Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chemical dependency affects everyone it touches. The chemically dependent person and everyone close to them are adversely affected. No one wants a loved one to be sick, so the family members pretend the disease is not there. The average chemically dependent person has been ill for years before the family finally realizes that there is a problem. After the problem has been identified, there are even more years before the chemically dependent person receives treatment.

 The person you care for is in treatment. That’s great. You can relax and know that they are safe. They stand at the crossroads, and there is an excellent chance that they will achieve a stable sobriety. They may have further problems, but this is a major step in the right direction. You have done the right thing and you can feel good about it.

 The patient may not feel good about coming to treatment right now. They may even feel angry or rejected. They may still believe that they don’t have a problem. This is denial, it is very common and it is one of the best signs that the disease is present. Chemical dependency demands that the person lie to themselves. The person is fooled into believing that they are okay even when their life is falling apart.

 It is important for you to understand that it is not only the chemically dependent person who is having problems. If you lived close to the person you have problems too. All of these problems have, at their source, subtle distortions of reality. Family members change reality into something that does not make them so nervous. Trying to keep the reality of chemical dependency hidden is like hiding an elephant in your living room. The problem is there and it is big, it takes distortions of reality to keep it hidden. The family tries to pretend that there is not a problem. As the problem gets larger, it takes larger and larger distortions of reality to keep the secret.

 The distorting begins with minimizing. Family members pertend the problem is not bad. They believe that other people have more problems than they do. They think that the drinking is not that bad. It could be worse. They minimize to the point that they can’t see the real effect of the illness on themselves and the other family members. They focus on the chemically dependent person and as they do, they become cut off from their feelings. This sinks the family deeper into an unreal world.

 The next lie families tell themselves is there is a good excuse for the problem. This is called rationalization. It’s not the drugs, it’s the job, or the boss, or maybe even me. Then family members, even the children, may feel responsible for the person’s drinking or drug use.

 They blame themselves or other people, institution, money, whatever it takes to take the mind off of the real problem. The family actually believes that it is these other things that are the problem, it’s not the chemicals.

 The last distortion of reality is called denial. This is where the family members do not experience the full impact of their lives. They have developed such a tolerance for the craziness, that they still think it is normal. Their lives may be coming apart but they still think things are in control.

 Now is the time for you to get honest with yourself. Don’t make things seem smaller than they were. Don’t make excuses. Write down exactly what happened. Please answer the following questions. If you don’t know the answer it is alright to say so, as often the chemically dependent person will try to hide problems form the family.

1. Why did the patient seek treatment at this time?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What mood altering chemicals does the patient currently use? (Mark all that apply)

**Chemical Amount per day**

Alcohol \_\_\_\_\_\_\_

Tranquilizers (Ativan, Xanax, Valium, Librium, ect) \_\_\_\_\_\_\_

“Sleeping pills” (Restoril, Dalmane, Seconal) \_\_\_\_\_\_\_

Marijuana \_\_\_\_\_\_\_

Cocaine \_\_\_\_\_\_\_

Amphetamine (Speed, meth) \_\_\_\_\_\_\_

Pain Medications (Darvocet, Tylenol #3, Demerol) \_\_\_\_\_\_\_

Halluncinogens (LSD) \_\_\_\_\_\_\_

Narcotics \_\_\_\_\_\_\_

Inhalants (Gas, Paint, Glue) \_\_\_\_\_\_\_

Over the counter medications (Nyquil, Benadryl, ect) \_\_\_\_\_\_\_

1. Pattern of use:

\_\_\_\_Continuous (daily)

\_\_\_\_Periodic (fairly regular pattern)

\_\_\_\_Sporadic (off and on with no pattern)

1. What is the problem as you see it? (Mark all that apply)

\_\_\_\_ Alcohol \_\_\_\_Prescription drugs

\_\_\_\_ Illegal/street drugs \_\_\_\_ Combination of alcohol and drugs

\_\_\_\_ Emotional problems \_\_\_\_ Family problems

\_\_\_\_ Gambling

1. What is the problem as the patient sees it?

\_\_\_\_ Alcohol \_\_\_\_Prescription drugs

\_\_\_\_ Illegal/street drugs \_\_\_\_ Combination of alcohol and drugs

\_\_\_\_ Emotional problems \_\_\_\_ Family problems

\_\_\_\_ Gambling

1. What is the patient’s awareness of the problem?

\_\_\_\_ No awareness: “I don’t have a problem. It’s no worse than anyone else.”

\_\_\_\_Minimal awareness: “Sure I’ve had a problem, but I can take it or leave it.”

\_\_\_\_ Moderate awareness: “I have a problem, but I can handle it on my own.”

\_\_\_\_ Admits to a problem and accepts the responsibility for change.

1. What is the duration of the problem?

\_\_\_\_ 0-6 months \_\_\_\_6-12 months \_\_\_\_1-2 years

\_\_\_\_ 2-5 years \_\_\_\_ Maore than 5 years (Specify the number of years\_\_\_)

1. What is the longest period of abstinence this past year? (Longest period without using chemicals)

\_\_\_\_ Days \_\_\_\_ Weeks \_\_\_\_ A month at a time

\_\_\_\_ More than 5 years (Specify the number of years\_\_\_\_)

1. When the patient was not using (abstinence) what was the reason why they stopped using?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How has the chemical use changed the family activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you or your family have any religious, cultural, traditional, or spiritual practices?

\_\_\_\_ Yes \_\_\_\_ No

If yes, what are they: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the patient still participate in these practices? \_\_\_\_ Yes \_\_\_\_ No

1. What does the patient think about Alcoholics/Narcotics/Gamblers Anonymous?

\_\_\_\_Critical of AA/NA/GA members

\_\_\_\_ “Good program, but it’s not for me.”

\_\_\_\_ AA/NA/GA is the answer to the problem

\_\_\_\_ Has no knowledge of AA/NA/GA

1. Previous treatment experience. Has the patient participated in any of the following treatment for any addictions?

\_\_\_\_ Attended a few AA/NA/GA meetings

\_\_\_\_ Regularly participated for a brief period of time in AA/NA/GA

\_\_\_\_ Admitted into a hospital

\_\_\_\_ Psychiatric treatment ( \_\_\_ Outpatient \_\_\_ Inpatient)

\_\_\_\_ Chemical dependency treatment ( \_\_\_ Outpatient \_\_\_ Inpatient)

\_\_\_\_ Mental Health Counseling

Give a brief history of treatment dates and reasons why the patient sought help at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any other problems in connection with or related to the chemical dependency problem?

\_\_\_ Not to my knowledge \_\_\_ School problems \_\_\_ Legal problems

\_\_\_ Financial problems \_\_\_ Family problems \_\_\_ Psychiatric problems

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you or any other family members experienced any of the following?

\_\_\_ Health problems \_\_\_ School/work problems \_\_\_ Legal problems

\_\_\_ Financial problems \_\_\_ Difficulty expressing feelings

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What treatment and/or assistance have you sought for yourself and your family?

\_\_\_ AA/NA/GA \_\_\_ Al-Anon/Alateen/GAM-Anon \_\_\_ Counseling

\_\_\_ Psychiatric visits \_\_\_ Mental Health counseling \_\_\_ Family counseling

\_\_\_ Indigenous healing ways \_\_\_ Clergy, church, prayer persons, seeking elders, Holy men

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have any of your children been referred to the following? (Mark all that apply)

\_\_\_ Social Service \_\_\_ Juvenile Detention Center \_\_\_ Court Services

\_\_\_ Psychological/Psychiatric Services \_\_\_ Mental Health Counseling

\_\_\_ Chemical dependency treatment

1. Can you see anything that might interfere with the treatment of the patient currently in treatment while they are in treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you feel are the problem areas that need to be addressed while the patient is in treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following symptoms of dependency apply to the patient? (Mark all that apply)

\_\_\_ Blackouts (cannot remember what they did while using chemicals)

\_\_\_ Hides or protects supply of alcohol and/or drugs

\_\_\_ Makes excuses for using alcohol and/or drugs

\_\_\_ Has a physical problem associated with their chemical use (hand tremors, nausea, headaches)

\_\_\_ Personality changes while using chemicals

\_\_\_ Lies to cover up the use of alcohol and/or drugs, gambling

\_\_\_ Others, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following behaviors has the patient demonstrated? (Mark all that apply)

\_\_\_ Violent, aggressive, or abusive behavior

\_\_\_ Unreasonable resentments (holds grudges)

\_\_\_ Changing type of friends (changing to friends who use)

\_\_\_ Poor school or work performance

\_\_\_ Unable to join in family activities

\_\_\_ Unable to do things they should do (unable to keep appointments or get things done at home or at work)

\_\_\_ Violent or aggressive behavior towards animals

Explain #21: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How does the patient obtain money to buy alcohol and/or drugs, gambling?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much do you think the patient spends on alcohol and/or drugs, gambling? Has this created a problem for you, your family, or the patient?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In addition to the questions that have already been covered, is there other information we should know about the patient?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which types of abuse have occurred in your present family?

\_\_\_ Emotional \_\_\_ Verbal \_\_\_ Physical \_\_\_ Sexual

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you believe that chemical dependency is a disease? \_\_\_ Yes \_\_\_ No
2. Explain how the chemical problem has affected your relationship with the patient. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any other questions or concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your son or daughter is in treatment and is between the ages of 13 and 23 please answer the following additional questions. Thank you for your cooperation.

1. Does your daughter/son spend many hours alone in her/his bedroom apparently doing nothing?

\_\_\_ Yes \_\_\_ No

1. Does your son/daughter resist talking to you or persistently isolates himself/herself from the family?

\_\_\_ Yes \_\_\_ No

1. Has your son/daughter’s taste in music under gone a dramatic change to something else?

\_\_\_ Yes \_\_\_ No

1. Has there been a definite change in your son/daughter’s attitude at school?

\_\_\_ Yes \_\_\_ No

1. Has there been a definite change in your son/daughter’s attitude towards friends?

\_\_\_ Yes \_\_\_ No

1. Has there been a definite change in your son/daughter’s attitude towards home?

\_\_\_ Yes \_\_\_ No

1. Has your son/daughter shown recent pronounced mood swings with increased irritability and angry outburst?

\_\_\_ Yes \_\_\_ No

1. Does your son/daughter always seem to be unhappy and less able to cope with frustration than he/she use to be?

\_\_\_ Yes \_\_\_ No

1. Has your daughter/son’s personality changed from being considerate and caring to being selfish, unfriendly and unsympathetic?

\_\_\_ Yes \_\_\_ No

1. Has your son/daughter always seem to be confused or “spacey”?

\_\_\_ Yes \_\_\_ No

1. Have amounts of money or valuable articles recently disappeared from your home?

\_\_\_ Yes \_\_\_ No

1. Has your son/daughter begun to neglect household chores and homework?

\_\_\_ Yes \_\_\_ No

1. Has there been a change in your son/daughter’s friends from age-appropriate friends to older, “unacceptable” associates?

\_\_\_ Yes \_\_\_ No

1. Has there been a change in your son/daughter’s appearance (i.e., sloppy dress anf poor grooming and hygiene)?

\_\_\_ Yes \_\_\_ No

1. Have there been excuses and alibis made, and has there been lying in order to avoid confrontation or not to get caught?

\_\_\_ Yes \_\_\_ No

1. Do you feel you have lost control of your son or daughter?

\_\_\_ Yes \_\_\_ No

1. Has your son/daughter begon lying in order to cover up sources of money and possessions?

\_\_\_ Yes \_\_\_ No

1. Do you have any other questions or concerns?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write down the names of each member or your family and rate on how they use mood altering chemicals.

0 = No use 1 = Inferquent use 2 = Social use 3 = Misuse/Abuse 4 = Dependency

|  |  |  |
| --- | --- | --- |
| **Family Member** | **Chemical Used** | **Rating** |
| Name: You |  |  |
| Present spouse: |  |  |
| Former Spouse: |  |  |
| Children: |  |  |
| Children: |  |  |
| Children: |  |  |
| Children: |  |  |
| Children: |  |  |
| Your Father: |  |  |
| Your mother: |  |  |
| Your brother: |  |  |
| Your brother: |  |  |
| Your Sister: |  |  |
| Your Sister: |  |  |
| Other family members: |  |  |