

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Client ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Today's Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Facility ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Administration
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

TCU A-FMFRFORM

Describe your relationships with your FAMILY – that is, parents, brothers/sisters, grandparents, aunts/uncles – during the LAST 6 MONTHS you lived in the “free world” before entering this program or facility.

<i>Disagree</i>				<i>Agree</i>
<u><i>Strongly</i></u>	<u><i>Disagree</i></u>	<u><i>Uncertain</i></u>	<u><i>Agree</i></u>	<u><i>Strongly</i></u>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

How strongly to you disagree or agree with the following statements?

- | | | | | | |
|-------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Your family got along well together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You really enjoyed being together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Your family drank alcohol together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. You got drunk together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. You used other (illegal) drugs together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. You had serious talks about each other's interests and needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Your family helped each other deal with problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. You got blamed or fussed at about things YOU did or did not do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. You and your family often had disagreements. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. You had serious arguments or fights in your family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Client ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Today's Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Facility ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code	<input type="text"/> <input type="text"/> <input type="text"/> Administration
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Describe your relationships with people you consider to be your FRIENDS in the LAST 6 MONTHS you lived in the “free world” before you entered this program or facility.

<i>Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree</i>
<u>Strongly</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>	<u>Strongly</u>
(1)	(2)	(3)	(4)	(5)

How strongly to you disagree or agree with the following statements?

- | | | | | | |
|--------------------------------------------------------------------------------------------|---|---|---|---|---|
| 11. Your friends spend time together with their families eating meals or watching TV. | ○ | ○ | ○ | ○ | ○ |
| 12. They liked being with their families. | ○ | ○ | ○ | ○ | ○ |
| 13. Your friends usually worked regularly on a job. | ○ | ○ | ○ | ○ | ○ |
| 14. They felt hopeful about their future. | ○ | ○ | ○ | ○ | ○ |
| 15. They got into loud arguments or fights with other people. | ○ | ○ | ○ | ○ | ○ |
| 16. Your friends liked to get drunk. | ○ | ○ | ○ | ○ | ○ |
| 17. They used other (illegal) drugs. | ○ | ○ | ○ | ○ | ○ |
| 18. They traded, sold, or dealt drugs. | ○ | ○ | ○ | ○ | ○ |
| 19. Your friends did other things against the law. | ○ | ○ | ○ | ○ | ○ |
| 20. Some spent time in “gang” activities. | ○ | ○ | ○ | ○ | ○ |
| 21. Some got arrested or had problems with the law. | ○ | ○ | ○ | ○ | ○ |

Based on Rounsaville et al. (Eds.). (1993). Diagnostic Source Book. NIH Pub 93-3508
Also see Joe, Simpson, Greener, & Rowan-Szal (2004). *Psychological Reports*, 36(2), 215-234.