MH 552
Revised 10/30/12

CO-OCCURRING SUBSTANCE USE
PARENT/CAREGIVER QUESTIONNAIRE

Must be completed along with the Child/Adolescent Initial Assessment. For children 11 years old and older, must be completed. For children under 11 years old, completed based on clinical judgment.

Date Completed: _____
Parent/Caregiver Name: _____
Relationship to Client: _____

Yes	No	
☐	☐	Have you ever talked to your child about alcohol or drugs out of concern?
☐	☐	Would you be able to tell if your child was drinking alcohol or using drugs?
☐	☐	Have you ever suspected that your child drinks alcohol or uses drugs?
☐	☐	Has your child ever been caught with alcohol or drugs?
☐	☐	Does your child hang out with friends who use drugs or alcohol?
☐	☐	Has your child ever missed classes or days of school without permission?
☐	☐	Does your child show interest or talk about alcohol or drugs through clothes, drawings, tattoos, words, music, or jokes?
☐	☐	Have your child's grades gone down?

Other comments or concerns you may have related to alcohol or drugs in relation to your child?

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

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