



**FAMILY PERSPECTIVE QUESTIONNAIRE**

The family perspective can be an invaluable tool in helping Program Managers and Recovery Coaches guide your loved one toward recovery. At intake, it is not uncommon to find discrepancies between information revealed by residents and information shared by families. We all remember and store information differently, while active addiction and stress can compromise memory and color interpretation. Please do not feel any pressure to align your perspective with that of your loved one. And please do not hesitate to include information we haven't asked for, if you feel that information could be useful. Your observations and insights are an important part of recording a resident's addiction history.

Each question assumes the answer will be "to the best of your knowledge." Not all questions will pertain to your resident and each question is optional. If you would like to take this questionnaire home and return it later, please address it to the resident's assigned Recovery Coach. (If for some reason you do yet know the name, please address it to Rich Dingolo, Head Recovery Coach):

Riverbank House  
96 Church St  
Laconia, NH 03246

Resident: \_\_\_\_\_

Family Member Filling Out Questionnaire: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Addiction History**

When did the resident last use drugs or alcohol? \_\_\_\_\_

What specific drugs/alcohol does the resident commonly misuse?  
\_\_\_\_\_  
\_\_\_\_\_

What is the resident's general history of substance misuse? At what age did it begin?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What factors, circumstances, or relationships do you think might get in the way of his recovery?

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Does the resident have difficulty with anger, emotions, or impulse control? \_\_\_\_\_

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Has the resident suffered childhood, adult, or recent trauma that might have contributed to substance misuse? \_\_\_\_\_

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Does the resident have pending legal issues such as a custody dispute, outstanding warrants, unresolved criminal charges or upcoming court dates? \_\_\_\_\_

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**Medical History**

Does the resident have physical limitations, disabilities other than addiction (including those affecting learning), or ongoing health issues? \_\_\_\_\_

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Has the resident been diagnosed with depression or other form of mental illness? \_\_\_\_\_

If yes, is he being treated by a professional? \_\_\_\_\_

By whom and by what method (medication, therapy?) \_\_\_\_\_

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Does the resident have a history of self-harm or suicide attempts? \_\_\_\_\_

**Current Prescription Medication**

Drug	Dose/Times per day	Reason/Purpose of Med

Has the resident ever been treated for MRSA (antibiotic resistant infection)? \_\_\_\_\_

Has the resident been tested for Hep. B or C? \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

HIV? \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

Has the resident ever suffered a pulmonary embolism, blood clot or stroke? \_\_\_\_\_

Has the resident ever been diagnosed with endocarditis (infection in the inner lining of the heart)? \_\_\_\_\_

Does the resident have a history of seizures? \_\_\_\_\_

Does the resident have any acute dental problems, infections, abscess, pain? \_\_\_\_\_

Does the resident have any known life-threatening allergies such as latex, nuts, bees, or shellfish?

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Food allergies or special dietary requirements? \_\_\_\_\_

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