

# **GUIDANCE ASSOCIATES OF PENNSYLVANIA**

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## **Do You Have a Drug Problem? A Test for Teenagers**

In this questionnaire, if you or someone you know can answer "yes" to two or more questions, it may be a sign that a drug- and/or alcohol-abuse problem exists and that it's time to get help.

1. Are you drinking or using drugs to "quit hurting," or to hurt your mom or dad?
2. Do you drink too much, like your mom or dad?
3. Does your drinking or using drugs make getting along with the members of your family more difficult?
4. Have you lost time from school due to drinking or other drugs?
5. Have you taken drinks or drugs because you are shy and find the effect makes it easier to talk to people and have more fun at parties?
6. Are you unhappy or guilty about your drinking or drug use?
7. Is drinking or drug use making it difficult for you to do well at school, job, team sports, or extracurricular activities?
8. Are you spending more time alone because of your drugs or drinking?
9. Have you given up or are you doing badly in sports or hobbies because of your drugs or alcohol?
10. Are your friendships changing because of your drugs?
11. Do you wish you could live drug-free?
12. Do you have physical symptoms of health problems related to your drug intake or drinking?
13. Do you have unexplained or mysterious periods of depression, anxiety, or difficulty sleeping?

14. Has anybody either jokingly or in seriousness, talked to you about your drugs or drinking?
15. Do you feel angry, guilty or uncomfortable when people talk about alcohol, drugs or drinking?
16. Do you need a drink or drugs to "make out" on a date or to start the day?
17. Are you hiding liquor, joints or pills and lying about their use?
18. Do you think about drinking or using drugs at inappropriate times - when you should be thinking about other things?
19. Have you had to lie and cover up a lot since you started drinking or taking drugs?