

Basic Data

To be filled out on admission, or as soon as possible thereafter, by the spouse, parent, other family member, partner or significant other. Please include comments when needed. This form will be placed in the patient's chart.

Date: _____ Patient Name: _____

Your Full Name: _____ Age: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Indicate your answer to the question by circling the response you choose or by writing in the space provided.

1. What is your relationship to the patient?
 Spouse Parent Child Sibling Other relative Friend Partner Sponsor
 2. How many years has this relationship existed?
 <1 year 1-2 years 3-5 years 6-10 years >10 years
 3. Are you living with the patient at this time? Yes No
 4. If yes, do you plan to continue living with the patient? Yes No
 5. Are you in regular contact with the patient? Yes No
- What is your perception of the problem? _____

Family Issues

Items 6-9 are for spouses only.

6. How many times have you been married/committed? 1x 2x 3x >3x
7. How many times have you and the patient separated or lived apart? 1x 2x 3x >3x
8. How long was your longest period of separation?
 > One week but < one month > than a month but < three months
 Four to six months Seven months to one year
 Longer than one year Never separated
9. Would you consider this a happy marriage/partnership, except for the drinking or other drug use? Yes No Unsure
 Why or why not? _____



Significant Other's View of Patient



Items 10-14 regard children.

10. How many children does the patient have (from all partners/marriages)?

List their approximate age and circle the names of ones who presently live with the patient or his spouse.

11. Are any of the children living with the patient or his/her spouse difficult to discipline or do they show other behavior problems? Yes No Unsure

Comments: _____

12. Do any of the children seem to have personality or emotional problems? Yes No Unsure

Comments: _____

13. Do any of the children seem to have problems or difficulties in school? Yes No Unsure

Comments: _____

14. Is any family member other than the patient presently receiving professional help for personality, emotional, behavioral or substance abuse or addiction problems? Yes No Unsure

If so, please name the family member(s) & problem being addressed: _____

From whom is the help being received: _____

15. Do any family members other than the patient drink or use legal or illegal drugs problematically or to excess? Yes No Unsure

If so, please name the family member(s) and substance involved: _____

16. Do any of the family members other than the patient have gambling, spending/debting, over eating or under eating, sexual addiction or sexual anorexia, work compulsions or related compulsive patterns? Yes No Unsure

If so, please name the family member(s) and behavior involved: _____

17. Who has been most negatively impacted by the patient's substance use? How? _____



Significant Other's View of Patient's Substance use

18. What are the substances the patient uses (Note the primary and secondary substance)? _____

19. How long has the patient been using the primary substance heavily?
 6 months or less 6 months to a year 1 to 2 years 2 to 3 years
 At least 5 years More than 10 years

20. How long has the patient been using the secondary substance heavily?
 6 months or less 6 months to a year 1 to 2 years 2 to 3 years
 At least 5 years More than 10 years

21. How many years all together has the patient been using the primary substance?
 6 months or less 6 months to a year 1 to 2 years 2 to 3 years
 At least 5 years More than 10 years

22. How many years all together has the patient been using the secondary substance?
 6 months or less 6 months to a year 1 to 2 years 2 to 3 years
 At least 5 years More than 10 years

23. Did the patient drink or use other drugs just prior to admission? Yes No Unsure

24. Does the patient sneak alcohol or other substances on the side? Yes No Unsure

25. Does the patient engage in binge drinking/using? Yes No Unsure

26. Has the patient told lies about his/her drinking/using? Yes No Unsure

27. Is the patient sometimes preoccupied with drinking/using? Yes No Unsure

28. Does the patient drink or use more than he/she plans? Yes No Unsure

29. Has the patient made promises to cut back or stop which he/she failed to keep? Yes No Unsure

30. Has the patient shown any sudden personality changes? Yes No Unsure

31. Does the patient seem devoid of concern for the family? Yes No Unsure

32. Does the patient usually drink or use other substances alone? Yes No Unsure

33. Does the patient drink/use other substances to ease tension? Yes No Unsure

34. When the patient drinks, does he/she gulp drinks (unusually fast)? Yes No Unsure

35. Have you ever noticed periods when the patient has suddenly increased the amount of his/her drinking or using? Yes No Unsure

36. Does the patient hide his/her supply of alcohol or other drugs? Yes No Unsure

37. Does the patient drink or use other substances to relieve fatigue? Yes No Unsure



38. Has the patient ever suffered tremors in the morning after rising? Yes No Unsure
39. Does the patient ever have times where he/she will go to great lengths to get a drink or substance of his/her choice? Yes No Unsure
40. Does the patient drink or use other drugs in the morning? Yes No Unsure

Relationships

41. Has the patient's drinking/using interfered with his/her marriage/commitment in the past? Yes No Unsure
Comments: _____
42. Has the patient's drinking/using interfered with his/her social relationships in the past? Yes No Unsure
Comments: _____
43. When the patient gets drunk or under the influence of other drugs, does he/she become abusive to others? Yes No Unsure
If yes, describe _____
44. Does the patient ever beat up members of his/her family? Yes No Unsure
45. Does the patient have episodes of verbal abuse - name calling, mean comments and false accusations? Yes No Unsure
46. Does the patient feel resentful towards you currently for addressing this problem? Yes No Unsure

Financial

47. Has the patient's drinking/using interfered with financial matters? Yes No Unsure
Comments: _____
48. Has the patient ever been arrested for bad checks? Yes No Unsure
49. Does the patient have any other outstanding loans other than a car or house loan? Yes No Unsure
50. Has the patient taking out loans and used the money to buy liquor or other drugs? Yes No Unsure
51. Has the patient ever placed his/her belongings or those of the family "in hock" to purchase liquor and/or other drugs? Yes No Unsure



Health

52. Has the patient's drinking/using interfered with his/her health? Yes No Unsure
Comments: _____
53. How many times has the patient been hospitalized or in any other form of treatment for any medical or psychiatric reason?
None 1 2 3 4 5 More than 5
Comments: _____
54. How many times has the patient been hospitalized or in any other form of treatment for any substance use related problem?
None 1 2 3 4 5 More than 5
Comments: _____
55. Has the patient ever been told by his/her physician to stop or cut back on drinking/drug use? Yes No Unsure
56. Has the patient ever had a convulsion? Yes No Unsure
57. Has the patient ever had hallucinations? Yes No Unsure
58. Does the patient have any other significant physical concerns? Yes No Unsure

Legal

59. Has the patient ever been arrested for reckless driving / for speeding? Yes No Unsure
If yes, dates: _____
60. Has the patient ever been arrested for driving while intoxicated? Yes No Unsure
If yes, dates: _____
61. Has the patient ever been arrested for drunk or disorderly conduct? Yes No Unsure
If yes, dates: _____
62. Has the patient ever been arrested for assaultive behavior? Yes No Unsure
If yes, dates: _____
63. Are there any pending cases, court dates, charges which may concern the clients? Yes No Unsure

Work-Job or School

64. How many jobs has the patient had in the last two years? 1 2 3 4 5 More than 5
65. If the patient is unemployed, how long has he/she been unemployed? _____
66. How long was the patient employed on the last job? 1 2 3 4 5 More than 5
67. Has the patient encountered any job problems? Yes No Unsure



68. Has the patient had any job-related accidents? Yes No Unsure
69. While on his/her job, does the patient have many illnesses, absences, or frequent tardiness? Yes No Unsure
70. Does the patient tend to withdraw from his/her peers on the job? Yes No Unsure
71. Was the patient's efficiency and effectiveness impaired on the job by his/her substance use? Yes No Unsure
72. Does the patient suffer any problems in school? Yes No Unsure
73. Does the patient seem to underachieve in work or school? Yes No Unsure
74. Does the patient seem to overachieve in work or school? Yes No Unsure
75. Has the patient been expelled, put on probation, had conduct issues or been held back a grade back in school? Yes No Unsure

Treatment Risks

76. Does the patient have any other behavioral problem in the areas of gambling, sex, excessive work, spending, eating? Yes No Unsure
77. Has the patient attempted suicide? Yes No Unsure
78. Has the patient made threats of suicide? Yes No Unsure
79. Has the patient had close friends or relatives who have committed suicide? Yes No Unsure
80. Does the patient have other psychological issues? Yes No Unsure
81. Has the patient ever committed homicide? Yes No Unsure
82. Has the patient ever threatened homicide? Yes No Unsure
83. Does the patient have any difficulty with daily living skills (walking, brushing teeth, hygiene, bathroom functions)? Yes No Unsure
84. Does the patient, have any communicable conditions? Yes No Unsure
85. Does the patient's work exposure pose any relapse risk? Yes No Unsure
86. Do any other family/friends/doctors/settings pose any relapse risk? Yes No Unsure

87. What is your view of the patient's substance use problem? _____

88. What do you hope occurs for the patient as a result of this treatment? _____

89. What expectations do you have from treatment services? _____

90. What would help you during this person's treatment experience? _____

