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PARENT'S SELF TEST

As a parent, your habits and behaviors will be reflected in those of your child. Because of this, it is important that you be aware of your habits, especially regarding your use of alcohol and other prescription and non-prescription drugs.

The purpose of this questionnaire is merely to help you focus on your own alcohol/other drug-related attitudes and behaviors. Despite what you or others say, these are the attitudes and behaviors that your children will most likely copy. Below is a questionnaire to help you privately assess your use of chemicals and the reasons why you use them. There are no right or wrong answers! Go through the following questions and answer them HONESTLY. You may discover some surprising things about yourself.

1. When you have friends over, do you immediately offer them a drink (an alcoholic beverage)? Yes ___ No ___
2. When you have a headache, do you immediately take a pill to get rid of the pain? Yes ___ No ___
3. When you are nervous or upset, is your immediate response to "take something" to get rid of the feeling? Yes ___ No ___
4. Have your children ever seen you drunk? Yes ___ No ___
5. When you seek medical help for a physical ailment, are you disappointed when the doctor doesn't give you a prescription or some other medication? Yes ___ No ___
6. In your home, is it considered "manly or macho" to be able to drink a lot? Yes ___ No ___
7. In your home do people joke about getting drunk and doing crazy things ("Boy, Fred got so drunk the other night, he...")? Yes ___ No ___
8. Do you know about coping methods for minor aches and pains other than "taking something"? Yes ___ No ___
9. Do you routinely take Nembutol, Seconal, Dalmane, Nytol, Somnex, or some other sleeping pill to fall asleep? Yes ___ No ___
10. Do your children ever hear their parents arguing about one or the other having had too much to drink? Yes ___ No ___
11. When beginning a diet, is your first thought to obtain diet pills to help you with your plan? Yes ___ No ___
12. Do you smoke cigarettes?
13. Is drinking often the topic of conversation in your home? Yes ___ No ___
14. Does your group of friends share prescriptions or any other medicines that have "worked for them"? Yes ___ No ___

(over)

Resource from NCADA's RADAR library. For more information, visit our website at www.ncada-stl.org. For questions on substance use, abuse and related problems, call NCADA's help Line at (314)962-3456.

15. Have you ever warned your children about smoking while *you* were smoking? How about drinking?

Yes ___ No ___

16. Do you smoke marijuana? Yes ___ No ___

17. Do you know the difference between a social drinker and an abusive drinker? Yes ___ No ___

Is there a difference? What is it? _____

18. How much coffee do you drink a day? _____ cups.

Do you crave a cup of coffee to wake up in the morning? Yes ___ No ___

Are you crabby without it? Yes ___ No ___

19. Do you use alcohol or other drugs to comfort yourself when you're depressed or "feeling down"?

Yes ___ No ___

20. Do you unconsciously gravitate toward social functions where there is a lot of drinking, and away from social functions where there is little or no drinking? Yes ___ No ___

21. Do you handle alcohol or any other drugs in a way that you would *not* want your children to?

Yes ___ No ___

22. Do you drive a car when under the influence of alcohol or other mood altering drugs? Yes ___ No ___

Do you ride with drivers who are under the influence? Yes ___ No ___

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