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**Early Intervention Drug Abuse Prevention Questionnaire**

**Person completing:**

1. Have you discussed and written a plan of action to prevent drug use disorder in your child? Yes No
2. Are you satisfied with and have you done your best to live in a safe, drug-free neighborhood? Yes No
3. Have you investigated and sent your child to a safe & academically challenging school? Yes No
4. Have you encouraged your middle school and high school to present antidrug presentations? Yes No
5. Have you educated your child about the dangers of drug use disorder, addiction, and outcomes? Yes No
6. Have you become knowledgeable on common drug addiction pathways? ie., dentist>pain meds Yes No
7. Have you identified their skills or talents early on to steer them into a sports or other activities? Yes No
8. Have you required or encouraged them to join a civic or academic related club? Yes No
9. Have you established a challenging schedule sprinkled with leisure or sport activities? Yes No
10. Have you gotten to know and vetted their friends and met the parents of their friends? Yes No
11. Do you spend regular quality time with your child, fostering trust and open communication? Yes No
12. Are you able to recognize the signs, symptoms, and behavior changes of a new addiction? Yes No
13. If there is a family history of mental illness, have you had your child psychiatrically evaluated? Yes No
14. Are you ready to take evasive action if & when you first learn your child is abusing drugs? Yes No
15. Are you willing to lower your pride and reveal their addiction to close friends & professionals? Yes No
16. Are you prepared to be strong, diligent, persistent, action-oriented, and empathic long-term? Yes No

**If no response to any of these questions, indicate what action can be taken to obtain a “yes” answer.**

**Question # Actions steps to take: \_**     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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