



SOCIAL MODEL RECOVERY SYSTEMS

223 E. Rowland Street, Covina, CA 91723

Phone: 626.332.3145, Fax: 626.974.4164

www.socialmodel.com

FAMILY MEMBER OR OTHER CONCERNED PARTY QUESTIONNAIRE

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: HOME: () _____ WORK: () _____

RELATIONSHIP TO POTENTIAL PARTICIPANT: _____

(i.e., HUSBAND, WIFE, PARTNER, MOTHER, FATHER, SISTER, BROTHER, DAUGHTER, SON, FRIEND)

POTENTIAL PARTICIPANT'S NAME: _____

1. **WHAT MIND-ALTERING CHEMICAL DOES THE PATIENT CURRENTLY TAKE? PLEASE INDICATE AMOUNT:**

- | | |
|---|--|
| <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA |
| <input type="checkbox"/> VALIUM, ATIVAN, XANAX
(OTHER TRANQUILIZERS) | <input type="checkbox"/> COCAINE/CRACK |
| <input type="checkbox"/> SLEEPING PILLS | <input type="checkbox"/> AMPHETAMINES (METH, SPEED) |
| <input type="checkbox"/> PAIN MEDICATION | <input type="checkbox"/> DIET PILLS |
| | <input type="checkbox"/> NARCOTICS (HEROINE, MORPHINE) |

2. **WHAT IS THE PROBLEM AS YOU SEE IT?**

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> DRUGS ONLY |
| <input type="checkbox"/> ALCOHOL AND PILLS (Rx MEDICATION) | <input type="checkbox"/> EMOTIONAL PROBLEMS |
| <input type="checkbox"/> ALCOHOL AND DRUGS
(ILLEGAL/STREET DRUGS) | <input type="checkbox"/> FAMILY PROBLEMS |
| <input type="checkbox"/> PILLS ONLY | <input type="checkbox"/> FINANCIAL PROBLEMS |
| <input type="checkbox"/> OTHER: _____ | |

3. **PATTERNS OF DEPENDENCY:**

- CONTINUOUS (DAILY USE)
- PERIODIC (A FAIRLY REGULAR PATTERN)
- SPORADIC (ON AND OFF WITHOUT A PATTERN)

- DECREASING BUT MORE DESTRUCTIVE

4. POTENTIAL PARTICIPANT AWARENESS OF PROBLEMS:

- NO AWARENESS: "NO PROBLEM" OR "NO WORSE THAN ANYONE ELSE"
- MINIMAL AWARENESS: "I CAN TAKE IT OR LEAVE IT" OR "NOT TOO BAD"
- MODERATE AWARENESS: "IT'S NOT MY FAULT" OR "IT'S NOT HURTING ANYONE"
- ADMITS TO PROBLEM: "I CAN'T HELP IT" OR "SOMETHING IS BOTHERING ME"
- WELL AWARE OF PROBLEM AND ACCEPTS RESPONSIBILITY FOR CHANGE

5. WHAT IS THE PROBLEM AS THE POTENTIAL PARTICIPANT SEES IT?

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL AND/OR "PILLS" ONLY | <input type="checkbox"/> DRUGS ONLY |
| <input type="checkbox"/> ALCOHOL AND/OR "DRUGS" ONLY | <input type="checkbox"/> PILLS ONLY |
| <input type="checkbox"/> FAMILY PROBLEMS | <input type="checkbox"/> EMOTIONAL PROBLEMS |
| <input type="checkbox"/> FINANCIAL DIFFICULTIES | <input type="checkbox"/> OTHER: _____ |

6. DURATION OF PROBLEM

- 6 MONTHS TO 1 YEAR
- 1 TO 2 YEARS
- 2 TO 4 YEARS
- 4 TO 6 YEARS
- 6 TO 10 YEARS

7. LONGEST PERIOD OF ABSTINENCE SINCE THE BEGINNING OF THE PROBLEM:

- ONLY A MATTER OF DAYS AT A TIME-WHEN? _____
- ONLY A MATTER OF WEEKS AT A TIME-WHEN? _____
- UP TO A MONTH AT A TIME-WHEN? _____
- FROM 1 TO 3 MONTHS-WHEN? _____
- FROM 6 TO 12 MONTHS-WHEN? _____

8. WHICH OF THE FOLLOWING SYMPTOMS OF DEPENDENCY APPLY TO THE CLIENT? CHECK MORE THAN ONE ANSWER IF NECESSARY:

- BLACKOUTS (CAN'T REMEMBER WHAT HE/SHE HAS DONE WHILE DRINKING/USING)
- HIDES OR PROTECTS SUPPLY OF ALCOHOL OR DRUGS
- CANNOT STOP ONCE HE/SHE STARTS USING
- MAKES EXCUSES FOR USING ALCOHOL OR OTHER SUBSTANCES
- EXPERIENCES TREMORS OR OTHER PHYSICAL PROBLEMS
- PERSONALITY CHANGES WHILE USING ALCOHOL OR DRUGS
- OTHER: _____
- NONE: _____

9. WHICH OF THE FOLLOWING BEHAVIORS HAVE THE POTENTIAL PARTICIPANT DEMONSTRATED? CHECK MORE THAN ONE ANSWER IF NECESSARY:

- VIOLENT, AGGRESSIVE, OR ABUSIVE BEHAVIOR
- UNREASONABLE RESENTMENTS (HOLDS "GRUDGES", RESENTS PAST OR PRESENT BEHAVIOR OF ATTITUDES OF CONCERNED OTHERS)
- CHANGING TYPE OF FRIENDS OR CHANGING ATTITUDES TOWARDS FRIENDS
- POOR SCHOOL OR WORK PERFORMANCE, THREATENED WITH SUSPENSION OR TERMINATION FROM SCHOOL OR WORK
- NARROWING RANGE OF INTERESTS OR HOBBIES
- UNABLE TO DO SOME OF THE THINGS HE OR SHE SHOULD, SUCH AS KEEPING APPOINTMENTS, GETTING THINGS DONE AT HOME, ETC., BECAUSE OF ALCOHOL OR OTHER SUBSTANCES.

10. HOW DOES THE POTENTIAL PARTICIPANT OBTAIN MONEY TO BUY ALCOHOL OR OTHER DRUGS? HOW MUCH DO YOU THINK THE POTENTIAL PARTICIPANT SPENDS ON ALCOHOL AND DRUGS? HAS THIS CREATED A PROBLEM FOR YOU, YOUR FAMILY, OR THE POTENTIAL PARTICIPANT?

11. PREVIOUS ATTEMPTS AT TREATMENT FOR CHEMICAL DEPENDENCY?

- GENERAL HOSPITAL CARE
- ALCOHOLISM TREATMENT CENTER
- PSYCHIATRIC TREATMENT
- ALCOHOLICS ANONYMOUS/NARCOTICS ANONYMOUS
- MEDICAL TREATMENT
- SELF
- NONE

COMMENTS ON PREVIOUS TREATMENT, INCLUDING TYPE AND NUMBER OF ATTEMPTS WITH APPROXIMATE DATES:



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PRE-ADMISSION INFORMATION CONCERNING THE POTENTIAL PARTICIPANT

ADMIT DATE: ___/___/_____

POTENTIAL PARTICIPANT

LAST NAME: _____ FIRST: _____ MI: _____

SOCIAL SECURITY (optional): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: WORK: () _____ HOME: () _____

GENDER: MALE FEMALE

EMPLOYMENT STATUS: _____

OCCUPATION: _____

EMPLOYER/SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____

WHO REFERRED YOU TO SOCIAL MODEL RECOVERY SYSTEMS? _____

POTENTIAL PARTICIPANT'S NEXT OF KIN:

LAST NAME: _____ FIRST: _____ MI _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: WORK: () _____ HOME: () _____

RELATIONSHIP TO POTENTIAL PARTICIPANT: _____

NAME OF EMERGENCY CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE: WORK: () _____ HOME: () _____
 RELATIONSHIP TO POTENTIAL PARTICIPANT: _____

MEDICAL INFORMATION

IS THE POTENTIAL PARTICIPANT HAVING ANY MEDICAL PROBLEMS? HAS THE POTENTIAL PARTICIPANT BEEN IN THE HOSPITAL IN THE LAST YEAR? PLEASE EXPLAIN:

WHAT MEDICATIONS ARE THEY TAKING?

MEDICATION	DOSE	FREQUENCY	LENGTH OF USE

POTENTIAL PARTICIPANT'S PERSON PHYSICIAN: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: () _____

HAS THE POTENTIAL PARTICIPANT HAD ANY SUICIDAL THOUGHTS? HAS THE POTENTIAL PARTICIPANT MADE ANY PLANS OR ATTEMPTS TO TAKE THEIR LIFE? PLEASE EXPLAIN:

WHAT IS THEIR DRUG OF CHOICE (WHAT ARE THEY USING THAT YOU KNOW ABOUT)?

DRUG/HOW USED	FREQUENCY	QUANTITY	LENGTH/PATTERN OF USE

DO THEY USE TOBACCO? YES NO QUANTITY: _____

HAS THE POTENTIAL PARTICIPANT EXPERIENCED ANY OF THE FOLLOWING THAT YOU KNOW ABOUT?

BLACKOUTS/MEMORY LOSS	YES	NO
TREMORS	YES	NO
HALLUCINATIONS	YES	NO
PARANOIA	YES	NO
SEIZURES	YES	NO

IF YES, PLEASE EXPLAIN: _____

HAS THE POTENTIAL PARTICIPANT HAD ANY PRIOR TREATMENTS? PLEASE EXPLAIN EACH TREATMENT, LENGTH OF STAY, AND LENGTH OF SOBRIETY AFTER EACH STAY. ALSO, INCLUDE ANY 12-STEP EXPERIENCE YOU MAY KNOW ABOUT: _____

HAS THE POTENTIAL PARTICIPANT HAD ANY LEGAL PROBLEMS, PAST OR CURRENT, DUE TO ALCOHOL/DRUG USE? _____

WHY DO YOU WANT THE POTENTIAL PARTICIPANT TO COME TO TREATMENT? _____

HOW HAS THEIR ALCOHOL/DRUG USE AFFECTED THE FAMILY? IS THERE ANY HISTORY OF CHEMICAL DEPENDENCY IN THEIR FAMILY THAT YOU KNOW ABOUT? _____

HOW HAS THEIR ALCOHOL/DRUG USE IMPACTED THEIR WORK (MISSED WORK DUE TO HANGOVERS, DRINKING AT WORK, CONFRONTATIONS BY BOSS, ETC.)? _____

HOW HAS THEIR SOCIAL LIFE BEEN IMPACTED? DO THEY USE ALONE OR HIDE THEIR USE? HAVE FRIENDS/FAMILY COMMENTED ON THEIR BEHAVIOR WHILE UNDER THE INFLUENCE? _____



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THE DISEASE OF CHEMICAL DEPENDENCY

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH A YES OR NO:

- | | | |
|---|-----|----|
| 1. Is the person drinking (or using any other drug) more than he or she did in the past? | Yes | No |
| 2. Are you ever afraid to be around the person when he or she is drinking or using drugs because of the possibility of verbal or physical abuse? | Yes | No |
| 3. Has the person ever forgotten or denied things that happened during a drinking or using episode? | Yes | No |
| 4. Do you worry about the person's drinking or drug use? | Yes | No |
| 5. Does the person refuse to talk about his or her drinking or drug use-or even to discuss the possibility that he or she might have a problem with it? | Yes | No |
| 6. Has the person broken promises to control or stop his or her drinking or drug use? | Yes | No |
| 7. Has the person ever lied about his or her drinking or using or tried to hide it from you? | Yes | No |
| 8. Have you ever been embarrassed by the person's drinking or drug use? | Yes | No |
| 9. Have you ever lied to anyone else about the person's drinking or drug use? | Yes | No |
| 10. Have you ever made excuses for the way the person behaved while drinking or using? | Yes | No |
| 11. Are most of the friends of the person considered heavy drinkers or drug users? | Yes | No |
| 12. Does the person make excuses for, or try to justify, his or her drinking or drug use? | Yes | No |
| 13. Do you feel guilty about the person's drinking or drug use? | Yes | No |
| 14. Are the holidays and social functions unpleasant for you because of his or her drinking or drug use? | Yes | No |
| 15. Do you feel anxious or tense around the person because of his or her drinking or drug use? | Yes | No |
| 16. Have you ever helped the person to "cover up" for a drinking or using episode by calling his or her employer, or telling others that he or she is feeling sick? | Yes | No |
| 17. Does the person deny that he or she has a drinking problem? | Yes | No |
| 18. Does the person's behavior change noticeably when he or she is drinking or using? (For example: a normally quiet person might become loud and talkative, or a normally mild-mannered person might be quick to anger). | Yes | No |
| 19. Does the person avoid social functions where alcohol will not be served, or drugs will not be available or permitted? | Yes | No |
| 20. Does the person insist on going only to restaurants that serve alcohol? | Yes | No |

21. To your knowledge, has the person ever driven a car while intoxicated or under the influence of drugs?	Yes	No
22. Has the person ever received a DWI or DUI?	Yes	No
23. Are you afraid to ride with the person after he or she has been drinking or using?	Yes	No
24. Has anyone ever talked to you about the person's drinking or using behavior?	Yes	No
25. Has the person ever expressed remorse for his or her behavior during a drinking or using episode?	Yes	No
26. If you are married to the person and have children, are the children afraid of the person while he or she is drinking or using?	Yes	No
27. Does the person seem to have a low self-image?	Yes	No
28. Have you ever found alcohol or drugs that the person has hidden?	Yes	No
29. Is the person having financial difficulties that seem to be related to his or her drinking or drug use?	Yes	No
30. Does the person look forward to times when he or she can drink or use drugs?	Yes	No

The Disease of Chemical Dependency

If you answered "YES" to any three of these questions, then there is a good chance that the person you care about has a drinking or drug problem. If you answered "Yes" to any five, then the chance is even greater. And, if you answered "YES" to seven or more, you can feel safe in assuming that the person definitely has a problem with chemical dependency.

There is a very simple definition of chemical dependency that you may find helpful:

If the use of alcohol or other drugs is causing any continuing disruption in an individual's personal, social, spiritual, or economic life, and the individual does not stop using, he or she is chemically dependent.

The refusal to stop using---even when using is clearly having an impact on the individual's life---signals a pathological attachment to the chemical and is one of the surest signs of harmful dependency.

The non-chemically dependent person might have one brush with the law. He or she might have one reprimand from his or her employer. He or she might have family problems over one drinking or using episode. But that one event will be sufficient to make him or her think, "If I'm going to have that kind of trouble, I'm going to cut this stuff out!" And he or she will.

The chemical dependent person, on the other hand, will keep using the drug even though it causes continuing problems in any or all of the relationships that are important to him or her. By these actions, he or she is saying, "Family, friends, and job are important to me, but drinking and using is more important." This is attaching an emotional importance to an inert substance---an obviously abnormal response, and one that indicates the presence of the disease of chemical dependency.

*Vernon E. Johnson, D.D. Intervention---A Step-by-Step Guide for Families and Friends of Chemically Dependent Persons