

**OSAGE NATION
CHILD AND FAMILY ASSESSMENT**

**SUPPLEMENTAL QUESTIONNAIRE:
ALCOHOL/DRUG AT-RISK BEHAVIOR SURVEY**

TO BE COMPLETED BY PARENT/GUARDIAN

The purpose of this survey is to determine if your child may have substance abuse issues. Please answer the questions truthfully and to the best of your ability. Your answers will be kept private and will not be shared with anyone without your permission. The results of this assessment will be discussed with you. Based on your answers, your child may be advised to get a more complete assessment. This would be voluntary – it would be you and your child’s choice whether to have an additional assessment or not.

You must answer all questions. If you do not understand a question or need help, please ask the worker giving you this assessment.

Name of Child: _____

DOB: _____

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| 1. My child seems especially interested in drug/alcohol related slogans, posters, music, or clothes. | Yes | No |
| 2. My child has lost interest in school and school activities. | Yes | No |
| 3. My child’s grades have dropped. | Yes | No |
| 4. My child has stopped spending time with old friends and is spending time with new friends that worry me. | Yes | No |
| 5. My child is secretive and evasive about these new friends (Where they go and what they do) | Yes | No |
| 6. My child has lost interest in previous hobbies and activities that were important. | Yes | No |
| 7. My child seems to have lost motivation and enthusiasm. | Yes | No |
| 8. My child has sometimes seemed sick, fatigued, or grumpy in the morning. | Yes | No |
| 9. My child’s relationship with me and other family members has deteriorated. | Yes | No |
| 10. My child is more verbally aggressive to me and other family members. | Yes | No |
| 11. I have suspected that money or other objects of value have been missing from around the house. | Yes | No |
| 12. I have noticed that my child seems to have more money than I would expect. | Yes | No |
| 13. As a result, I now question my child’s truthfulness and I do not feel I am getting straight answers when trying to talk to him/her. | Yes | No |

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| 14. If you have ever tried to talk to your child about alcohol/drugs, did he/she get angry or defensive? | Yes | No |
| 15. Has your child been in contact with law enforcement in which alcohol or drugs have been involved in any way? | Yes | No |
| 16. Have you ever smelled alcohol on your child's breath? | Yes | No |
| 17. Have you ever smelled the odor of marijuana on clothing or in your child's room? | Yes | No |
| 18. Have you ever seen evidence of alcohol or drugs that could be attributed to your child? (examples: hidden beer can/bottle, liquor bottle at home or left in car; left over marijuana cigarette, rolling papers; unidentified capsules or tablets) | Yes | No |
| 19. Has your child ever been either caught or connected with alcohol/drugs at school or school activities? | Yes | No |
| 20. My child's physical appearance has changed lately. It seems that he/she is lethargic, looks unhealthy, and has a shorter attention span. | Yes | No |
| 21. My child's personality has changed. He/she seems to have mood swings quickly, gets angry easily, or can spend hours alone in his/her room withdrawn from the family. | Yes | No |
| 22. Please write any comments regarding concerns that you have about your child's behaviors, which may be a result of alcohol or drug use: | | |