



Volunteers of America
Alaska

**VOLUNTEERS OF AMERICA ALASKA
FAMILY/GUARDIAN QUESTIONNAIRE**

The information obtained from this questionnaire is an important part of planning an effective treatment program. While you may not be able to answer all questions, be as thorough as possible. Your cooperation is appreciated. PLEASE PRINT.

Your Name _____ Child's Name _____

Your Relationship to the child? _____ How long have you known the child? _____

For Parents:

Number of children living in your household: _____

Number of people living in your household? _____

What is your total household income? _____

Are you currently living with the youth? _____

Briefly, describe the situation that brought the child for an assessment at this particular time:

To the best of your knowledge, does this child have a history of?

- 1) Seizures: _____
- 2) Allergies: _____
- 3) Prenatal exposure to alcohol or other drugs: _____
- 4) Other Medical Complications: _____

If yes, please describe _____

CHILD'S CHEMICAL USE HISTORY

1) What type(s) of alcohol or other drugs does/has this child use/d regularly?

2) How often does the child drink or use drugs? (i.e.; daily, weekly, monthly)

3) How much does the child typically drink/use each time (i.e.; number of drinks, joints, pills)?

4) Where does the child typically use? _____

5) With whom does the child typically drink or use drugs? _____

6) Have you noticed an increase in the child's use of alcohol or other drugs?
If yes, describe the child's initial use and what it has been like recently.

7) Have there been problems resulting from the child's drinking or drug use?
If yes, describe them:
Legal _____
Family _____
Personal _____

8) Has the child ever attempted to stop or limit his/her using? _____

9) What did child do to try to stop or limit using?(i.e.; stopped on own;
went to self-help group; 12-step program; or religious group meetings;
contracted with friend or legal office; etc.). _____

10) What is the longest period of time the child has gone without using
alcohol/drugs in the past two years? _____ When _____

11) If the child has received previous treatment for chemical dependency or
mental health problems, Where: _____
When: _____
Reason for treatment: _____
Results: _____

12) Has the child ever attended any of the following Self-help groups?

Please circle: Alcoholics Anonymous (AA), Al-Anon,
Narcotics Anonymous (NA),
Cocaine Anonymous (CA)
Nicotine Anonymous

Other Self-help groups: _____
Were these meetings helpful for the child? _____

13) For each of these items listed below, please indicate whether or not you have noticed any change in the child's behavior. (Check "yes" or "no")

- | | | |
|--|---------|--------|
| a) Lying or blaming other for his/her problems | Yes ___ | No ___ |
| b) Social isolation | Yes ___ | No ___ |
| c) Theft of money or valuables | Yes ___ | No ___ |
| d) Lack of participation/interest in family activities | Yes ___ | No ___ |
| e) Increase in verbal or, physical abuse | Yes ___ | No ___ |
| f) Difficulty communicating ideas | Yes ___ | No ___ |
| g) Changes in eating habits | Yes ___ | No ___ |
| h) Changes in sleeping patterns | Yes ___ | No ___ |
| i) Changes in friends | Yes ___ | No ___ |
| j) Decrease in work and/or school performance | Yes ___ | No ___ |
| k) Decrease in participation in recreational/leisure time activities previously enjoyed. | Yes ___ | No ___ |
| l) Decrease in willingness to engage family members for support or in problem solving | Yes ___ | No ___ |
| m) Arrests for DWI/Minor Consuming Citations | Yes ___ | No ___ |
| n) Legal problems | Yes ___ | No ___ |
| o) Increase in accidents while under the influence of chemicals. | Yes ___ | No ___ |
| p) Health/medical problems. | Yes ___ | No ___ |

If yes to any of the above please describe: _____

14) Describe other problems you have noticed the child experiencing?

15) Has the child ever threatened/attempted suicide? _____ If yes, please explain: _____

16) Has the child every been physically assaultive toward another person? _____ If yes please describe circumstances and if drugs/alcohol were involved.

17) Describe child's peer group: _____

18) Prior to problems with alcohol/drugs, briefly describe the child's personality, including how he/she got along with friends and acquaintances.

19) What strengths does the child possess? _____

20) What are the child's weaknesses? _____

21) What areas do you feel the child needs to address? _____

22) In what way would you like to improve or change your relationship with the child? _____

23) Would you and your family like to meet with the VOA family support coordinator to discuss ways to improve family communications and to support the child while in treatment?

Yes _____ No _____ Not sure _____ Not at this time _____

24) What other information do you feel we should know or concerns you would like to share?

Can we share this information with the child? Yes _____ No _____

Signature _____

Date _____