

Your Name _____ Date _____

Pre-Counseling Questionnaire

Thinking about how you are feeling today, please rate your level of happiness on a scale of 1-10, with 1 being Completely Unhappy and a 10 being Completely Happy, in each of the following areas:

Completely Unhappy Completely Happy

Thinking about your relationship with your loved one:

- | | |
|--|----------------------|
| 1. Communication with him or her | 1 2 3 4 5 6 7 8 9 10 |
| 2. Happiness in your relationship with him or her | 1 2 3 4 5 6 7 8 9 10 |
| 3. "Boundaries" with him or her that feel right for you | 1 2 3 4 5 6 7 8 9 10 |
| 4. Your confidence to problem solve difficult situations | 1 2 3 4 5 6 7 8 9 10 |
| 5. Coping with these family problems | 1 2 3 4 5 6 7 8 9 10 |

Thinking about yourself only:

- | | |
|--|----------------------|
| 1. Your physical health and self-care | 1 2 3 4 5 6 7 8 9 10 |
| 2. Your own social life & support network | 1 2 3 4 5 6 7 8 9 10 |
| 3. Your general happiness / emotional well-being | 1 2 3 4 5 6 7 8 9 10 |
| 4. Your home atmosphere | 1 2 3 4 5 6 7 8 9 10 |
| 5. Your own drug and alcohol use | 1 2 3 4 5 6 7 8 9 10 |

Thinking only about THE PAST 30 DAYS:

	During the past 30 days, on how many days has your loved one...
...Drank alcohol	
...Smoked marijuana	
...Used a prescription med to get high	
...Got high on another drug:	
...Had a heated conflict with you	

Is your loved one currently enrolled in a treatment program or seeing a therapist?

- No
- Yes, they are in in-patient treatment at _____
- Yes, they are in out-patient treatment at _____
- Yes, they see a therapist/psychiatrist _____

What is the most important thing that you hope to get out of coming to counseling for yourself?

Pre-Counseling Questionnaire, Continued

The following questions are about YOU and some common issues that arise for people who have a family member with a substance use problem.

Over the last two weeks, how often have you been bothered by having little or no interest or pleasure in doing things?

Never Several days More than half Daily/Near Daily

Over the last two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Never Several days More than half Daily/Near Daily

Over the last two weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

Never Several days More than half Daily/Near Daily

Over the last two weeks, how often have you been bothered by not being able to stop or control worrying?

Never Several days More than half Daily/Near Daily

Over the last two weeks, how often have you been bothered by becoming easily annoyed or irritable?

Never Several days More than half Daily/Near Daily

How often have you been bothered by thoughts of killing yourself or hurting yourself in some way?

Never Rarely Sometimes Often

How often do you drink alcohol?

Never Rarely Monthly Weekly Daily/Near Daily

How often do you have 5 or more drinks on one occasion?

Never Rarely Monthly Weekly Daily/Near Daily

How often do you use marijuana?

Never Rarely Monthly Weekly Daily/Near Daily

How often do you use other drugs to get high?

Never Rarely Monthly Weekly Daily/Near Daily

How often does a fight with a loved one result in someone getting physically hurt?

Never Rarely Monthly Weekly Daily/Near Daily

Is there anything that you think is important for me to know about you or your family, in order for me to be the most helpful to you?