

FAMILY/SOCIAL RELATIONSHIPS

Client ID # _____

1. Marital status:

- 1 - Married 3 - Widowed 5 - Divorced
- 2 - Remarried 4 - Separated 6 - Never Married

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

0 - No 1 - Yes

Past 30 days In your life

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

Years		Months	

- 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

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)

Years		Months	

6. Are you satisfied with these living arrangements?

0 - No 1 - Indifferent 2 - Yes

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)?

6A. Has a current alcohol problem? 0 - No 1 - Yes

6B. Uses non-prescribed drugs? 0 - No 1 - 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?

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

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	

****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: