part of the Student Assistance Program, entitled “Help is Down the Hall,” Chapter 5 - Working With Parents, p.74-75. http://nacoa.org/student-assistance-programs