



What is your highest grade level completed? \_\_\_\_\_

Is there a history of mental illness in the family prior to this generation? **YES** or **NO**

If yes who and what mental illness, if known (use the reverse side if needed).

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For the next several questions, please circle the number that represents how frequently you use any of the following substances. Use the following scale:

**0 = Never 1 = In past, not currently 2 = Monthly 3 = Weekly 4 = Almost Daily**

a. Caffeine (coffee, caffeinated beverages)	0	1	2	3	4
b. Nicotine (cigarettes, cigars)	0	1	2	3	4
c. Beer/liquor	0	1	2	3	4
d. Marijuana, hash	0	1	2	3	4
e. Sedatives (tranquilizers, sleeping pills, barbiturates, valium)	0	1	2	3	4
f. Other Substance Name _____	0	1	2	3	4

Is there any violence occurring in your family at this time? **YES** or **NO**

Do you fear violence might occur? **YES** or **NO**

Please rate the degree of distress in your **family** at this time:

None Moderate Extreme  
0 1 2 3 4 5

Rate the highest level of distress **ever** in your family:

None Moderate Extreme  
0 1 2 3 4 5

Please rate **your own** level of distress at this time:

None Moderate Extreme  
0 1 2 3 4 5

How much distress do you believe your family member with persistent emotional problems is currently experiencing :

None Moderate Extreme  
0 1 2 3 4 5

Please rate your level of motivation to participate in this training at this time:

Little motivation Moderate Very motivated  
1 2 3 4 5

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Signature

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Date