FAMILY ASSESSMENT QUESTIONNAIRE II

INSTRUCTIONS: Please answer the following questions.

PRINT NAME:	DATE:

1. Have you experienced any of the following during the past two years? *(Check all that apply).*
   - ☐ Marital reconciliation
   - ☐ Separation from spouse or partner
   - ☐ Change in health of a family member
   - ☐ Pregnancy
   - ☐ Sexual difficulties
   - ☐ Infertility treatment
   - ☐ None
   - ☐ Divorce
   - ☐ Fired from job
   - ☐ Death of a child, family member or close friend
   - ☐ Financial problems
   - ☐ Personal injury or illness
   - ☐ Change to a different line of work

2. Have any of the following behaviors or substances presented concerns for you or your spouse or partner? *(Check all that apply)*

	SELF	SPOUSE OR PARTNER
Gambling	☐	☐
Spending	☐	☐
Food	☐	☐
Sex	☐	☐
Alcohol	☐	☐
Drugs	☐	☐
Controlling temper	☐	☐
Smoking	☐	☐
Work	☐	☐
None of the above	☐	☐
N/A	☐	☐
Other	☐	☐

3. Did your parents abuse alcohol or other forms of substances when you were a child? *(Check all that apply)*
   ☐ No ☐ Mother ☐ Father ☐ Stepparent(s) ☐ The person(s) who raised me

4. Who in your family abuses alcohol or other substances? *(Check all that apply)*
   - ☐ Spouse or Partner
   - ☐ Niece(s)/Nephew(s)
   - ☐ Son(s)/Daughter(s)
   - ☐ Sibling(s)
   - ☐ Cousin(s)
   - ☐ Inlaw(s)
   - ☐ Mother
   - ☐ Grandparent(s)
   - ☐ Aunt/Uncle
   - ☐ Father
   - ☐ Stepparent(s)
   - ☐ Self
   - ☐ I am not sure
   - ☐ No family member
   - ☐ Other(s):_____

5. If alcohol/substance abuse has been a concern in your family, how have you dealt with the situation? *(Check all that apply)*
   - ☐ I have never told anyone about the incident(s)
   - ☐ I confronted the abuser
   - ☐ I educated myself on the subject
   - ☐ The family member is in recovery
   - ☐ I attend a 12-step program
   - ☐ Other:_____
   - ☐ It has not bothered me
   - ☐ I confided in trusted friends or my spouse or partner
   - ☐ I sought counseling
   - ☐ It is still difficult for me
   - ☐ N/A

6. On the average, what is the frequency and amount of your and your spouse's or partner's alcohol consumption?

	SELF	SPOUSE OR PARTNER
Daily, one to three drinks	☐	☐
Daily, four or more drinks	☐	☐
Several times a week, one to three drinks	☐	☐
Several times a week, four or more drinks	☐	☐
Several times a month, one to three drinks	☐	☐
Several times a month, four or more drinks	☐	☐
Several times a year, one to three drinks	☐	☐
Several times a year, four or more drinks	☐	☐
Never drink alcohol	☐	☐
N/A	☐	☐

7. Do you and/or your spouse or partner ever drink alcohol first thing in the morning?

☐ Yes, myself ☐ Yes, my spouse or partner ☐ No

8. Was there ever a time when either you and/or your spouse or partner were drinking too much alcohol?

	SELF	SPOUSE OR PARTNER
Yes, currently	☐	☐
Yes, in the past	☐	☐
No	☐	☐
N/A	☐	☐

9. As a direct or indirect result of alcohol use, have you or your spouse or partner experienced any of the following? *(Check all that apply)*

	SELF	SPOUSE OR PARTNER
Legal difficul	☐	☐
Absence from work	☐	☐
Accidents	☐	☐
Loss of a job	☐	☐
Health problems	☐	☐
Violent behavior	☐	☐
Arguments with family or friends	☐	☐
Inpatient alcohol treatment program	☐	☐
Outpatient alcohol treatment program	☐	☐
No	☐	☐
N/A	☐	☐

10. Which of the following have you or your spouse or partner used? *(Check all that apply)*

	SELF	SPOUSE OR PARTNER
Barbiturates/Sleeping Pills	☐	☐
Methamphetamines/Amphetamines/Speed	☐	☐
Over the counter diet pills/other stimulants	☐	☐
Hallucinogens/LSD/Psiloybin/Mescaline	☐	☐
Inhalants/Glue/Solvents	☐	☐
Quaaludes	☐	☐
Methadone	☐	☐
Heroin/Morphine/Opium	☐	☐
Cocaine/Crack	☐	☐
Marijuana/Hashish	☐	☐
Tranquilizers	☐	☐
Pain Pills	☐	☐
PCP	☐	☐
Club Drugs/Ecstacy/GHB/Rohypnol/Ketamine	☐	☐
None	☐	☐

11. As a direct or indirect result of prescription or illegal drug use, have you and/or your spouse or partner experienced any of the following? *(Check all that apply)*

	SELF	SPOUSE OR PARTNER
Legal difficulties	☐	☐
Absence from work	☐	☐
Accidents	☐	☐
Loss of a job	☐	☐
Health problems	☐	☐
Violence	☐	☐
Arguments with family or friends	☐	☐
Inpatient drug treatment program	☐	☐
Outpatient drug treatment program	☐	☐
No	☐	☐
N/A	☐	☐

12. Who in your family has been sexually abused, assaulted or molested as an adult or child? *(Check all that apply)*

☐ Spouse or Partner ☐ Sibling(s) ☐ Mother ☐ Father ☐ I am not sure
☐ Niece(s)/Nephew(s) ☐ Cousin(s) ☐ Grandparent(s) ☐ Stepparent(s) ☐ No family member
☐ Son(s)/Daughter(s) ☐ Inlaw(s) ☐ Aunt/Uncle ☐ Other(s):_____

13. Who in your family has been physically abused, assaulted or battered as an adult or child? *(Check all that apply)*

☐ Spouse or Partner ☐ Sibling(s) ☐ Mother ☐ Father ☐ I am not sure
☐ Niece(s)/Nephew(s) ☐ Cousin(s) ☐ Grandparent(s) ☐ Stepparent(s) ☐ No family member
☐ Son(s)/Daughter(s) ☐ Inlaw(s) ☐ Aunt/Uncle ☐ Other(s):_____

14. Were you ever sexually abused, assaulted or molested? ☐ Yes ☐ No

15. Were you ever physically abused, assaulted or battered? ☐ Yes ☐ No

16. If you or anyone in your family has experienced physical or sexual abuse, how have you dealt with this issue? *(Check all that apply)*

☐ I have never told anyone about the incident(s)
☐ I confronted the abuser
☐ I educated myself on the subject
☐ I reported the incident to Childrens Protective Services
☐ I reported the incident to law enforcement
☐ N/A
☐ It has not bothered me
☐ I confided in trusted friends or my spouse or my partner
☐ I sought counseling
☐ It is still difficult for me
☐ Other:_____

17. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of either physically or sexually abusing children? *(Check all that apply)*

☐ Spouse or Partner ☐ Sibling(s) ☐ Mother ☐ Father ☐ I am not sure
☐ Niece(s)/Nephew(s) ☐ Cousin(s) ☐ Grandparent(s) ☐ Stepparent(s) ☐ No family member
☐ Son(s)/Daughter(s) ☐ Inlaw(s) ☐ Aunt/Uncle ☐ Self

18. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of either physically or sexually assaulting another adult? *(Check all that apply)*

☐ Spouse or Partner ☐ Sibling(s) ☐ Mother ☐ Father ☐ I am not sure
☐ Niece(s)/Nephew(s) ☐ Cousin(s) ☐ Grandparent(s) ☐ Stepparent(s) ☐ No family member
☐ Son(s)/Daughter(s) ☐ Inlaw(s) ☐ Aunt/Uncle ☐ Self
☐ Other(s):_____

19. Have you or anyone in your household ever been struck by any other person living in the home. ☐ Yes ☐ No

20. Have you ever struck or been struck by a spouse or partner?

☐ N/A ☐ Never ☐ Once ☐ Twice ☐ Several Times ☐ Frequently

21. If you sought help from a counselor or therapist, what were your reasons? *(Check all that apply)*

☐ No counseling/therapy ☐ Drug/Alcohol problems ☐ Stress ☐ Depression
☐ Relationship problems ☐ Job related problems ☐ Family problems ☐ Traumatic event
☐ School problems ☐ Other:_____

22. Have you and/or your spouse or partner ever been hospitalized in a psychiatric facility?

☐ Yes, self ☐ Yes, spouse ☐ No

23. Does anyone in your family have a history of mental illness? *(Check all that apply).*

☐ Spouse or Partner ☐ Sibling(s) ☐ Mother ☐ Father ☐ I am not sure
☐ Niece(s)/Nephew(s) ☐ Cousin(s) ☐ Grandparent(s) ☐ Stepparent(s) ☐ No family member
☐ Son(s)/Daughter(s) ☐ Inlaw(s) ☐ Aunt/Uncle ☐ Self
☐ Other(s):_____

I affirm that the information given in this questionnaire is true and correct to the best of my knowledge.

SIGNATURE	DATE