**Meaningful Person’s Questionnaire**

Please be specific and thorough as possible, thank you for your participation

**Name:**

**First Name:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Email**: Click or tap here to enter text.

**Phone**: Click or tap here to enter text.

**Patient’s Name**

**First** **Name**: Click or tap here to enter text. **Last** **Name**: Click or tap here to enter text.

**Relationship to patient**: Click or tap here to enter text.

**Program**: Choose an item.

**Patient’s Primary Counselor (if known)**: Click or tap here to enter text.

**Are you living with the patient at this time?** Choose an item.

**How has the relationship been affected?** Click or tap here to enter text.

**What changes would you like to see the patient make?** Click or tap here to enter text.

**How has the patient’s employment/school been affected?** Click or tap here to enter text.

**What do you know about the patient’s pattern of use?** Click or tap here to enter text.

**Have you made any attempts to make the patient stop using in the past?** Choose an item.

**How do they react when you try to discuss their substance use?** Click or tap here to enter text.

**Why do you think that the patient drinks/drugs?** Click or tap here to enter text.

***Below are some questions about your feelings and opinions related to your loved one’s drinking or drug use***

**I feel frustrated**: Choose an item.

**Please explain**: Click or tap here to enter text.

**I feel guilty**: Choose an item.

**Please explain**: Click or tap here to enter text.

**I feel afraid**: Choose an item.

**Please** **explain**: Click or tap here to enter text.

**I feel lonely**: Choose an item.

**Please** **explain**: Click or tap here to enter text.

**I feel helpless**: Choose an item.

**Please explain**: Click or tap here to enter text.

**I am unable to discuss my problems with others**: Choose an item.

**Please explain**: Click or tap here to enter text.

**I feel responsible for my loved one’s use of chemicals**: Choose an item.

**Please explain**: Click or tap here to enter text.

**My emotional and physical health have been affected**: Choose an item.

**Please explain**: Click or tap here to enter text.

**Anything else that you would like to tell us about the patient?** Click or tap here to enter text.