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## PARENT'S SELF TEST

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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.

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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, Sominex, 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)

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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 \_\_\_

*Reviewed 7/09*

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