

FAMILY QUESTIONNAIRE

Please Print Clearly

The following questionnaire encompasses many aspects of your life, and the life of the alcoholic/addict. Please check and comment on the items listed below as applicable to the Client'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 Client's circumstances. Even though some of the questions may seem obvious, it *is important* to keep in mind the individual may or may not be aware of his or her own past behavior or of how it has impacted your life.

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

The following information will be kept within the confines of Blueprints for Recovery and the family work done here.

Client's Name: _____ Client's Age: _____

Your Name: _____ Your age: _____

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

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 a little more:

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

Did you mean it? ___Yes ___No

If yes to an ultimatum, how many times have you done that? _____

Explain:_____

Has there ever been an intervention? ___Yes ___No

Were you able to set boundaries and keep them? ___Yes ___No

What do you understand about the disease of addiction?

Is there addiction in your family of origin?

Explain:_____

Did you grow up in alcoholism, addiction, or untreated mental illness? ___Yes ___No

Explain:_____

Please list the names and ages of any children still living at home:

Name Age Living at Home

Yes No

Yes No

Yes No

Yes 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

Explain:

If yes, please identify family members:

What drugs are these family members using/abusing? Alcohol Marijuana Tranquilizers

Sleeping pills Pain pills Methamphetamine/Speed/Crystal Cocaine/Crack

Heroin Methadone Hallucinogens

Other:

Comment: _____

What is the Client's drug of choice?

How long have you been aware of the Client'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?

How much has the Client's treatment cost you up to this point?

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? _____

How has the Client's chemical use affected YOU! Job, Health, Relationships, and Overall Well-being

Explain: _____

What steps have **you** taken to deal with the Client's addiction?

- 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 thrown the client out or threatened to.
- Other:

Has the individual engaged in acts of physical violence or verbal threats? Yes No

Explain: _____

What is your view of yourself?

Do you carry guilt or take responsibility for the Client's addiction? ____Yes ____No

Do you drink? ____Yes ____No

Do you feel a need to drink? ____Yes ____No

Have you ever experienced an eating disorder (compulsively overeating, restricting, or bulimia)? ____Yes ____No

Has there been trauma in your own life? ____ Yes ____No

Explain:

I notice that:

- 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.

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 Al-Anon? Yes No

Comment _____

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 Ala-Non Family Groups, Al-a-teen, ACA

Frequently asked questions:

What to bring and not bring guide.

Where to mail packages :

Articles about Addiction

Co-Dependency (Melodie Beattie) Co-dependent No More, Beyond Co-dependency, Language of Letting Go

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:

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Other (*be specific*):

Please Explain:

Have you ever attended Al-Anon? Yes No

Comment _____

FAMILY QUESTIONNAIRE/ASSESSMENT

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

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