# FAMILY ASSESSMENT QUESTIONNAIRE II

| 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
- ☐ Infertility treatment
- ☐ Change to a different line of work
- ☐ Divorce
- ☐ Fired from job
- ☐ Death of a child, family member or close friend
- ☐ Financial problems
- ☐ Personal trauma, injury or illness
- ☐ None of the above

**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 |
|---|---|---|
| N/A (No spouse or partner) | | ☐ |
| Gambling | ☐ | ☐ |
| Spending | ☐ | ☐ |
| Food | ☐ | ☐ |
| Sex | ☐ | ☐ |
| Alcohol | ☐ | ☐ |
| Drugs | ☐ | ☐ |
| Controlling temper | ☐ | ☐ |
| Smoking | ☐ | ☐ |
| Work | ☐ | ☐ |
| None of the above | ☐ | ☐ |

**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)***

| | | | | |
|---|---|---|---|---|
| ☐ Self | ☐ Mother | ☐ Brother(s) | ☐ Aunt(s) | ☐ Cousin(s) |
| ☐ Spouse or Partner | ☐ Father | ☐ Sister(s) | ☐ Uncle(s) | ☐ In-law(s) |
| ☐ Son(s) | ☐ Stepmother | ☐ Grandmother | ☐ Niece(s) | ☐ I am not sure |
| ☐ Daughter(s) | ☐ Stepfather | ☐ Grandfather | ☐ Nephew(s) | ☐ Other(s):__________________ |

**5. If alcohol/substance abuse has been a family problem, how have you dealt it?** ***(Check all that apply)***

- ☐ It has not been a family problem
- ☐ 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
- ☐ I have never told anyone about the incident(s)

6. what is the average frequency and amount of alcohol that you and your spouse or partner drink?

| | SELF | SPOUSE OR PARTNER |
|---|---|---|
| N/A (No 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 | ☐ | ☐ |

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 you and/or your spouse or partner were drinking too much alcohol?**

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

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 |
|---|---|---|
| N/A (No spouse or partner) | | ☐ |
| Legal difficulty | ☐ | ☐ |
| 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 | ☐ | ☐ |
| None of the above | ☐ | ☐ |

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

| | SELF | SPOUSE OR PARTNER |
|---|---|---|
| N/A (No 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 of the above | ☐ | ☐ |

**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 |
|---|---|---|
| N/A (No spouse/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 | ☐ | ☐ |
| None of the above | ☐ | ☐ |

**12. When you were a child, did any person (adult or child) ever force, trick or coerce you into having any kind of sexual contact with him/her?**

☐ Yes ☐ No ☐ I don't know if this ever happened to me

**13. When you were a child, were you ever hit, pushed, whipped, bitten, punched, slapped or burned in a way that resulted in injuries being left on your body?**

☐ Yes ☐ No ☐ I don't know if this ever happened to me

**14. As an adult, have you ever been sexually abused, assaulted or molested?**

☐ Yes ☐ No

**15. As an adult, have you ever been physically abused, assaulted or battered?**

☐ Yes ☐ No

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

| | | | | |
|---|---|---|---|---|
| ☐ I am not sure | ☐ Mother | ☐ Brother(s) | ☐ Aunt(s) | ☐ Cousin(s) |
| ☐ Spouse or Partner | ☐ Father | ☐ Sister(s) | ☐ Uncle(s) | ☐ In-law(s) |
| ☐ Son(s) | ☐ Stepmother | ☐ Grandmother | ☐ Niece(s) | ☐ No family member |
| ☐ Daughter(s) | ☐ Stepfather | ☐ Grandfather | ☐ Nephew(s) | ☐ Other(s):_______________ |

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

| | | | | |
|---|---|---|---|---|
| ☐ I am not sure | ☐ Mother | ☐ Brother(s) | ☐ Aunt(s) | ☐ Cousin(s) |
| ☐ Spouse or Partner | ☐ Father | ☐ Sister(s) | ☐ Uncle(s) | ☐ In-law(s) |
| ☐ Son(s) | ☐ Stepmother | ☐ Grandmother | ☐ Niece(s) | ☐ No family member |
| ☐ Daughter(s) | ☐ Stepfather | ☐ Grandfather | ☐ Nephew(s) | ☐ Other(s):_______________ |

**18. If you or anyone in your family experienced physical or sexual abuse, how was the issue dealt with? (Check all that apply)**

| | |
|---|---|
| ☐ N/A | ☐ It has not bothered me |
| ☐ The abuser was confronted | ☐ I confided in my spouse/partner or friends |
| ☐ I educated myself on the subject | ☐ I sought counseling |
| ☐ I reported it to Child Protective Services | ☐ It is still difficult for me |
| ☐ I reported the incident to law enforcement | ☐ The abuse was never talked about |

☐ Other:_______________________________________________________________

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

- [ ] Self
- [ ] Mother
- [ ] Brother(s)
- [ ] Aunt(s)
- [ ] Cousin(s)
- [ ] Spouse or Partner
- [ ] Father
- [ ] Sister(s)
- [ ] Uncle(s)
- [ ] In-law(s)
- [ ] Son(s)
- [ ] Stepmother
- [ ] Grandmother
- [ ] Niece(s)
- [ ] I am not sure
- [ ] Daughter(s)
- [ ] Stepfather
- [ ] Grandfather
- [ ] Nephew(s)
- [ ] Other(s):___________________

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

- [ ] Self
- [ ] Mother
- [ ] Brother(s)
- [ ] Aunt(s)
- [ ] Cousin(s)
- [ ] Spouse or Partner
- [ ] Father
- [ ] Sister(s)
- [ ] Uncle(s)
- [ ] In-law(s)
- [ ] Son(s)
- [ ] Stepmother
- [ ] Grandmother
- [ ] Niece(s)
- [ ] I am not sure
- [ ] Daughter(s)
- [ ] Stepfather
- [ ] Grandfather
- [ ] Nephew(s)
- [ ] Other(s):___________________

21. **Have you or anyone in your household ever been struck by anyone living in the home?**

- [ ] Yes
- [ ] No

22. **Has your spouse or partner ever hurt you physically by actions such as pushing, slapping, kicking, punching, biting, choking, throwing objects, cutting or forcing you to have sexual contact that was against your will?**

- [ ] N/A
- [ ] Never
- [ ] Once
- [ ] Twice
- [ ] Several Times
- [ ] Frequently

23. **If you needed 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
- [ ] Eating Disorder
- [ ] Parenting problems
- [ ] Other:________________________

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

- [ ] Yes, self
- [ ] Yes, spouse or partner
- [ ] No

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

- [ ] Self
- [ ] Mother
- [ ] Brother(s)
- [ ] Aunt(s)
- [ ] Cousin(s)
- [ ] Spouse or Partner
- [ ] Father
- [ ] Sister(s)
- [ ] Uncle(s)
- [ ] In-law(s)
- [ ] Son(s)
- [ ] Stepmother
- [ ] Grandmother
- [ ] Niece(s)
- [ ] I am not sure
- [ ] Daughter(s)
- [ ] Stepfather
- [ ] Grandfather
- [ ] Nephew(s)
- [ ] Other(s):___________________

*I affirm that the information given in this questionnaire is correct to the best of my ability.*

| SIGNATURE | DATE |
|---|---|
| | |