

*Describing your family* Date.....

**We would like you to tell us about how you see your family at the moment. So we are asking for YOUR view of your family.**

When people say ‘your family’ they often mean the people who live in your house. **But we want you to choose who you want to count as the family you are going to describe.**

For each item, make your choice by putting  in just one of the boxes numbered 1 to 5. If a statement was “We are always fighting each other” and you felt this was not especially true of your family, you would put a tick in box 4 for “Describes us: not well”.

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Do not think for too long about any question, but do try to tick one of the boxes for each question.

For each line, would you say <b><u>this describes our family:</u></b>	1. Describes us: Very well	2. Describes us: Well	3. Describes us: Partly	4. Describes us: Not well	5. Describes us: Not at all
1) In my family we talk to each other about things which matter to us					
2) People often don't tell each other the truth in my family					
3) Each of us gets listened to in our family					
4) It feels risky to disagree in our family					
5) We find it hard to deal with everyday problems					
6) We trust each other					
7) It feels miserable in our family					
8) When people in my family get angry they ignore each other on purpose					
9) We seem to go from one crisis to another in my family					
10) When one of us is upset they get looked after within the family					
11) Things always seem to go wrong for my family					
12) People in the family are nasty to each other					
13) People in my family interfere too much in each other's lives					
14) In my family we blame each other when things go wrong					
15) We are good at finding new ways to deal with things that are difficult					
	1.	2.	3.	4.	5.

**Now please turn over and tell us a bit more about your family.**

**What words would best describe your family?**

.....  
.....  
.....

**What is the problem/challenge that brought you to therapy?**

The main problem is.....  
.....

**How severe is it? Please mark your answer on the line below:**

<b>no problem at all</b>	<b>really bad</b>
<p>0    1    2    3    4    5    6    7    8    9    10</p>	

**How are you managing as a family?**

<b>Very well</b>	<b>very badly</b>
<p>0    1    2    3    4    5    6    7    8    9    10</p>	

**Do you think the therapy here will be / has been helpful?**

<b>Very helpful</b>	<b>unhelpful</b>
<p>0    1    2    3    4    5    6    7    8    9    10</p>	

**Some basic information about you:**

Age

Gender

Ethnicity

Education achieved

Main occupation

People living in your household (type, such as ‘daughter age 12’, no names please).

**THANK YOU FOR YOUR TIME**