

ADOLESCENT SUBSTANCE ABUSE SCREEN

Developed by Dr. David Moore

A "yes" answer to any two of the following questions indicates need for further assessment.

1. Do more than half of your friends drink/use drugs at least once a month? yes no
2. During your first experiences drinking/drugging, would a close personal friend have described you as sharing more of your feelings with them? yes no
3. Have any early drinking/drugging experiences made you feel less self-conscious in a group of people? yes no
4. Have you ever lied to people, such as your parents, teachers, or non-using friends about your alcohol or other drug use? yes no
5. Have you ever felt really burnt out for a day after using alcohol or other drugs? yes no
6. Has your drug/alcohol use affected your relationship with a family member? yes no
7. Have you gotten into arguments or fights when drunk or high? yes no
8. Has anyone been mad at you because of your alcohol or drug use or told you they were worried about how much or how often you're using? yes no
9. Do you sometimes use alcohol or drugs to make yourself feel better when you're depressed or angry? yes no
10. Has your alcohol or drug use ever resulted in a problem in any of the following areas:
 - a) School attendance or grades (e.g. have you cut class when you were high or drank before school and/or not done homework because you were getting high?) yes no
 - b) Family (e.g. have you gotten into trouble at any time when a parent(s) found out you were drinking or getting high?) yes no
 - c) Police or courts (e.g. have you ever been cited/arrested for an offense committed under the influence or while you were high? Have you ever been arrested/cited for stealing alcohol/drugs? Have you ever committed an offense to get money for alcohol or drugs?) yes no
 - d) Your health (e.g. have you ever experienced any withdrawal? Has your drug or alcohol use affected your eating habits/nutrition?) yes no
 - e) Your finances (e.g. have you spent more money on drugs or alcohol than what you could afford? Have you stolen or dealt drugs to finance your use?) yes no
11. Have you ever attempted to hurt yourself while under the influence or coming down from a high or drunk? yes no
12. Have you practiced unsafe sex when under the influence? yes no
13. Have you ever thought about quitting or tried to quit or cut down on your use? yes no
14. Has your drinking/use resulted in a change in the activities you participate in or with friends you hang out with? yes no
15. Do you think alcohol or drug use is or has been a problem? yes no