

Family Questionnaire

Client Name _____

Family/Friend Name _____

Relationship to Client _____

Signature _____

Date _____

In order to provide your loved one with the best possible treatment, we would appreciate your completing this form.

We would like your opinion regarding the nature of the client's problems. Check all that apply:

- Alcohol
- Opiates
- Amphetamines
- Marijuana
- Diet Pills
- ADD Medication
- Tranquilizers
- Mental Health Problems, i.e. depression, anxiety, or poor impulse control
- Other _____

Comments: _____

Are there any other problems that may be connected with or related to his/her addiction?

- Not to my knowledge
- Occupational difficulties
- Legal problems
- Financial difficulties
- Marital problems
- Relationship problems
- Suicide attempt(s)
- Academic difficulties
- Other _____

Comments:

How long has your loved one had a problem with substances?

- 1-5 years
- 5-10 years
- 10+ years

Comments: _____

Has the client had previous attempts at treatment?

- Yes
- No

If yes, please check all that apply.

- Inpatient or Residential Treatment Centers
- Outpatient Hospital
- Intensive Outpatient Programs
- 12 step groups
 - Overeaters Anonymous
 - Alcoholics Anonymous
 - Narcotics Anonymous
 - Other _____

Comments: _____

How do you feel toward the loved ones addiction?

- The client could control this behavior if he/she desired.
- If the client really loves me, he/she wouldn't do this.
- The client is suffering from a disease and needs treatment.
- I feel justifiable anger and resentment towards him/her.
- Other _____

Comments: _____

Why do you think he/she has sought treatment?

- Felt that the problem was serious and treatment was necessary
- To comply with someone else's wishes
- To avoid consequences of recent behavior
- To avoid divorce or separation
- To salvage job
- As the result of an intervention session
- Other _____

Comments: _____

Describe the problem: _____

How has your loved ones addiction/behavior affected you? _____

How has it affected the family? _____

How have you tried to help him/her? _____

Is there any other information you think would be helpful to share with the team? _____

Please return either via e-mail, fax, or regular mail.

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