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Support Person Questionnaire

Support Person Name(s):_____

Client's Name:_____

A critical part of successful treatment is the involvement of the client's support system. All support people/family members are vulnerable to the many stressors surrounding substance abuse and ***research shows that family involvement is critical in producing lasting positive results in treatment***.

Please complete the following packet to help us understand your perspective and concerns. ***Your responses are confidential*** and will assist the counselor in getting to know you and your loved one.

Connections Counseling, LLC offers education, counseling and groups for family members and other support people. The Family Program Coordinator would like to contact you to discuss options that will fit best for you and your situation.

Please provide us the best way to contact you to discuss how Connections Counseling, LLC can best support you.

Name Date

Name Date

Phone #'s: _____ Best time to call: _____

_____ _____

Is it okay to leave a message? Yes

Email: _____

_____

***Front Desk Staff*:** Please place this packet in the Family Program Coordinator's Mailbox for review.

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About your Household/Support System

List all persons in your household and their relationship to you:

Name	Age	Relationship (e.g., son/daughter)

What are three characteristics that describe your household/family?

What do you view as its strengths?

During a typical week, how many hours does your loved one spend doing things with members of the household (including meals, hanging out, activities, etc., not including TV)?

0 ○ <4 ○ 1-4 ○ 5-9 ○ 10-15 ○ 16-20 ○ 20+ ○

How does your loved one get along with others in your household?

What are the basic rules in your household (e.g. chores, curfew, etc.)

From 1-10, how well is your loved one following those rules?

(1–not at all; 10–completely)_____

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About Your Loved One/Client

What are your loved one's strengths?

What do you feel proud of when thinking about him/her?

Please circle the number that best fits your opinion of each of the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
As a parent I have great concerns about my loved one's use of substances (alcohol/other drugs).				
I believe my loved one's use is just "typical adolescent/young adult behavior."				
I want my loved one to quit using substances.				
I tried to help my loved one change his/her substance use but it didn't work.				
I think it's okay for my loved one to use substances once in a while.				
My loved one knows exactly where I stand on his/her use of substances.				
Most of the time I know the whereabouts of my loved one and who he/she is with.				

Does your family or client's family history include substance abuse or mental health (e.g. depression, anxiety) difficulties? If so, please note:

Family Member	Issue	Treatment? When & Where?

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Below is a list of problem areas that often accompany substance abuse. Please rate your level of concern about your loved one for each area using a 1-10 scale
(1 – not at all concerned; 10 – very concerned):

Mental Health (depression, anxiety, suicidal thinking, self-harm) _____

Relationships (conflict, lack of closeness, difficult communication) _____

Emotional Expression (anger or rage, threatening, extreme moods) _____

Community Conduct (stealing, fighting, police contact) _____

Peer Group (friends who use substances, change of friends) _____

School (low grades, skipping, incomplete homework) _____

Work (misses work, can't hold a job, not looking for work) _____

Eating or Sleeping Habits (too much or too little) _____

Other (write in): _____ _____

Please list the consequences your loved one has experienced as a result of his/her substance use (e.g., personal, at home, relational, school, legal):

What steps have you already taken to prevent or reduce your loved one's substance use?

If you had to estimate, what percentage of your loved one's friends regularly use substances? (Circle one)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How well do you know your loved one's closest friends?

Very well Fairly well Not very well Not at all

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Personal History

How would you describe your own use of alcohol?

Are you currently prescribed medication by a physician? If yes, please note what type:

Do you use any illicit drugs? If yes, please describe:

While your loved one is involved in this program would you be willing to consider abstaining from alcohol or illicit drugs? _____

Please rate yourself as a parent in the following areas using a 1-10 scale
(1 – lowest score; 10 – highest score)

_____Listening without judging
_____Developing regular family time
_____Praising your loved one
_____Showing love & affection
_____Criticizing the behavior – not the person
_____Supporting your loved one's problem-solving efforts
_____Spending time with your loved one
_____Asking questions about your loved one's daily and weekly activities

Please check the box that fits best with your opinion of the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I believe my loved one is capable of changing his/her substance use.				
I will make time to help my loved one with his/her problems with substance use.				
I am willing to try new strategies to help my loved one change her substance use.				
I am capable of learning the skills needed to support my loved one's changes.				

Thank you so much for your participation!