



ACT

Counseling & Education

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Please answer all questions completely

DEMOGRAPHIC FORM

Date: _____

Have you ever been a client here? Yes _____ No _____ When: _____

How did you hear about us? _____

Client Full Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____

Home address: _____

Street #

City

State

Zip Code

Gender: (circle one) Male Female Cell Phone #: _____

Email Address: _____

For gambling clients: State you were born in: _____ Mother's First Name: _____

Marital Status: (circle one) Single Married Divorced Separated Widowed Significant Relationship

Name of Spouse or Significant Other: _____ How long? _____

Client Employer: _____

Full Name

Complete Address

Name of Supervisor/Title (if applicable): _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Address: _____ Phone Number: _____

My signature on this demographic form indicates that I agree to the following conditions: If I do not provide at least 48-hour notice that I will not be able to keep my designated appointment, or if I am a no show for an appointment, I will be charged a fee of \$100 which is due before my next session.

Client Signature

Date

Do I Enable My Family Member?

- | | | |
|---|-----|----|
| 1. Do I put their needs ahead of mine? | Yes | No |
| 2. I rarely let them know I am angry about their behavior?. | Yes | No |
| 3. Their behavior affects my serenity? | Yes | No |
| 4. I am more in touch with their feelings than my won? | Yes | No |
| 5. I do anything I can not to “rock the boat” in an attempt to control their behavior? | Yes | No |
| 6. I feel resentful when no matter what I do, the behavior does not change? | Yes | No |
| 7. I try to control the environment (junctions that do not include or might encourage the behavior) i.e. drinking/gambling/using? | Yes | No |
| 8. I keep “secrets” from those who might help? | Yes | No |
| 9. I make excuses for their behavior? | Yes | No |
| 10. I sometimes retaliate by “doing my own thing or by doing their thing” to show them how it feels? | Yes | No |
| 11. I feel good about myself only if the family “behaves”? | Yes | No |
| 12. I rarely ask for help from anyone? | Yes | No |
| 13. I spend a lot of time pretending things are “fine”? | Yes | No |
| 14. Their “dreams” are my “dreams”? | Yes | No |
| 15. I “go along” to avoid any conflict? | Yes | No |
| 16. I no longer have my own “circle of friends”? | Yes | No |
| 17. I find myself feeling mentally, physically or emotionally drained? | Yes | No |
| 18. I seem to have forgotten what fun is? | Yes | No |
| 19. I find myself complaining or criticizing others and myself? | Yes | No |
| 20. I find myself feeling hopeless and helpless and as if nothing will ever change? | Yes | No |

AlAnon/Alateen 20 questions

1. Do you worry about how much someone else drinks? Yes ____ No ____
2. Do you have money problems because of someone else's drinking? Yes ____ No ____
3. Do you tell lies because of someone else's drinking? Yes ____ No ____
4. Do you feel that if the drinker cared about you, he/she would stop drinking to please you? Yes ____ No ____
5. Do you blame the drinker's behavior on his/her companions? Yes ____ No ____
6. Are plans frequently upset or cancelled or meals delayed because of the drinker? Yes ____ No ____
7. Do you make threats, such as, "If you don't stop drinking, I will leave you?" Yes ____ No ____
8. Do you secretly try to smell the drinker's breath? Yes ____ No ____
9. Are you afraid to upset someone for fear it will set off a drinking bout? Yes ____ No ____
10. Have you been hurt or embarrassed by a drinker's behavior? Yes ____ No ____
11. Are holidays and gatherings spoiled because of drinking? Yes ____ No ____
12. Have you considered calling the police for help in fear of abuse? Yes ____ No ____
13. Do you search for hidden alcohol? Yes ____ No ____
14. Do you ever ride in a car with a driver who has been drinking? Yes ____ No ____
15. Have you refused social invitations out of fear or anxiety? Yes ____ No ____
16. Do you feel like a failure because you can't control the drinking? Yes ____ No ____
17. Do you think that if the drinker stopped drinking your other problems would be solved? Yes ____ No ____
18. Do you threaten to hurt yourself to scare the drinker? Yes ____ No ____
19. Do you feel angry, confused, or depressed most of the time? Yes ____ No ____
20. Do you feel that no one understands your problem? Yes ____ No ____