

Section 3: Important People in Drugs and Alcohol Interview

Participant ID Number:

I am going to ask you some questions about the people who have been important to you, and with whom you have had contact during the **past 3 months**. These people may be family members, friends, people from work, or anyone that you see as having had a significant impact on your life, regardless of whether or not you liked them. If you have any questions, please do not hesitate to ask.

1) NAME	2) RELATIONSHIP	3) During the past 3 months on average, how frequently have you been in contact with ...?	4) How important has this person been to you?	5) Generally supportive of you?	6) Drinking/substance use			7) How often does this person use drugs or alcohol?	8) How has this person reacted to your drinking or drug use? OR: How would this person react to your drinking or drug use?	9) How has this person felt about your coming for treatment ?	
					Cannabis	Other illicit	Alcohol				
(First name and last initial, or nickname)	Write # and specify 1 = partner 2 = immediate family 3 = extended family 4 = friend 5 = from work 6 = self-help/treatment 7 = other	7 = daily 6 = 3 to 6 times/week 5 = once or twice/week 4 = every other week 3 = about once/month 2 = less than monthly 1 = once in the past 6 months	6 = extremely important 5 = very important 4 = important 3 = somewhat important 2 = not very important 1 = not at all important	6 = extremely supportive 5 = very supportive 4 = supportive 3 = somewhat supportive 2 = not very supportive 1 = not at all supportive	5 = uses a lot 4 = uses a moderate amount 3 = uses a little 2 = non-user 1 = did use, now drink/drug-free 8 = don't know	Cannabis	Other illicit	Alcohol	7 = daily (7 times a week) 6 = 3 to 6 times a week 5 = once or twice a week 4 = every other week 3 = about once a month 2 = less than monthly 1 = once in past 6 months 0 = not in past 6 months 8 = don't know	5 = encouraged it 4 = accepted it 3 = neutral 2 = did not accept it 1 = left, or made you leave when you are drinking/using 8 = don't know	6 = strongly supports it 5 = supports it 4 = neutral 3 = mixed 2 = opposes it 1 = strongly opposes it 8 = don't know how they would feel
1)											
2)											
3)											
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Section 5: Family Environment Scale – Family Relationship Index

Instructions. Listed below are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is **True** or **mostly True** of your family, make an **X** in the box labelled **True**. If you think the statement is **False** or **mostly False** of your family, make an **X** in the box labelled **False**.

You may feel that some of the statements are true for some of your family members and false for others. Make an **X** in the box labelled **True** if the statement is **True** for most members. Make an **X** in the box labelled **False** if the statement is **False** for most members. If the members are evenly divided, decide what the stronger overall impression is and answer accordingly.

Remember we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

T or F

- 1. Family members sometimes get so angry they throw things.
- 4. Family members sometimes hit each other.
- 10. Family members really help and support one another.
- 15. There is plenty of time and attention for everyone in our family.
- 20. We tell each other about our personal problems.

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