

RIVERSIDE RECOVERY



Family Questionnaire

Your Name: _____

Client Name: _____

Contact Information

Phone: _____ Email Address: _____

The following questionnaire encompasses many aspects of your life, and the life of the alcoholic/addict. Please select 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 assist the clinical team in gathering pertinent information that will increase a successful outcome. 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 remain confidential and used to better understand and treat our clients.

1. What is your relationship to the individual? How many years have you been in this relationship?

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

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

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

5. What is the Client's drug of choice? _____

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

7. Has the individual had previous treatment for chemical dependency/addiction/eating disorder? ___ Yes ___ No

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8. If yes, please detail the previous treatment experiences. Include the number of treatment attempts, what treatment facility, length of stay, etc.

9. Has there ever been an intervention? ___ Yes ___ No

10. If yes, please describe the outcome.

11. Were there any boundaries or ultimatums made? If so, did you follow through?

12. What do you understand about the disease of addiction?

13. Is there any history of addiction, mental health and/or eating disorders in your family and/or extended family? If so, please explain.

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

15. If yes, please explain and list the alcohol or drugs being used:

16. Has the client experienced any traumas in the past or do they suffer from PTSD (post traumatic stress disorder)? Yes ___ No ___

17. If yes, please explain:

18. Has the client ever been diagnosed with any mental disorders or seen by a psychiatrist? ___ Yes ___ No

19. If yes, please explain, list any medications prescribed, and the prescribing psychiatrist or medical doctor.

20. Has the individual expressed feelings of suicide, remorse, guilt, depression or rage? Please explain:

21. Has the individual's drinking and/or drug use interfered with social relationships, education or employment? ___ Yes ___ No

22. If yes, please explain:

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

24. If yes, please explain:

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

26. If yes, please explain:

27. How has the client's chemical use affected YOU! Including your job, health, relationships, and overall well-being.

28. What steps have you taken to deal with the client's addiction?

- a. ___ I have sought help from a doctor, therapist, clergy, psychiatrist, etc.
- b. ___ I have attended a Family Therapy Program in the past at prior treatment facilities
- c. ___ I have discussed the problem with family members.
- d. ___ I have attended or I am attending Al-Anon or other 12-step programs.
- e. ___ I have thrown the client out or threatened to.

29. Do you carry guilt or take responsibility for the client's addiction? ___ Yes ___ No

30. If answered yes, please explain:

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31. Please select any of the following that you feel apply to you:

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

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

33. Do you have any specific issue you feel you are dealing with? Please select any of the following that apply to you:

- a. Denial
- b. Minimizing
- c. Anger/Resentment
- d. Dependency in a relationship
- e. Individual's resistance to recovery
- f. Other (Be specific)

34. Have you ever attended Al-Anon meetings? Yes No

35. If yes, are you presently attending the meetings? Yes No

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

37. If so, please provide the name(s):
