

Client ID # _____

Date of Administration: _____

FAMILY INVOLVEMENT

CLINICIAN-COMPLETED

1. During the past six months, how frequently was the client in contact with family?

Select one.

- About daily
- About weekly
- About monthly
- Less than monthly
- Never
- Unknown

2. What is the client's preference for family involvement?

Select one.

- Prefers no involvement
- Prefers family involvement with some restrictions
- Prefers family involvement with no restrictions
- Preferences were not assessed

3. Have any family members received any treatment services provided by the clinical staff (e.g., family therapy, individual sessions with the client, etc.)?

- Yes
- No
- Does not apply

4. Does the family refuse to participate in treatment?

- Yes
- No
- Does not apply