

A SCREENING QUESTIONNAIRE

**DO YOU OR DOES ONE OF YOUR LOVED ONES
COME FROM A DYSFUNCTIONAL FAMILY ?**

BY

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INSTRUCTIONS: Answer these questions as honestly as you can, checking the boxes under the column titled "Self-Now," if answering as you observe yourself. If you are older than a young adult, you may wish to answer them as you observe and remember your life when you were a young adult, by checking the boxes under the column titled "Self-Y.A." If you wish to answer these questions as you observe another person, then check the boxes under the column titled "Other," and place that other person's name in the blank space.

Answers Apply For: **Name** _____

Answers Provided By: **Self** **Another: Name** _____

Self Other
Now Y.A. Y.A = Young Adult

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel responsible for everything and everyone? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you a rigid thinker? Must things always be explained or seen as right or wrong? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have problems expressing feelings -- except anger? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you find trusting others extremely difficult? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel nervous most of the time? Do you find it hard to relax, even when you're exhausted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you need constant approval? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have poor self-esteem or often feel worthless, inadequate or lonely? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you blame others for your own problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have trouble setting healthy limits for yourself? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have fears of abandonment? Do you stay in abusive relationships or jobs just to avoid feeling left out? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you a perfectionist? |

If you have checked "Yes" for most of the boxes under a "Self" heading, then you may be an adult from a dysfunctional family of origin. If you have checked "Yes" for most of the boxes under the "Other" heading, then this other persons may be an adult from a dysfunctional family of origin.

This questionnaire is provided compliments of Chaplain Roy B- Nash, M. Div, L.M.F.T, L.C.P.C, a Licensed Marriage and Family Therapist and Licensed Pastoral Counselor, **servng in a specialized UMC endorsed ministry called BELIEF-FOCUSED CARE & HEALING, Springfield, IL. 217-415-2978. www.roynash.com**