### FAMILY/SOCIAL RELATIONSHIPS

**F1. Marital Status:**
- 1-Married
- 2-Remarried
- 3-Widowed
- 4-Separated
- 5-Divorced
- 6-Never Married

*Common-law marriage=1. Specify in comments.*

**F3. Are you satisfied with this situation?**
- Satisfied=generally liking the situation. Refers to question F1.
  - 2-Yes
  - 0-No
  - 1-Indifferent

**F4. Usual living arrangements (past 3 yrs.):**
- 1-With sexual partner and children
- 2-With sexual partner alone
- 3-With children alone
- 4-With parents
- 5-With family
- 6-With friends
- 7-Alone
- 8-Controlled environment
- 9-No stable arrangements

*Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangements.*

**F6. Are you satisfied with these living arrangements?**
- 2-Yes
- 0-No
- 1-Indifferent

**Do you live with anyone who:**

**F7. Has a current alcohol problem?**
- 1-Yes
- 0-No

**F8. Uses non-prescribed drugs?**
- 1-Yes
- 0-No

**F9. With whom do you spend most of your free time?**
- If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not as a friend.
  - 1-Family
  - 2-Friends
  - 3-Alone

**F10. Are you satisfied with spending your free time this way?**
- A satisfied response must indicate that the person generally likes the situation. Refers to question F9.
  - 2-Yes
  - 0-No
  - 1-Indifferent

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FAMILY/SOCIAL RELATIONSHIPS
(continued)

Have you had significant periods in which you have experienced serious problems getting along with:

<table>
<thead>
<tr>
<th></th>
<th>A. Past 30 days</th>
<th>B. In your life</th>
</tr>
</thead>
<tbody>
<tr>
<td>F18</td>
<td>Mother</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F19</td>
<td>Father</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F20</td>
<td>Brothers/sisters</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F21</td>
<td>Sexual partner/spouse</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F22</td>
<td>Children</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F23</td>
<td>Other significant family:</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td></td>
<td>(specify)</td>
<td></td>
</tr>
<tr>
<td>F24</td>
<td>Close friends</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F25</td>
<td>Neighbors</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F26</td>
<td>Co-workers</td>
<td>1-Yes 0-No</td>
</tr>
</tbody>
</table>

Did anyone abuse you:

<table>
<thead>
<tr>
<th></th>
<th>A. Past 30 days</th>
<th>B. In your life</th>
</tr>
</thead>
<tbody>
<tr>
<td>F28</td>
<td>Physically (cause you physical harm)?</td>
<td>1-Yes 0-No</td>
</tr>
<tr>
<td>F29</td>
<td>Sexually (force sexual advances/acts)?</td>
<td>1-Yes 0-No</td>
</tr>
</tbody>
</table>

Comments:
**FAMILY/SOCIAL RELATIONSHIPS**  
(continued)  

<table>
<thead>
<tr>
<th>Site:</th>
<th>Name Code:</th>
<th>ID Number:</th>
<th>Date of Assessment: (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

- **F30.** How many days in the past 30 have you had serious conflicts with your family?  
  - [ ]

**For questions F32-34, please ask patient to use the Patient’s Rating Scale**

- **F32.** How troubled or bothered have you been in the past 30 days by these family problems?  
  - [ ] [ ] [ ] [ ]

- **F34.** How important to you now is treatment or counseling for these family problems?  
  - [ ] [ ] [ ] [ ]

- **F31.** How many days in the past 30 have you had serious conflicts with other people (excluding family)?  
  - [ ]

**For questions F33-35, ask the patient to use the patient’s rating scale**

- **F33.** How troubled or bothered have you been in the past 30 days by social problems?  
  - [ ] [ ] [ ] [ ]

Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.

- **F35.** How important to you now is treatment or counseling for these social problems?  
  - [ ] [ ] [ ] [ ]

- Include patient’s need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

- **F37.** Patient’s misrepresentation?  
  - 1-Yes 0-No

- **F38.** Patient’s inability to understand?  
  - 1-Yes 0-No

Comments:
How many times have you been treated for any psychological or emotional problems?

- **P1.** In a hospital or inpatient setting? 
  - [ ] 1-Yes 
  - [ ] 0-No

- **P3.** Do you receive a pension for a psychiatric disability?
  - [ ] 1-Yes 
  - [ ] 0-No

Have you had a significant period of time, (that was not a direct result of drug/alcohol use), in which you have:

- **P4.** Experienced serious depression—sadness, hopelessness, loss of interest, difficulty with daily function?
  - [ ] 1-Yes 
  - [ ] 0-No

- **P5.** Experienced serious anxiety/tension—upright, unreasonably worried, inability to feel relaxed?
  - [ ] 1-Yes 
  - [ ] 0-No

- **P6.** Experienced hallucinations—saw things or heard voices that were not there?
  - [ ] 1-Yes 
  - [ ] 0-No

- **P7.** Experienced trouble understanding, concentrating, or remembering?
  - [ ] 1-Yes 
  - [ ] 0-No

- **P8.** Experienced trouble controlling violent behavior including episodes of rage, or violence?
  - [ ] 1-Yes 
  - [ ] 0-No

- **P9.** Experienced serious thoughts of suicide?
  - [ ] 1-Yes 
  - [ ] 0-No
  - Patient seriously considered a plan for taking his/her life.

- **P10.** Attempted suicide?
  - [ ] 1-Yes 
  - [ ] 0-No
  - Include actual suicidal gestures or attempts

- **P11.** Been prescribed medication for any psychological/emotional problem?
  - [ ] 1-Yes 
  - [ ] 0-No
  - Prescribed for the patient by MD.
  - Record “Yes” if a medication was prescribed even if the patient is not taking it.

**For questions P8-10, patient could have been under the influence of alcohol/drugs.**

**Treatment episode=a series of more or less continuous visits or treatment days, not the number of visits or treatment days.**

**Enter diagnosis in comments if known.**

**Do not include substance abuse, employment, or family counseling.**

**Comments:**

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**Approved 10/24/00**

**Page 14 of 16**

**Serial Number:**

**Site:**

**Name Code:**

**ID Number:**

**Date of Assessment:** (mm/dd/yyyy)

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**Comments:**
How many days in the past 30 have you experienced these psychological or emotional problems?

- This refers to problems noted in question P4-10

For questions P13 & 14, please ask patient to use the Patient’s Rating Scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

- Patient should be rating the problem days from question P12

P14. How important to you now is treatment for these psychological or emotional problems?

CONFIDENCE RATINGS
Is the above information significantly distorted by:

P22. Patient’s misrepresentation?  ○ 1-No  ○ 0-Yes
P23. Patient’s inability to understand?  ○ 1-No  ○ 0-Yes

Comments:
Hollingshead Categories

1. Higher executive, major professional, owner of large business.

2. Business manager if medium sized business, lesser professionals, i.e., nurses, opticians, pharmacists, social workers, teachers.

3. Administrative personnel, manager, minor professionals, owner/Proprietor of small business, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.

4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).

5. Skilled manual-usually having had training (barber, brakeman, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police, plumber).


7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, include unemployed).

8. Homemaker.