

# How Young People Can Tell if Drinking Or Using Drugs is a Problem

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you lose time from school because of your drinking or drug use?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you drink or use drugs to lose shyness and build up self confidence?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is drinking or drug use affecting your reputation?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you drink or use drugs to escape from study or home worries?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does is bother you if somebody says maybe you drink or use drugs too much? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have to use drugs or drink to go out on a date?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever get into trouble for buying alcoholic beverages or drugs?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you lost friends since you started using drugs or drinking?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you hang out now with a crowd where drugs are easy to get?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do your friends drink or use drugs less than you do?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you drink or use drugs until the bottle/container is empty?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a loss of memory from using drugs or drinking?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has drunk driving or being high ever put you into a hospital or jail?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you get annoyed with classes or lectures on drinking or using drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you think <i>you</i> have a problem with alcohol or drugs?             | <input type="checkbox"/> | <input type="checkbox"/> |

A “yes to one question is a warning.

A “yes” to as few as three questions means that alcohol or drugs has almost certainly become – or is Becoming – a serious problem.

**Please call us for a free evaluation 310 257 5760**