

Your Name and Relationship to Client/Person: \_\_\_\_\_  
Client/Person Name: \_\_\_\_\_ Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

**Concerned Other's Assessment of the Client/Person**  
**Narrative Individual Family Questionnaire-1 (NIFQ-1™) Other**

*Directions: Please answer each item from your perspective as a concerned other.  
If helpful, have someone else write down your answers or use the back of the form.*

1. Who referred the client, you or the family to the Kenwood Therapy Center?

2. What is the Problem or Situation that brought the client to be in contact the Center?

3. Who is the Person you are most concerned about and why?

**Concerned Other's Assessment of the Problem's Effect on the Client/Person and Why**

Please provide your assessment of possible problems, in the "real" and/or "digital" worlds, and their effects on the client/person, by circling the problem or effect and your rating of the difficulty each causes (Low to High). Explain why you gave the rating.

1. Depression or Sadness? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

2. Suicide Attempt, Threat or Self-Harm? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

3. Alcohol and/or Drug Abuse? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

4. Family or Relationship Conflict? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

5. Worry or Anxiety? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

6. Verbal Abuse, Threat or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

7. Sexual Abuse, Threat or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

8. Physical Abuse, Threat or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

9. Other Problem or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

**Concerned Other's Assessment of the Problems and Effects on the Client/Person**  
1. **Why?** Why do you think there are these problems or effects for the client/person?

\_\_\_\_\_  
\_\_\_\_\_

**Your Assessment of Client/Person's Current Goals, Ideas and Values**  
2. **Goals?** From your perspective, what are the current goals for the initial sessions?

\_\_\_\_\_  
\_\_\_\_\_

3. **Ideas?** What are your ideas on how these goals can be accomplished?

\_\_\_\_\_  
\_\_\_\_\_

4. **Values?** What do you see as the client/person's important values, purposes, hopes, beliefs, intentions, commitments, dreams or visions of life that they hold precious and may now be motivating them to work toward these goals?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you. [www.kenwoodcenter.org](http://www.kenwoodcenter.org)