

## Family/Significant Other Questionnaire

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

### PERSON(S) FILLING OUT THIS FORM

Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

### PATIENT'S USAGE OF ALCOHOL/DRUGS

How long have you been aware of the patient's problem with alcohol/drugs? \_\_\_\_\_

To your knowledge, how long has the patient been using alcohol? \_\_\_\_\_

Describe the pattern (how much/how often): \_\_\_\_\_

What other drugs is patient currently using? \_\_\_\_\_

Describe the pattern (how much/how often): \_\_\_\_\_

Does patient attempt to hide and/or protect the supply or that he/she has been drinking/using?

Yes  No

### PSYCHOLOGICAL EFFECTS

Check behaviors which apply:

Mood swings

Antisocial behavior

Uncontrolled temper

Suicidal threats

Depression

Suicide attempts

Disappeared 24 hours or more

Verbal or physical abuse

When did one of the above occur? \_\_\_\_\_

Explain what happened: \_\_\_\_\_

Is patient taking medication?

Yes  No

What? \_\_\_\_\_

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**SOCIAL EFFECTS**

How has the patient's use of alcohol/drugs affected:

Marriage \_\_\_\_\_

Children \_\_\_\_\_

Parents/Relatives \_\_\_\_\_

Others \_\_\_\_\_

Describe the patient's current group of friends: \_\_\_\_\_

Have these friends changed?  Yes  No

When? \_\_\_\_\_ How? \_\_\_\_\_

Has the patient isolated him/herself?  Yes  No

Have the patient's interests/hobbies changed?  Yes  No

How? \_\_\_\_\_

**EMPLOYMENT**

Is patient currently working?  Yes  No

Does patient enjoy his/her work?  Yes  No

Has patient ever been warned by employer or fired from a job(s) due to alcohol/drug use?  Yes  No

Is patient frequently absent from work or have other work related problems due to alcohol/drugs?  Yes  No

Describe: \_\_\_\_\_

**PATIENT'S MOTIVATION**

Does patient deny or minimize alcohol/drug use?  Yes  No

Is patient willing to come to treatment?  Yes  No

For what reason? \_\_\_\_\_

Has patient been treated previously for alcohol/drug use?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Has patient ever attended AA, NA, or CA?  Yes  No

**YOUR RELATIONSHIP TO THE PATIENT**

Have you ever threatened to leave patient or cut off relationship with patient because of alcohol/drug use?  Yes  No

What happened? \_\_\_\_\_

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Have you ever carried out your threat?

Yes  No

What happened? \_\_\_\_\_  
\_\_\_\_\_

Have you attempted to rescue the patient from the consequences of alcohol/drug use by:

Supplying money? Explain: \_\_\_\_\_

Providing alibis? Explain: \_\_\_\_\_

How does the patient feel toward your support of treatment at this time? \_\_\_\_\_  
\_\_\_\_\_

**YOUR INVOLVEMENT IN RECOVERY**

Are you aware of the details of the Family Program offered here at FRC?

Yes  No

Are you willing to participate in this program?

Yes  No

Are you willing to become involved in Alanon/Naranon/Cocanon?

Yes  No

Do you use alcohol/drugs?

Yes  No

Will you be altering your use?

Yes  No

**COMMENTS**

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