

**MEANINGFUL PERSON'S QUESTIONNAIRE**

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COUNSELOR'S NAME:** \_\_\_\_\_

- 1. *Relationship to patient :* \_\_\_\_\_
- 2. *Length of relationship:* \_\_\_\_\_
- 3. *Do you live with the patient presently:* \_\_\_\_\_

**IF YOU ARE NOT THE SPOUSE OR LIVE IN PARTNER, GO DIRECTLY TO QUESTION #13.**

- 4. *How many times have you been married?* \_\_\_\_\_
- 5. *How many times has the patient been married?* \_\_\_\_\_
- (6) 6. *Was chemical dependency involved in any of the previous marriages, either yours or the patients?* \_\_\_\_\_  
*Please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. *Have you and the patient ever been separated?* \_\_\_\_\_ *Number of times:* \_\_\_\_\_  
*Length of Separation:* \_\_\_\_\_
- (6) 8. *Was the separation(s) due to the patient's chemical use ?* \_\_\_\_\_  
*Please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. *Do you consider this a good relationship ?* \_\_\_\_\_
- 10. *Do any of the patient's family members have drinking, drug or emotional problems ?* \_\_\_\_\_  
\_\_\_\_\_
- 11. *Do any of your family members have drinking, drug or emotional problems ?* \_\_\_\_\_  
\_\_\_\_\_
- 12. *Do you feel the patient cares about you ?* \_\_\_\_\_
- 13. *Have you ever drank or used other drugs with the patient?*  
*Never                  Seldom                  Frequently                  Please explain:* \_\_\_\_\_  
\_\_\_\_\_
- 14. *Do you feel responsible in any way for the patient's use of alcohol or other drugs ?* \_\_\_\_\_  
*Please explain :* \_\_\_\_\_
- 15. *Are there other things that cause the patient problems besides chemical use?* \_\_\_\_\_  
*Please explain :* \_\_\_\_\_  
\_\_\_\_\_
- 16. *Do you feel the patient could stop drinking or taking drugs if the patient wanted to?*  
*Yes    No    Please Explain:* \_\_\_\_\_  
\_\_\_\_\_
- 17. *Do you feel chemical dependency is a;*      *Disease*      *Behavioral Problem*  
*Moral Problem*      *Other* *Please explain:* \_\_\_\_\_  
\_\_\_\_\_

18. How long has the patient been a problem drinker or drug user? \_\_\_\_\_
19. Do you feel the patient is alcoholic or drug dependent? \_\_\_\_\_
20. Were any threats used to get the patient to seek treatment? \_\_\_\_\_  
Please explain: \_\_\_\_\_

**BASED ON YOUR PRESENT KNOWLEDGE OF THE PATIENT, PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR ABILITY**

- (6) 21. Has the patient's chemical use interfered with his/her friendships? \_\_\_\_\_
- (6) 22. Has the patient's chemical use affected him/her or the home financially? \_\_\_\_\_  
Please explain: \_\_\_\_\_
23. Has the patient previously been treated for chemical dependency? \_\_\_\_\_  
How many times? \_\_\_\_\_ Voluntary or involuntary? \_\_\_\_\_
24. Has the patient been arrested for driving while under the influence? \_\_\_\_\_  
How many times? \_\_\_\_\_ What penalties resulted from the arrests? \_\_\_\_\_
25. Has the patient ever been arrested for any other drinking or drug related offenses? \_\_\_\_\_  
Please explain: \_\_\_\_\_
26. Has the patient, when drunk or high, ever become physically or verbally abusive to you or others? \_\_\_\_\_ Please explain: \_\_\_\_\_
27. Has the patient ever borrowed money and used it for chemical use or to keep from being in trouble with their chemical use? \_\_\_\_\_
28. Has the patient ever been in trouble for or issued bad checks? \_\_\_\_\_  
Please explain: \_\_\_\_\_
29. Has the patient ever "hocked" family or personal possessions to buy chemicals or to pay off indebtedness resulting from chemical use? \_\_\_\_\_ Please explain: \_\_\_\_\_
30. Does the patient feel resentful towards you right now? \_\_\_\_\_
31. Has the patient, in the past, used any kind of tranquilizers, sedatives, or pep pills, prescription or non-prescription? \_\_\_\_\_ List kinds/quantities: \_\_\_\_\_
32. Has the patient ever used marijuana, cocaine, heroin, L.S.D., or any other illegal drugs? \_\_\_\_\_  
List kinds of quantities \_\_\_\_\_
33. Does the patient's behavior change markedly when he/she uses chemicals? \_\_\_\_\_  
Describe the behavior: \_\_\_\_\_
- (5) 34. Does the patient sneak drinks or other drugs? \_\_\_\_\_

35. Does the patient primarily use chemicals alone? \_\_\_\_\_ . With others. \_\_\_\_\_
- (3) 36. Does the patient engage in binge drinking/drug use? \_\_\_\_\_ How long do the binges last? \_\_\_\_\_
37. How long does the patient stay abstinent from all chemicals between drinking and other drug using episodes? \_\_\_\_\_
38. What is the longest period of time the patient has gone without any chemicals since you have known this patient? \_\_\_\_\_
39. Has the patient ever attended Alcoholics Anonymous, Narcotics Anonymous or Cocaine Anonymous meetings? \_\_\_\_\_ How Long? \_\_\_\_\_
40. Have you ever attended Alanon or Naranon meetings? \_\_\_\_\_ For how long? \_\_\_\_\_ Date last attended: \_\_\_\_\_
41. Has the patient ever lied about chemical use to you or others? \_\_\_\_\_ Please explain: \_\_\_\_\_
42. Has the patient ever had a faulty memory because of chemical use? \_\_\_\_\_ Please explain: \_\_\_\_\_
- (2a) 43. Has the patient ever had convulsions? \_\_\_\_\_ Hallucinations (seen or heard things that are not true)? \_\_\_\_\_ Please explain: \_\_\_\_\_
44. Has the patient ever had delusions (held untrue beliefs, despite strong evidence to the contrary)? \_\_\_\_\_ Please explain: \_\_\_\_\_
45. Does the patient hide chemicals from you or others? \_\_\_\_\_ Please explain: \_\_\_\_\_
- (2b) 46. Does the patient use chemicals in the morning? \_\_\_\_\_
47. Does the patient normally associate with drinking/drug using friends? \_\_\_\_\_
48. Why do you think the patient uses chemicals ? \_\_\_\_\_
- (6) 49. Has the patient ever had job problems, school problems, or problems doing work around the house due to chemical use? \_\_\_\_\_ Please explain: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SELF**

1. I frequently suffer from fear and anxiety \_\_\_\_\_
2. I often feel insecure \_\_\_\_\_
3. I love the patient deeply \_\_\_\_\_
4. When someone I know is ill or in trouble I always feel I should help his/ her \_\_\_\_\_
5. I have felt angry or resentful towards the patient:  
                     Never                      Rarely                      Occasionally                      Often
6. I think drinking is disgusting \_\_\_\_\_
7. I think other drug use is disgusting \_\_\_\_\_

8. *I am presently taking pills, drinking or smoking marijuana for my nerves* \_\_\_\_\_  
*Please explain:* \_\_\_\_\_
9. *I feel the patient loves me* \_\_\_\_\_
10. *Others have told me I drink or use other drugs too much* \_\_\_\_\_
11. *I have serious emotional problems* \_\_\_\_\_
12. *I feel the patient should quit using chemicals out of love for me* \_\_\_\_\_
13. *I have tried in the past to make the patient quit using chemicals* \_\_\_\_\_
14. *What is your idea of a good time? (Is chemical use involved?)* \_\_\_\_\_
15. *What are your expectations for the patient after treatment?* \_\_\_\_\_
16. *What do you expect us to do for the patient?* \_\_\_\_\_
17. *Do you think the patient can return to social drinking or recreational use after treatment?* \_\_\_\_\_
18. *Please add other comments that you believe are necessary/important:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*NAME :* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
                     *City*                                    *State*                                    *Zip Code*

*Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_*