

Texas Military Department Counseling Program
FAMILY ADDENDUM – RELATIONSHIP QUESTIONNAIRE*
***Prior to completing this form, please review Informed Consent for Treatment**

All adult family members need to complete this questionnaire separately/independently. Please return prior to or bring to your first session.

Name: _____ DOB: _____

As you think about the primary reason that brings you to family counseling, how would you rate your overall level of concern at this point in time? No concern (counseling wasn't my idea) Little concern
 Moderate concern Serious concern

What was the event(s) that led to you to seek family counseling **now**? _____

Rank the top three concerns that you have in your relationship with your family members (#1 being the most problematic):

1. _____
2. _____
3. _____

How long have these concerns been occurring? _____

What have you already done to deal with the difficulties? _____

Is your family at risk for splitting up? Yes No
If yes or unsure, please describe: _____

Has anyone in your family ever taken physically forceful action with another family member? Yes No
If yes, who? Me Other Family Member(s): _____
Is this physical action still occurring in the family? Yes No

Have you ever wished a family member would cut back on their substance or alcohol use? Yes No
Has a family member expressed the desire for you to cut back on your substance or alcohol use? Yes No

When disagreements arise, they usually involve....
becoming very angry / over-reactive: Me Other Family Member(s): _____
blaming for our problems: Me Other Family Member(s): _____
Withdrawing affection: Me Other Family Member(s): _____
Becoming critical: Me Other Family Member(s): _____
Becoming disorganized in communication: Me Other Family Member(s): _____
Giving In or apologizing: Me Other Family Member(s): _____
Ignoring feelings and concerns: Me Other Family Member(s): _____
Abruptly leaving the room or house without notice: Me Other Family Member(s): _____
Other common conflict behaviors (and who): _____

Has anyone in the family threatened to harm self in response to an argument or in general? Yes No
If yes, who and how often has this occurred: _____

Please rate your current level of family relationship satisfaction:
(extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

To what degree do you feel support and encouragement from your family?
(Extremely Unsupportive) 0 1 2 3 4 5 6 (Extremely Supportive)

To what degree do you feel trust in your family?
(Extremely Untrusting) 0 1 2 3 4 5 6 (Extremely Trusting)

Rate how open you are in expressing your innermost wants, thoughts, and feelings to your family?
(Totally Closed) 0 1 2 3 4 5 6 (Totally Open)

To what degree do you share a similar basic worldview / set of values?
(Extremely Dissimilar) 0 1 2 3 4 5 6 (Extremely Similar)

What is your current level of stress (overall)?
(no stress) 1 2 3 4 5 6 7 8 9 10 (most distress)

Do you feel that anyone in your family has withdrawn or given up on trying to work things out?
 Yes No If yes, who? _____

What are your biggest **strengths** as a family? _____

What do you enjoy and like most about your family? _____

What is at least one thing your family does very well and would love for them to keep doing? _____

What are the family/household rules: _____

Please describe any significant or stressful life events, outside of your family unit, that you have been experiencing (include how stress is manifesting, if applicable): _____

