

OPTIONAL MODULE 11: IMPACT OF AOD USE ON FAMILY MEMBER

(Significant Other Survey)

FOR STAFF ONLY

UR Number:
Surname:
Given name:
Date of birth:
(Please fill in if no label available)

<p>PURPOSE OF MODULE To explore the impact of a loved one's AOD use on a family member.</p> <p>WHO CAN ADMINISTER THIS MODULE? This module can either be self-completed by the client or administered by the clinician.</p>	<p>INTRODUCTION FOR CLIENT “Now I’m going to ask you about a number of difficulties that are sometimes reported by people with a loved one who may have an alcohol or other drug problem. I’m going to ask you to think about the past 30 days and indicate how often you may have experienced a particular difficulty (if at all), and how much the problem has bothered you in the past 30 days.”</p> <p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Complete both sets of columns. If a client indicates that they have never experienced a particular problem in the past 30 days, then they/you would circle 0 (Not at all) in the next column, which relates to how bothered they have been by the problem in the past 30 days. 2. Once completed, identify problems/difficulties that occur frequently and/or that the client is particularly bothered by. 3. Use this information gathered to inform care planning, and to make referrals to family support services/groups as required. Consider completing Optional Module 10: Family Violence if violence is reported. 4. Consider re-administering the module at a minimum of 30 days after first completed to monitor changes in the frequency of particular problems and how bothered the client is by these over time.
---	--

EMOTIONAL – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
1. You had trouble sleeping	0	1	2	3	4	0	1	2	3	4
2. You had trouble eating (eating more or less than usual or having no appetite)	0	1	2	3	4	0	1	2	3	4
3. You felt guilty	0	1	2	3	4	0	1	2	3	4
4. You felt embarrassed	0	1	2	3	4	0	1	2	3	4
5. You felt angry	0	1	2	3	4	0	1	2	3	4
6. You felt anxious or worried	0	1	2	3	4	0	1	2	3	4
7. You felt sad or depressed	0	1	2	3	4	0	1	2	3	4
8. You felt hopeless	0	1	2	3	4	0	1	2	3	4
9. You had trouble concentrating	0	1	2	3	4	0	1	2	3	4
10. You felt you had too much responsibility for the welfare of family, friends and/or yourself	0	1	2	3	4	0	1	2	3	4

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

RELATIONSHIP – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
11. You had arguments with your loved one	0	1	2	3	4	0	1	2	3	4
12. Your loved one verbally abused you	0	1	2	3	4	0	1	2	3	4
13. You did things for your loved one that you think (s)he should have done for himself/herself	0	1	2	3	4	0	1	2	3	4
14. You spent a lot of time thinking about how to help your loved one with his/her problem	0	1	2	3	4	0	1	2	3	4
15. You gave up doing things that you wanted to do because of your loved one's problem	0	1	2	3	4	0	1	2	3	4
16. You were disturbed because your loved one came home later than expected	0	1	2	3	4	0	1	2	3	4
17. You felt distant from your loved one	0	1	2	3	4	0	1	2	3	4

FAMILY – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
18. Your family members had arguments with your loved one	0	1	2	3	4	0	1	2	3	4
19. Your family members argued with each other about your loved one	0	1	2	3	4	0	1	2	3	4
20. Your loved one disrupted a family gathering	0	1	2	3	4	0	1	2	3	4
21. Your relationship with your loved one interfered with relationships with other family members or friends	0	1	2	3	4	0	1	2	3	4
22. You did not have enough time with friends	0	1	2	3	4	0	1	2	3	4
23. You did not enjoy time with family members	0	1	2	3	4	0	1	2	3	4
24. You saw your loved one or his/her friends using alcohol in your home	0	1	2	3	4	0	1	2	3	4
25. You saw your loved one or his/her friends using drugs in your home	0	1	2	3	4	0	1	2	3	4
26. You found alcohol in your home	0	1	2	3	4	0	1	2	3	4
27. You found drugs in your home	0	1	2	3	4	0	1	2	3	4
28. You argued with your loved one about alcohol or drug use in your home	0	1	2	3	4	0	1	2	3	4
29. You argued with your loved one about drug paraphernalia in your home	0	1	2	3	4	0	1	2	3	4

FOR STAFF ONLY

Clinician name:

Position:

Signature:

Date:

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

FINANCIAL – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
30. You lent your loved one money regardless of whether or not you expected to get it back	0	1	2	3	4	0	1	2	3	4
31. You provided your loved one with material support (such as food or clothing)	0	1	2	3	4	0	1	2	3	4
32. You paid fines or bills for your loved one	0	1	2	3	4	0	1	2	3	4
33. Your loved one failed to provide you or your household with material support (such as food or clothing)	0	1	2	3	4	0	1	2	3	4
34. Your loved one stole from you	0	1	2	3	4	0	1	2	3	4
35. You hid money, credit cards or the checkbook from your loved one	0	1	2	3	4	0	1	2	3	4
36. You spent all the money so that there was little left for your loved one to spend										
37. You lost money (income) because you were not at work	0	1	2	3	4	0	1	2	3	4

FOR STAFF ONLY

Clinician name:

Position:

Signature:

Date:

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

People often have different definitions of physical violence. For the purpose of this survey, we would like you to view behaviours like pushing and shoving as a “physical attack.”

PHYSICAL VIOLENCE – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
38. Your loved one threatened to physically attack you	0	1	2	3	4	0	1	2	3	4
39. Your loved one actually physically attacked you	0	1	2	3	4	0	1	2	3	4
40. Your loved one actually physically hurt you	0	1	2	3	4	0	1	2	3	4
41. You threatened to physically attack your loved one	0	1	2	3	4	0	1	2	3	4
42. You actually physically attacked your loved one	0	1	2	3	4	0	1	2	3	4
43. You actually physically hurt your loved one	0	1	2	3	4	0	1	2	3	4
44. Your loved one threatened to physically attack a family member other than you	0	1	2	3	4	0	1	2	3	4
45. Your loved one actually physically attacked a family member other than you	0	1	2	3	4	0	1	2	3	4
46. Your loved one actually physically hurt a family member other than you	0	1	2	3	4	0	1	2	3	4
47. Another family member threatened to physically attack your loved one	0	1	2	3	4	0	1	2	3	4
48. Another family member actually physically attacked your loved one	0	1	2	3	4	0	1	2	3	4
49. Another family member actually physically hurt your loved one	0	1	2	3	4	0	1	2	3	4
50. Your loved one injured him/herself on purpose	0	1	2	3	4	0	1	2	3	4
51. Your loved one intentionally damaged or destroyed property or possessions	0	1	2	3	4	0	1	2	3	4

FOR STAFF ONLY

Clinician name:

Position:

Signature:

Date:

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

LEGAL – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
52. You dealt with legal problems related to your loved one	0	1	2	3	4	0	1	2	3	4
List other legal problems below – please print										
52a.	0	1	2	3	4	0	1	2	3	4
52b.	0	1	2	3	4	0	1	2	3	4
52c.	0	1	2	3	4	0	1	2	3	4
52d.	0	1	2	3	4	0	1	2	3	4
52e.	0	1	2	3	4	0	1	2	3	4

HEALTH – PAST 30 DAYS	HOW OFTEN HAVE YOU EXPERIENCED THE PROBLEM?					HOW BOTHERED WERE YOU BY THE PROBLEM?				
	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	A GREAT DEAL
53. Experienced your own medical problems	0	1	2	3	4	0	1	2	3	4
54. Took prescribed medication for a physical condition										
List other health problems below – please print										
54a.	0	1	2	3	4	0	1	2	3	4
54b.	0	1	2	3	4	0	1	2	3	4
54c.	0	1	2	3	4	0	1	2	3	4
54d.	0	1	2	3	4	0	1	2	3	4
54e.	0	1	2	3	4	0	1	2	3	4

FOR STAFF ONLY

Clinician name:

Position:

Signature:

Date: