

FAMILY QUESTIONNAIRE / ASSESSMENT

The following questionnaire encompasses many aspects of the lives of the alcoholic/addict as well as their family. Please check and comment on the items listed below as applicable to the individual's use of alcohol/drugs and/or other mood altering chemicals.

Your comments on these questions will help us gain a more complete understanding of the individual's problem.

Even though some of the questions may seem obvious, **it is important** to keep in mind the individual may not be aware of his or her own past behavior.

Please **be specific** and **answer every item**, giving examples wherever possible.

The following information will be kept confidential and used by the treatment team.

Individual / Patient's Name: _____

Your Name: _____ Your age: _____

Your Phone #: Home (_____) _____ Cell (_____) _____ Work: (_____) _____

Your e-mail address: _____

What is your relationship to the individual? Spouse Significant Other Child Mother

Father Sibling Friend Other: _____

How many years have you been in this relationship? _____

How would you describe your relationship with the individual before and after his / her chemical use?

Please explain: _____

Are you living with the individual at the present time? Yes No

If yes, do you plan to continue living with the individual? Yes No

Have you given the individual an ultimatum? Yes No

If yes, how many times? _____ Explain: _____

If you are married to the individual, how many times have *you* been married? _____

How many times have you and the individual been separated or lived apart? _____

Do you and the individual have children? Yes No _____

Are there any children from previous relationships? Yes No _____

Please list the names and ages of the children:

Name	Age	Living at Home
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do any of the children seem to have personality or emotional problems? Yes No

Of what nature: _____

Do any of the children seem to have difficulties or problems in school? Yes No

Explain: _____

Is any family member, besides the individual, presently seeking professional help for emotional or behavior problems Yes No

If yes, please identify them: _____

Do any family members other than the individual, drink or use drugs? Yes No

If yes, please identify family members: _____

What drugs are you aware the individual has used or is using: Alcohol Marijuana Tranquilizers
 Sleeping pills Pain pills Methamphetamine/Speed/Crystal Cocaine/Crack
 Heroin Methadone Hallucinogens
 Other: _____

Comment: _____

What is the individual's drug of choice? _____

How long have you been aware of the individual's alcohol/drugs use? _____

Has the individual had previous treatment for chemical dependency/addiction? Yes No

How many times? _____ Where? _____ When? _____

Length of stay? _____ How long was he/she sober? _____

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Has the individual expressed feelings of **remorse, guilt, depression, anger/rage or suicide**? Yes No

Explain: _____

Has the individual's drinking and/or drug use interfered with **social relationships**? Yes No

Explain: _____

Has the individual's drinking and/or drug use interfered with his/her **employment**? Yes No

Unemployed Cannot hold a job Terminated Employer mandated treatment Suspended

Explain: _____

Are you aware of any **legal issues** due to individual's alcohol/drug use? Yes No

What are they? _____

The individual's chemical use has affected YOU! My job My health Our relationship

Explain: _____

What steps have **you** taken to deal with the individual's chemical use?

- I have sought help from a doctor, therapist, clergy, psychiatrist, etc.
- I have discussed the problem with family members.
- I have attended or I am attending Al-Anon or other 12-step programs.
- I have left or threatened to leave.
- Other: _____

Has the individual engaged in acts of physical violence or verbal threats?

Yes No

Explain: _____

What is your view of yourself?

- I suffer from fears and anxieties about the individual a lot of the time.
- I rarely feel angry, hostile, or resentful toward the individual.
- I feel that the individual loves me deeply.

My use of alcohol is best characterized as:

- I never drink.
- I rarely drink or drink only socially.
- Sometimes I drink to relax.
- I drink two or more drinks a day.
- Drinking is a problem for me.

I have used, or am using:

- Marijuana
- Tranquilizers
- Methamphetamines
- Pain medications
- Other: _____

Has **your** chemical use increased to keep up with the individual or to deal with the outcome of the individual's drug/alcohol use? Yes No

What are your expectations regarding the individual's disease and recovery? _____

Specific issues I feel I am dealing with include:

- Denial
- Minimizing
- Anger/Resentment
- Dependency in relationship
- Individual's resistance to recovery
- Other (*be specific*): _____

Please Explain: _____

Have you ever attended AI-Anon? Yes No

Comment: _____

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Is there a person, or persons, you have concerns about visiting the individual while in treatment? Yes No

If so, please provide the name(s): _____

If the individual should choose to leave against staff advise:

Who would you want contacted? _____

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

2. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

We welcome any suggestions, concerns, or questions you have: _____

Please Check our Website for information on:

- Family Group meetings and times
- Frequently asked questions
- What to bring and not bring guide.
- Where to mail packages
- Articles about Addiction
- Co-Dependency Guide Book (aka Nora's Book)