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

☐ 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 you 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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- Yes
- No

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- Dependency in relationship
- Individual’s resistance to recovery
☐ Other (be specific):

Please Explain:

________________________________________________________________________________________
________________________________________________________________________________________

Have you ever attended Al-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

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