



## FAMILY TIMELINE AND Q&A

Thank you for taking the time to complete the family timeline and Q&A. This is to be completed by a family member/loved one and is intended to share your perspective. We will also be gathering information from providers and the prospective resident during the admissions process.

**Please feel free to type directly into the word document or copy and paste the below into an email with your responses. We ask that you do not handwrite your responses.**

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### Timeline

Please provide a timeline of events, including any formative events that stand out in your mind, when you began to notice behaviors that may be related to mental illness, when treatment began and what that looked like (therapy, psychiatry, programs/facilities, etc.), and other hospitalizations/facilities has the PR been to.

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### Q&A

**You are welcome to reference the timeline for any questions already answered above.**

1. What do they struggle with and how does it present?
2. What are you hoping they will learn here?
3. How would you describe their demeanor/personality?
4. What motivates them, what/whom do they love, to whom are they connected?
5. Is there any history of self-harm (such as cutting, hitting self, burning)? (*Details: method, frequency, last known, medical attention?*)
6. Is there any history of suicide attempts? (*Details: frequency, dates, method, circumstances, what happened, what was done?*)
7. Any family history of completed or attempted suicides?
8. Any history of anger or violence towards you or others? (*Details: when, frequency, type, injury*)

9. Any history of anger or violence towards animals or objects?
10. Any history of alcohol or substance use (including marijuana)? *(Details: history of use, last used).*
11. Have they ever been arrested? *Details.*
12. What is their learning style?
13. What are they like when they are doing well?
14. How would you describe their childhood? What were they like? *(Details: snapshots of neonatal period, early development, school starting, transition to middle school, etc.).*
15. Any family history of mental illness and/or alcohol or substance abuse? *(details)*
16. Any history of trauma - physical, verbal, or sexual abuse?
  
17. Any history of violence in the family (witness of intimate partner violence)?
18. Any exposure to potentially traumatic events/experiences (fire, accidents, natural disasters) or traumatic loss?
  
19. Do they have any medical conditions? *(details: condition, how being managed)*
20. Please describe any limitations they may have with regard to daily living skills (self-care, bathing, dressing, cleanliness, vocational skills, social skills, etc.).
21. Please provide a history of their vocational/educational/work experiences. *(Details: where, how long, what happened)*
22. Please provide a list of services utilized regarding their mental health this past year. This may include psychiatry, therapy, case management, life coach, hospitals, other programs, etc. *(Details: who/where, dates, what happened)*

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## Other

**Please use this space to cover additional details you feel are important and were not addressed above:**