

Teen Substance Abuse Self-Assessment

Check all the statements that apply to you.

- 1. I have close friends who drink alcohol.
- 2. I have close friends who use drugs.
- 3. I have been in a car driven by someone who was drinking or using drugs.
- 4. My parents don't know that I have used drugs.
- 5. My parents don't know that I drink alcohol.
- 6. I have had problems at school because of my drug or alcohol use.
- 7. I have gone to school under the influence of alcohol or drugs.
- 8. I have missed work or school because of my drinking or drug use.
- 9. I have had problems with the law or police because of drinking or drug use.
- 10. I have had a car accident because of my drinking or drug use.
- 11. I use drugs or alcohol to cope with my problems.
- 12. My parents have told me to stop drinking or using drugs.
- 13. My drinking or drug use makes my home life unhappy.
- 14. I have had more to drink than I planned.
- 15. I have had fights because of my drinking or drug use.
- 16. I often think a lot about my next time to drink or use drugs.
- 17. When I drink or use drug, I don't care about my goals or the future.
- 18. I have an older sibling who drank alcohol or used drugs as a teenager.
- 19. Some people in my family have a problem with alcohol or drugs.
- 20. I can't remember some of things I've done when drunk or high.
- 21. I have had blackouts after drinking or using drugs.
- 22. I have gone to the hospital because of my drinking or drug use.
- 23. I have engaged in immoral behavior when drinking or using drugs.
- 24. I have done "crazy" things under the influence of drugs or alcohol.
- 25. I go out of my way to fool people about my drinking or drug use.
- 26. Sometimes I think about drinking alcohol to fit in.
- 27. Sometimes I think about using drugs to fit in.
- 28. I think I might need to go to rehab.
- 29. In the past 2 months, I drank alcohol at least ____ times.
- 30. In the past 2 months, I used drugs at least ____ times.

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