

Client ID # _____

Date of Administration: _____

FAMILY INVOLVEMENT

CLINICIAN-COMPLETED

1. Since the last assessment, how frequently was the client in contact with family?

Select one.

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

2. Since the last assessment, what has been 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. During this assessment period, did any family member receive any treatment services provided by the clinical staff (e.g., family therapy, individual sessions with the client, etc.)?

- Yes
- No
- Does not apply

4. During this assessment period, did the family refuse to participate in treatment?

- Yes
- No
- Does not apply