

Family Relationship Assessment

I am most concerned about:

- Self
- Marriage
- Children
- Parents
- Siblings
- Work
- Other:

When I am upset I am most likely to: (check all that apply)

- Yell
- Leave
- Sulk
- Shutdown
- Get sick
- Get critical
- Drink, eat
- Distract
- Redirect energy (exercise, meditate, pray, etc)
- Help others
- Seek consolation from others
- Other:

Rate frequency of contact with the following family members.

1=no contact, 2=infrequent, 3=consistent, routine contact,
 4=several times a week 5=multiple times on a daily basis)

Contact with:

MOTHER 1 2 3 4 5

FATHER 1 2 3 4 5

CHILDREN

Child: _____ 1 2 3 4 5

Child: _____ 1 2 3 4 5

Child: _____ 1 2 3 4 5

Child: _____ 1 2 3 4 5

SIBLING(S):

Sibling: _____ 1 2 3 4 5

Sibling: _____ 1 2 3 4 5

Sibling: _____ 1 2 3 4 5

Sibling: _____ 1 2 3 4 5

EXTENDED FAMILY

Maternal Grandparents: 1 2 3 4 5

Paternal Grandparents : 1 2 3 4 5

Aunts/Uncles: 1 2 3 4 5

Cousins : 1 2 3 4 5

Other: 1 2 3 4 5

LIFE EVENT AND RELATIONSHIP STRESSORS

Please check and date any of the following life events that have occurred in the last 3 months:

LIFE EVENTS

- Death of spouse
- Divorce
- Marital Separation
- Jail Term
- Death of close family member
- Personal injury or illness
- Marriage
- Fired from work
- Marital Reconciliation
- Retirement
- Change in health of family member
- Pregnancy
- Sex difficulties
- Gain of new family member
- Business readjustment
- Change in financial state
- Death of close friend
- Change to different line of work
- Change in number of arguments with spouse
- Mortgage over \$10,000
- Foreclosure of mortgage or loan
- Change in responsibilities at work
- Son or daughter leaving home
- Trouble with in-laws
- Outstanding personal achievement
- Spouse to begin or stop work
- Begin or end school
- Change in living conditions
- Revision of personal habits
- Trouble with boss
- Change in work hours or conditions
- Change in residence
- Change in schools
- Change in recreation
- Change in church activities
- Change in social activities
- Mortgage or loan less than \$10,000
- Change in sleeping habits
- Change in number of family get-togethers
- Change in eating habits
- Vacation
- Christmas

Environmental stressors

- Temperature
- Pollution
- Pollen
- Flood or drought
- Hurricane or storm warning
- Other natural disasters

Societal stressors

- Political polarization
- Media coverage
- Economic indicators
- War

CHECKLIST

Below is a list that may describe aspects of your functioning. First circle any item that may reflect your current state. Then rate the level of concern or severity using a scale of 1 to 10 (1 = least, 10 = most)

IMMUNE SYSTEM

1. Allergies
2. Asthma
3. Frequent infections
4. Fatigue

SLEEP

5. Difficulty falling asleep
6. Wakeful or restless during sleep
7. Waking up early
8. Nightmare/Night terrors

SKIN

9. Problems with skin

EYES/EARS/NOSE/THROAT

10. Poor eyesight/Problems with vision
11. Problems with hearing
12. Sense of smell or taste changed or lost
13. Grinding teeth

HEART/LUNGS

14. Problems breathing
15. Heart Problems
16. Hypertension
17. Dizziness

GASTRO-INTESTINAL

18. Nausea / vomiting
19. Gastric pain
20. Irritable Bowel
Hormonal System
21. Diabetes
22. Craving for sweets / carbs
23. Thyroid problems
24. PMS symptoms
25. Menopausal Symptoms

26. Changes in interest in sex
27. Weight

BONES/JOINTS/MUSCLES

28. Pain/stiffness/ soreness
29. Fibromyalgia
30. Bodily Fatigue

NERVOUS SYSTEM

31. Headaches / migraines
32. Fainting
33. Seizures
34. Tremor
35. Motor – vocal tics
36. Hyperactivity
37. Balance

ATTENTION-ORGANIZATION

38. Difficulty focusing
39. Easily distracted
40. Difficulty organizing activities
41. Not completing Tasks
42. Lose train of thought
43. Memory Loss
44. Reading problems
45. Difficulty speaking

SCHOOL/LEARNING

46. Difficulty completing schoolwork
47. Getting in trouble at school
48. Inverting letters/numbers
49. Spatial problems
(Difficulty building things, understanding how things should be put together)

BOWEL/BLADDER

50. Difficulty holding urine
51. Difficulty controlling bowels

HABITS

52. Drink too much
53. Smoke cigarettes
54. Over/under eating
55. Use Marijuana
56. Other addictions
57. Overspending
58. Financial mismanagement
59. Technology

BEHAVIOR/EMOTIONS

60. Mood swings
61. Feeling down, depressed or flat
62. Feeling sad
63. Feeling anxious
64. Panic attacks
65. Worry
66. Thoughts that won't leave your mind
67. Need to repeat actions or words over & over
68. Binging
69. Restricting food intake
70. Induce vomiting
71. Phobia – avoiding things
72. Feeling others are against you
73. Behaviors that get you into trouble or are not good for you
74. Feeling angry a lot
75. Impulsive
76. Feeling overwhelmed
77. Critical of others
78. Critical of self
79. Social isolation

Adapted from *The Family Relationship Assessment Tool* provided by The Learning Space, Washington DC.