



Dear

This questionnaire requests information intended to help the patient and yourself. We would be most grateful if you would complete and return it as soon as possible.

The current philosophy of most quality treatment centres is based on the belief that addictive disorders are no fault diseases and that no-one is to blame for the illness. One of the main characteristics of this illness is the denial of reality. This means that the patient's awareness of events has been distorted and diminished by their addiction.

As long as the patient continues to believe that the problem is not severe, they will be unable to see the need to make the necessary lifestyle changes to cease using alcohol, drugs, food, sex etc.

We believe that those people closest to the patient can give us a picture of past experiences, which can be invaluable in helping the addict gain insight into their condition. After all you've been closest and borne the brunt of much of the illness.

You may have learned over the years that discussions relating to addictive behaviour can be painful. You may, therefore, also feel uncomfortable or disloyal in disclosing the requested information. However, those suffering from addiction need to face reality if they are to recover; this questionnaire provides you with the opportunity to assist in narrowing the gap between how the patient perceives their past and how it really was.

This information is of great help to the counselling team in establishing a more comprehensive picture of the patient, and enables better treatment planning with the patient.

Living with an addict can be a very painful experience. For this reason most clinics will offer relatives and friends of patient's ongoing help and support. During the course of your loved one's treatment we encourage you to learn more about this illness and to discuss problems relating to, or resulting from the addiction. This can be accomplished by participation in a Family Programme, Family Conferences with the patient and engaging in Nar-anon and Al-Anon (support groups for family members).

If you require any help in completing this form, please contact me.

Thank you for your time invested in helping the patient.

Yours sincerely,

Gareth Carter N.C.A.C., A.D.C. (UK)

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Questionnaire for Family and Close Friends

Name of Patient

Name of person completing the form

Relationship to patient

Note We would like to use the following information to help the patient face the reality of their problems. We require your permission to quote what you have written. However, if for some reason you would prefer that we did not divulge these facts to the patient we will, of course, honour that confidence. Please indicate at the end of this form whether or not you wish to quote your information to the patient.

We would ask you to please be as specific as possible when answering these questions, describing actual incidents where appropriate.

1. How long do you believe the patient has had a problem with alcohol/drugs?
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2. Any evidence of issues / problems with food (for example; bingeing, purging, starving)?
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3. What drugs has the patient used?
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4. When was the first time you commented on drinking/drug use? (Describe)
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5. When did you notice the patient experiencing temporary loss of memory as a result of the drinking? (Describe)
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6. Secretive drinking and chemical abuse is a symptom of dependency. Please describe your experiences of this with the patient
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7. What are the usual rationalizations/excuses given for the drinking or use of drugs?
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8. What personality changes does the patient undergo when drinking or abusing drugs?
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9. On what occasions did the patient try to limit/control the drinking/using?
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10. When was the patient totally abstinent from alcohol and other drugs for a period of time?
(a) When did it happen?
(b) How long did it last?
(c) Why was the decision made to abstain?
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11. When were you aware that the patient drank alcohol or took drugs in the morning? (Describe)
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12. When has the patient substituted drugs for alcohol or vice versa? (Describe)
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13. When has the patient used drugs/drank alcohol alone? (Describe)
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14. On what occasions has the patient's drinking/drug-taking behaviour caused you embarrassment?
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15. In what ways has the patient become less interested in the family, job or hobbies?
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16. When has the patient spent several days at a time using drugs or drinking?
(Describe)
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17. When has the patient been advised by a doctor that drinking/using drugs was
harming his or her health? (Describe)
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18. What legal difficulties has the patient experienced because of drinking or drug-taking?
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19. When has the patient been threatened with the loss of his/her job because of
drinking/drug use? (Describe)
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-
20. Are you aware of the amount of money spent of alcohol or other drugs or related
costs? i.e. Hospitalisation/Treatment
-
-
-
21. Please give details of any previous treatment received for alcoholism or drug
addiction.
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22. When has the patient been involved with Alcoholics Anonymous or Narcotics Anonymous?

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23. Please describe how your family, including your children, has been affected by the drinking or drug use

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24. Please describe any bizarre incidents related to the patient's addiction

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25. Please describe how your life has been affected by the patient's addiction/behaviour

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26. Any other information you feel is relevant:

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Do you consent to this information being divulged to and processed with the patient?

YES

NO

Name: Signature

Date

Thank you