

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 or 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/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 YOURSELF

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 him/ 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 (_____) _____ - _____

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