1. Marital status:
1 - Married  3 - Widowed  5 - Divorced  
2 - Remarried  4 - Separated  6 - Never Married

2. How long have you been in this marital status?  
(If never married, since age 18)  

3. Are you satisfied with this situation?  
0 - No 1 - Indifferent  2 - Yes

4. Usual living arrangements (past 3 years)  
1 - w/sexual partner & children  6 - With friends  
2 - With sexual partner alone  7 - Alone  
3 - With children alone  8 - Controlled envmt.  
4 - With parents  9 - No stable arrangements  
5 - With family

5. How long have you lived in these arrangements?  
(If with parents or family, since age 18)  

6. Are you satisfied with these living arrangements?  
0 - No 1 - Indifferent  2 - Yes

7. With whom do you spend most of your free time?  
1 - Family  2 - Friends  3 - Alone

8. Are you satisfied spending your free time this way?  
0 - No 1 - Indifferent  2 - Yes

9. How many close friends do you have?  

Direction for 9A-18:  
Place '0' in relative category where the answer is clearly no for all relatives in the category; '1' where the answer is clearly yes for any relative within the category; 'X' where the answer is uncertain or "I don't know" and 'N' where there never was a relative from that category.

9A. Would you say you have had close, long lasting, personal relationships with any of the following people in your life:  
Mother  
Father  
Brothers/Sisters  
Sexual Partner/Spouse  
Children  
Friends

Have you had significant periods in which you have experienced serious problems getting along with:  

10. Mother  
11. Father  
12. Brothers/Sisters  
13. Sexual Partner/Spouse  
14. Children  
15. Other significant family  
16. Close friends  
17. Neighbors  
18. Co-workers

Did any of these people (10-18) abuse you:  
0 - No 1 - Yes

**18A. Emotionally (make you feel bad through harsh words)?  
**18B. Physically (cause you physical harm)?  
**18C. Sexually (force sexual advances or sexual acts)?

19. How many days in the past 30 have you had serious conflicts:  
A. with your family?  
B. with other people (excluding family)

FOR QUESTIONS 20 - 23 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE  

How troubled or bothered have you been in the past 30 days by these:  
20. Family problems  
21. Social problems

How important to you now is treatment or counseling for these:  
22. Family problems  
23. Social problems

INTERVIEWER SEVERITY RATING  
24. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS  
25. Patient’s misrepresentation? 0 - No 1 - Yes  
26. Patient's inability to understand? 0 - No 1 - Yes

**If client has experienced abuse in past 30 days, complete safety assessment below and provide resources.**  
____ Are you afraid to go home?  ____ Do you need access to a shelter?  ____ Have there been threats of homicide or suicide?  
____ Are there weapons present?  ____ Do you want police intervention?  ____ Are family members being abused or at risk?  
____ Can you stay w/family or friends?

Comments: