

# Family Questionnaire

Return to: DFRC, Inc.  
Attn: Family Recovery Coach

Date _____	Name of Loved One _____
Referred by _____	Your Relationship to Loved One _____

## GENERAL INFORMATION

Your Name: \_\_\_\_\_ Your age: \_\_\_\_\_  
(Last) (First)

Your home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ *Please circle best way to reach you*

Your occupation: \_\_\_\_\_

How long have you known your loved one? \_\_\_\_\_

Prior to treatment, where and with whom was the loved one living, and for how long was loved one living at residence (ex: lived alone, in apartment in Atlanta with a roommate)?

What recent crisis led you and/or the loved one to seek professional help? Please be specific.

**DESCRIPTION OF THE PROBLEM**

*Answer these questions to the best of your knowledge. Please do not leave any blanks.  
Where appropriate, write "don't know."*

What is the loved one's drug(s) of choice?

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Check off below the substances and/or the behaviors the loved one has been exhibiting recently (**within the past 3 months**) and indicate the frequency.

	Monthly or less	Weekly	Daily
Cocaine			
Alcohol beer, wine, liquor			
Tranquilizers, Valium, Xanax Librium, etc.			
Opiates (Codine, Tramadol, Percodan, Demerol, etc.)			
Heroin			
Marijuana			
Hallucinogens, LSD, PCP, METH, MUSHROOMS, etc.			
Inhalants, nitrous oxide, etc.			
Anti-depressants, Norpramin, Tofranil, Elavil, Traiavil, etc.			
Other pills (specify - ex: sleeping pills)			
Gambling			
Sexuality, involvement in multiple relationships, pornography, strip clubs			
Overeating (eating until uncomfortably full or nauseated, hiding food, eating more than expected in one sitting)			
Restricting food intake (eating as little as possible, counting calories, intense fear of weight gain)			
Purging (spending an excessive amount of time in the bathroom and/or shower after eating, exercising excessively, using laxatives excessively)			
Workaholism			
Severe depression			
Suicidal thoughts, attempts			

Violent behavior			
Hearing voices			
Bizarre thoughts/hallucinations			
Criminal behavior			

In what setting does the loved one use drugs/alcohol? *Check all that apply*

in bars     with co-workers     at work     with friends     at home daily     alone  
 with spouse     in after-hours clubs     with lover(s)     with you     on weekends only

For how long has the drug/alcohol problem existed? \_\_\_\_\_

*When and how* did you first become aware of the problem(s)?

\_\_\_\_\_

Has any member of the loved one's family mentioned his/her drinking or drug taking any time to you or the parent? Yes  No  *Please explain* \_\_\_\_\_

\_\_\_\_\_

Describe your understanding of loved one's relationship with body image and food (both current and past attitudes). \_\_\_\_\_

\_\_\_\_\_

Please check off the symptoms and consequences associated with the loved one's drug/alcohol problem. **Please clarify frequency, duration, with whom, etc.**

personality changes \_\_\_\_\_

extreme and rapid mood swings \_\_\_\_\_

temper outbursts \_\_\_\_\_

extreme irritability \_\_\_\_\_

"blackouts" (memory loss) \_\_\_\_\_

fits of anger and rage \_\_\_\_\_

defensive and argumentative \_\_\_\_\_

secretive and socially withdrawn \_\_\_\_\_

lying and deceitful \_\_\_\_\_

physically abusive \_\_\_\_\_

verbally abusive \_\_\_\_\_

sexually abusive \_\_\_\_\_

totally self-centered \_\_\_\_\_

irrational and out-of-control behavior \_\_\_\_\_

health problems \_\_\_\_\_

\_\_\_\_ neglect of household chores \_\_\_\_\_  
\_\_\_\_ neglect of parenting responsibilities \_\_\_\_\_  
\_\_\_\_ neglect of work responsibilities/unable to report to work \_\_\_\_\_  
\_\_\_\_ legal problems \_\_\_\_\_  
\_\_\_\_ loss of job, income \_\_\_\_\_  
\_\_\_\_ loss of personal property \_\_\_\_\_  
\_\_\_\_ isolation from family, friends, etc. \_\_\_\_\_  
\_\_\_\_ other \_\_\_\_\_

**Previous Treatment**

Please indicate all that apply to the loved one's treatment for substance abuse and/or psychiatric problems.  
(Please include dates, diagnosis, medications, if patient completed the program or left prematurely.)

\_\_\_\_ Hospitalizations/Detox    \_\_\_\_ Outpatient Treatment    \_\_\_\_ Psychotherapy    \_\_\_\_ Other

If previous treatment for the substance abuse program was not successful, describe why you think it did not yield better results? \_\_\_\_\_

What do you think should be done now, that was not done before, to improve success?

PATIENT'S DEVELOPMENTAL HISTORY BEFORE AGE 18
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Born to: **Circle one**    affluent    average    below average    economical disadvantage

**Please comment whether or not the patient was within normal limits and range during developmental stages.**

Prenatal History: \_\_\_\_\_

Birth Complications: \_\_\_\_\_

Adopted? \_\_\_\_ Yes    \_\_\_\_ No    Age at adoption \_\_\_\_\_

If adopted, was he/she adopted from another country?    \_\_\_\_ Yes    \_\_\_\_ No

Has he/she ever sought birth parents?    \_\_\_\_ Yes    \_\_\_\_ No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Are there other adopted siblings?  Yes  No Sibling's age at adoption \_\_\_\_\_

Are there other siblings?  Yes  No How many  sisters  brothers Birth order? \_\_\_\_\_

Any parent/child relationship problem \_\_\_\_\_

**Developmental Milestones** (please note any significant developmental delays or advances)

Infancy (birth to 2 years) \_\_\_\_\_

Early Childhood (2 years to 7 years) \_\_\_\_\_

Late Childhood (8 years to 11 years) \_\_\_\_\_

Adolescence (12 years to 17 years) \_\_\_\_\_

**Educational Milestones** (please note/describe academic performance)

Adjustment to School (separation anxiety?) Kindergarten  Elementary  Jr. High  High School

Learning Disabilities or Giftedness (please include any special education classes) \_\_\_\_\_

Testing Done (include provider and date) \_\_\_\_\_

*(If testing was done, please send copies if available.)*

**Personality characteristics** (before age 18)

odd  asocial  fearful  ill  perfectionism  dramatic  temperamental

impulsive  suicidal  physically abusive  verbally abusive  sexually abused

ADULT HISTORY  
AGE 18 AND OLDER

Highest Level of Education \_\_\_\_\_

Employment Dates/Location/agency name \_\_\_\_\_

Debt/Money Management Issues \_\_\_\_\_

Loved one's Current/Past Hobbies

Please describe the loved one's relationship with parents, stepparents, siblings, children and you.

Please describe the loved one's dating history? (long or short-term relationships, volatile/chaotic versus healthy, one versus many, etc.)

FAMILY DYNAMICS  
IMPACT ON YOU & THE FAMILY

In what ways have *you* tried to handle the loved one's drug/alcohol problems?

***Check all that apply.***

beg and plead	fight and argue
silent treatment	keep track of his/her whereabouts
supply cash/credit cards	pay other living expenses
threaten user/dealers	wake-up calls
bail out of legal trouble	taken over other responsibilities for the patient
go on search missions	play therapist/shrink, trying to explain the problem
play "if you really loved me, you would stop" routine	play "if you don't stop, I'll get sick and die" routine
hide or discard drugs/alcohol/paraphernalia	leave temporarily, but always come back
call police/obtain order of protection	separation/divorce proceedings
thrown him/her out of the house	cut off all financial assistance
completely stopped trying to help	been calling clinics/hospitals/doctors for help
other _____	

Describe the **financial impact** of loved one's disease on the family. How much money have you and/or the other family members given the patient prior to treatment (ex: had a second mortgage taken out, helped with rent, etc.)?

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Have you ever attended:

Al-Anon  Coc-Anon  Nar-Anon  Families Anonymous  NAMI  CoDa

OA, EDA, ANAD  other self help meetings? If yes, when, for how long? \_\_\_\_\_

Current frequency?  None  Daily  Weekly  Bi-weekly  Monthly or less

Have you or other family members ever sought treatment or counseling for an eating disorder? Yes  No

Have you ever attended a family workshop or family support group during the loved one's previous treatment?

Yes  No  Patient has no previous treatment history

If yes, explain \_\_\_\_\_

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Which of the above things have helped in terms your understanding of addiction?

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Describe your understanding of addiction. \_\_\_\_\_

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**Please use the following scale to answer the questions below.**

**1 – Strongly Disagree    2 – Disagree    3 – Unsure    4 – Agree    5 – Strongly Agree**

The loved one's drug/alcohol problem is a "family disease," requiring me to make some changes in my behavior.

1                      2                      3                      4                      5

The loved one's drug/alcohol problem is just a symptom of his/her psychological problem.

1                      2                      3                      4                      5

The drug/alcohol problem would stop if he/she would just change friends, job, or mate.

1                      2                      3                      4                      5

**Please use the following scale to answer the questions below.**

**1 – No Problem      2 – Less of a problem      3 – Slight Problem      4 – Serious Problem**

**In the past 3 months**, what ways has the loved one’s substance abuse problem caused problems for you and your family?

<b>Area of your life in which you have experienced problems</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
your emotional/mental state (i.e. mental exhaustion, emotional outbursts, crying)				
your moods, (i.e. mood swings, depression, poor attention span				
your personality, short tempered				
your marital satisfaction, stress, tension, your sexuality, loss of sex drive				
your financial status				
your social status/relationship with others				
your children				
your job career				
your physical health/appearance, (ex: headaches, digestive problems, palpations, muscle/chest/back pain, dizzy spells, anxiety, panic attacks, etc.)				
your use of alcohol/drugs				
your sleep patterns, excessive sleeping, insomnia				
your eating patterns, loss of appetite, excessive eating				
the mood and atmosphere in your home				
your outlook on life, hopes, fears, and worries				



Area of your life in which you have experienced problems	1	2	3	4
other:				

What feelings does the loved one's drug/alcohol use set off in you?  
**Circle all that apply.**

- |             |                |                |              |             |               |
|-------------|----------------|----------------|--------------|-------------|---------------|
| Anger       | Rage           | Sorrow         | Hopelessness | Self blame  | Indifference  |
| Frustration | Shame          | Helplessness   | Resentment   | Humiliation | Guilt         |
| Revenge     | Compassion     | Confusion      | Disgust      | Inadequacy  | Embarrassment |
| Contempt    | Disappointment | Protectiveness | Inferiority  | Other _____ |               |

How will you respond if the loved one continues or returns to using drugs/alcohol?

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INFORMATION ON YOU & YOUR FAMILY

1) Describe your own pattern and history of alcohol/drug use.

How many drinks: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

Any previous treatment for alcohol/drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

Are you currently in recovery? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

Describe your knowledge of any pattern and/or history of alcohol/drug use in any other family members.

Which family member(s) \_\_\_\_\_

How many drinks: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

Any previous treatment for alcohol/drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

Are you currently in recovery? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

2) What other mood-altering drugs (**prescription or non-prescription**) do you or other family members use?

<u>Name of drug</u>	<u>Amt./freq. of use</u>	<u>Reasons for use</u>	<u>By whom</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3) Have you or others ever been concerned about any other family member's use of alcohol or drugs? If yes, Please describe below.

\_\_\_\_\_

4) Have you or other family members ever sought treatment for alcohol/drugs use? If yes, please give detail below, including name of doctor/facility and dates of treatment.

\_\_\_\_\_

\_\_\_\_\_

5) Have you or other family members ever been involved in a self-help group for alcohol (AA), drugs (CA or NA), eating (OA), gambling, or smoking problems? If yes, give details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) Have you or other family members ever sought counseling for psychological, family, marital, or other personal problems? (**If yes, give detail below including type of problems, name of therapist/facility, and date of treatment**).

\_\_\_\_\_

\_\_\_\_\_

7) Has the loved one ever witnessed abuse or abused you or others?

Physically? \_\_\_ Yes \_\_\_ No Verbally? \_\_\_ Yes \_\_\_ No Mentally? \_\_\_ Yes \_\_\_ No

If you checked any of the above, please explain.

\_\_\_\_\_

\_\_\_\_\_

8) Have you been married previously? \_\_\_ Yes \_\_\_ No

If yes, indicate the number of times and the number of children (if any) you have by this marriage and their relationship with the patient?

\_\_\_\_\_

\_\_\_\_\_

9) Answer the following questions about yourself as TRUE (T) or FALSE (F).

- I adapt easily to difficult situations.
- I rarely rely on the help of others.
- I have difficulty saying “no” to requests for help, even when I know I should.
- I devote more time and energy to solving the problems of others than solving my own problems.
- I easily take on other people’s pain.
- I overreact to situations over which I have no control.
- I tend to judge myself without mercy.
- I constantly seek the approval of others.
- I am super responsible.
- I am extremely loyal, even when it is undeserved.
- I expend excessive energy cleaning up other people’s messes.
- I have a history of being involved with other people who have substance abuse problems.
- I often feel responsible for the happiness of others.
- I would rather give in than make someone angry.
- If I stop being involved in the problems of others, I might have to face my own problems.
- I continue to believe that somehow I will be able to stop the abuser from hurting himself/herself.
- If I stop helping the abuser, he/she will probably end up dead.
- I think that my attempts to “help” the substance abuser are useless and may even be making the problems worse.
- I feel like a hostage to the substance abuser’s problems, but I can’t let go.

10) Has any relative of yours (including parents, children, grandparents, siblings, aunts, uncles, etc.) ever had a problem with alcohol, drugs, gambling, or an eating disorder? If yes, please give details below.

<u>Relative</u>	<u>Problem</u>	<u>Ever treated?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY OF ORIGIN  
HISTORY

1) Describe the atmosphere/environment in which you grew up, including your relationship with Mother and Father.

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2) Do you recall any particular problems you experienced as a child? If yes, explain.

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3) Have there been any serious problems, accidents, or handicaps in your family? If yes, who, when, etc.

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4) Please list deaths and/or separations/divorces of parents, siblings, grandparents, and spouse's family. Give dates.

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5) Is there any history of mental illness in your family (i.e. ADHD, depression, anxiety, mood problems, suicidal thoughts, criminal history, psychosis)? *Please be specific whether it is a parent, sibling, grandparent, within spouse's family, etc.*

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6) How does your family communicate or talk about feelings?  
\_\_\_ assertively    \_\_\_ passively    \_\_\_ aggressively

7) What is your family's religious, cultural, ethic background?

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## PERSONALITY & STRENGTHS

What are a few adjectives that describe you?

What positive factors, skills, and qualities do you have in your life and within yourself that will help you presently?

Do you have a Higher Power? \_\_\_\_ Yes \_\_\_\_ No

Explain \_\_\_\_\_

NEEDS, LIMITS & PREFERENCES

What needs do you have, including psychiatric, family, addiction, educational and/or community involvement, and how might we help you (i.e. information, therapy, emotional support, aftercare planning, etc.)?

Is the loved one allowed to return home without completion of agreed upon 90 days?  
If no, how will you maintain this boundary?

How long do you expect the loved one to remain in treatment before he/she is allowed to visit and/or return home?

How can we help you prepare for the first therapeutic leave (planning, boundary setting, etc.)? \_\_\_\_\_

What factors/criteria will you base your decision on regarding the loved one returning home?

How willing are you to eliminate alcohol or other substances from your household as long as the recovering patient is in your home?

Very willing  
1

2

3

4

Not willing  
5

How willing are you to regularly attend Al-Anon or 12-Step meetings?

Very willing

1

2

3

4

Not willing

5

Who in your family would you name as enabling the loved one's addictive behavior? Why and how does this person enable the loved one?

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*Thank you. Please feel free to write on back of questionnaire or attach additional pages.*