FAMILY QUESTIONNAIRE

Name: _______________________________   Relationship to patient: ______________

Telephone: (Home) _______________ (Cell) ________________ (Work) _____________

Please list all family members, their age and relationship to patient:

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<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
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I. Chemical Dependency History

A. Why do you think the patient is seeking treatment at this time? ______________

________________________________________________

________________________________________________

________________________________________________

B. Type of mood-altering chemicals used by patient:

☐ Alcohol  ☐ Amphetamines  ☐ Opiates (pain pills)  ☐ Cocaine  ☐ Marijuana

☐ Hallucinogens  ☐ Anti-anxiety  ☐ Sleeping Pills

☐ Other: ___________________________________________

C. What is the patient’s longest period of sobriety? ________ When? ________

D. Has the patient ever been in treatment before?  

☐ Yes  ☐ No

If yes, what kind of program?  

☐ Inpatient  ☐ Outpatient  ☐ Residential

Please list facilities and dates of treatment: ______________________________

________________________________________________

________________________________________________

E. Did the patient remain sober following treatment?  

☐ Yes  ☐ No

If yes, how long? ______________

F. Does the patient see a Psychiatrist?  

☐ Yes  ☐ No

If yes, please give name: _____________________________________________

G. Does the patient see a Psychologist/Therapist?  

☐ Yes  ☐ No

If yes, please give name: _____________________________________________

H. Has the patient been involved in 12-Step Groups?  

☐ AA  ☐ NA  ☐ CA  ☐ Other: _____________________________________________

II. Personal and Social Assessment

A. Do you believe the patients suffers/has suffered from depression?  

☐ Yes  ☐ No

B. Has the patient had any psychiatric hospitalizations?  

☐ Yes  ☐ No

C. Do you know what medications are prescribed for the patient?  

☐ Yes  ☐ No

If yes, please list: ___________________________________________________

                                                                                           
                                                                                           
D. Has the patient exhibited any verbal or physical abuse?  

☐ Yes  ☐ No

If yes, please explain: ___________________________________________________

                                                                                           
                                                                                           
E. Has the patient demonstrated any unsafe/dangerous behaviors?  

☐ Yes  ☐ No
If yes, please explain: _________________________________________________
___________________________________________________________________
___________________________________________________________________

III. Patient’s Family of Origin
A. Does the patient’s family have problems with alcohol or drugs? □ Yes □ No
   If yes, please explain: _________________________________________________
   ___________________________________________________________________

B. How would you describe the patient’s relationship with:
   Mother: _____________________________________________________________
   Father: _____________________________________________________________
   Siblings: ____________________________________________________________
   Spouse: _____________________________________________________________
   Friends: _____________________________________________________________

IV. Sexual
A. Has the patient ever sexually abused anyone, or been accused of it? □ Yes □ No
   If yes, please explain: _________________________________________________
   ___________________________________________________________________

B. Has there ever been any Child Protective Services involvement? □ Yes □ No
   If yes, please explain: _________________________________________________
   ___________________________________________________________________

V. Strengths and Weaknesses
A. What do you see as the patient’s strengths? _________________________________
   ___________________________________________________________________

B. What do you see as the patient’s weaknesses? _______________________________
   ___________________________________________________________________

VI. Legal History
A. Does the patient have a history of legal problems? □ Yes □ No
   If yes, please explain: _________________________________________________
   ___________________________________________________________________

B. Does the patient have any current legal issues pending? □ Yes □ No
   If yes, please explain: _________________________________________________
   ___________________________________________________________________

VII. Family Addiction History
A. Have you ever used drugs or alcohol with the patient? □ Yes □ No
B. Do you believe you have a problem with drugs or alcohol? □ Yes □ No
C. Have you ever been treated for an addiction? □ Yes □ No
   □ Alcohol □ Food □ Prescribed medications
   □ Street Drugs □ Gambling □ Shopping/spending
   □ Other: (explain) ______________________________________________________
D. Have you ever attended: □ Al-anon □ Coc-anon □ Narc-anon □ CODA
E. How would you describe your relationship with the patient? ______________________
   ___________________________________________________________________
F. Who has the patient's addiction affected?

____________________________________________________________________
____________________________________________________________________

VIII. Spouses only

Have you ever sought Marriage Counseling?  □ Yes  □ No
If yes, please explain: ________________________________________________
____________________________________________________________________
____________________________________________________________________

A. Do you have children?  □ Yes  □ No

NAMES                            AGES
__________________________________________      _________
__________________________________________      _________
__________________________________________      _________
__________________________________________      _________
__________________________________________      _________

B. Are any of your children involved with the use of drugs or alcohol?  □ Yes  □ No
If yes, please explain: ________________________________________________
____________________________________________________________________
____________________________________________________________________

C. What do you do for leisure as a family? _________________________________
_____________________________________________________________________
_____________________________________________________________________

D. What would you like to do as a family in the future? _______________________
_____________________________________________________________________
_____________________________________________________________________

IX. Family Concept of Chemical Dependency

A. How has addiction affected your relationship with the patient? ______________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. What are other concerns or issues in the family? ___________________________
________________________________________________________________________
________________________________________________________________________

C. Are you willing to participate in the Family Program?  □ Yes  □ No
If not, please explain: _________________________________________________

D. Which other family members would be willing to participate? ______________
________________________________________________________________________

X. Career

A. How has addiction affected the patient's job, career, finances? ______________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

XI. Other

A. Is there anything else we should know?  □ Yes  □ No
If yes, please explain: _________________________________________________
________________________________________________________________________
________________________________________________________________________