MH554
Revised 3/03

CHILD/ADOLESCENT SUBSTANCE USE SELF EVALUATION

Administer to all children 11 years or older. Clinician's judgment as to whether or not it is clinically appropriate to administer when child is less than 11 years old. May be administered verbally by clinician or completed in writing by the child.

Date Completed: _____ Date of Birth: _____ Sex: F M

Please mark YES or NO to the following questions:

1.	Do you smoke cigarettes?	☐ YES	☐ NO
2.	a. Do you currently use alcohol, marijuana, inhalants or other drugs?	☐ YES	☐ NO
	b. Have you ever used alcohol, marijuana, inhalants or other drugs?	☐ YES	☐ NO
3.	Do you use alcohol or drugs on weekends with friends?	☐ YES	☐ NO
4.	Do you use alcohol or drugs when you are alone?	☐ YES	☐ NO
5.	Have your parents ever caught you using alcohol or drugs?	☐ YES	☐ NO
6.	Have you ever left school to use alcohol or drugs?	☐ YES	☐ NO
7.	Have you ever been under the influence of alcohol or drugs while at school or work?	☐ YES	☐ NO
8.	Have you ever woken up and not remembered any of or only a portion of the previous night's events after using drugs or alcohol?	☐ YES	☐ NO
9.	Have you ever driven a car or motorcycle while under the influence of drugs or alcohol?	☐ YES	☐ NO
10.	Have you ever had more alcohol or drugs than planned?	☐ YES	☐ NO
11.	Have you ever felt the need to cut down or stop completely your use of drugs or alcohol?	☐ YES	☐ NO
12.	Have friends ever suggested you might have an alcohol or drug problem?	☐ YES	☐ NO
13.	Has anyone ever sought professional help for you due to your use of drugs or alcohol?	☐ YES	☐ NO
14.	Have you ever lost a boyfriend / girlfriend / close friend because of your alcohol or drug use?	☐ YES	☐ NO
15.	Are you using more alcohol or drugs than you used to?	☐ YES	☐ NO

Name: **MIS #:**

Agency: **Prov.#:**

Los Angeles County - Department of Mental Health

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