

Genogram Worksheet

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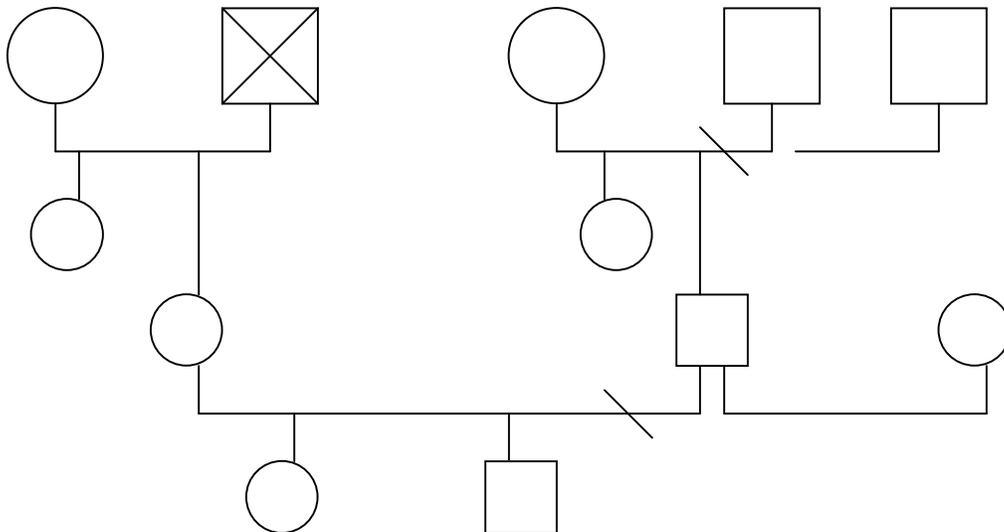
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I. Genogram History-Taking Questions

Preparation: Use graph paper and begin in the upper left corner

Questions:

1. *Beginning with your Mother's Mother: what is/was her name? Deceased and cause or Age? Ethnicity?*
2. *What was your Mother's Father's name? Deceased or Age? Ethnicity?*
3. *Were your Mother's parents married to each other? Were either of them ever divorced, separated, remarried, or have children outside the marriage? If so, who, how many, etc.*
4. *How many children did your Mother's parents have together?*
5. *Your Mother was what number in the birth order? (Draw Mother's circle lower than the rank of her sibs, to distinguish her visually from the rest. Identify her sibs only if it seems useful at the time.)*
6. *In your Mother's lifetime, how many times has she been married? And children by how many men? (List all husbands and men with whom she became pregnant.)*
7. *What is/was your father's name? Age or year and cause of death?*
8. *Begin father's family history as with questions 1–6 above.*
9. *In your parents' lifetimes, were they ever divorced, separated, remarried, or have children outside the marriage? If so, who, what ages, etc.*
10. *How many pregnancies did your parents have with each other? Include miscarriages, stillbirths and/or abortions. (As before, draw the client's circle or square at a lower rank than the sibs to distinguish it.)*
11. *In your lifetime, how many partners have you either lived with, married, or had pregnancies with? (List these chronologically.)*
12. *Establish custody and household membership of each child. Document marital or cohabitation partners for each child, and any offspring they may have (i.e., grandchildren).*



II. Risk Factors

Preparation: Draw a 5 X 3 grid on the paper to indicate yes or no to the following:

1. *Of everybody in the family that you have **named**, who does or did abuse drugs and or alcohol, including prescription medication? (Indicate on genogram)*
2. *Have you yourself ever had a problem with drugs and/or alcohol or medications? (If yes, then document details)*
3. *Repeat questions 1&2 for “Psychiatric illness, depression, anxiety, nervous breakdowns, ‘bad nerves,’ or suicide attempts.*
4. *Repeat questions 1&2 for “Physical abuse, or corporal punishment that would be considered excessive by today’s standards?”*
5. *Repeat questions 1&2 for “Sexual abuse, or inappropriate sexual behavior, touching, or fondling.”*
6. *Repeat questions 1&2 for “Emotional or verbal abuse, name calling or threats?”*

III. Relationship Assessment

Preparation: Use a red pen to indicate pathology, a blue or black pen to document data.

1. *How would you describe your parent’s marriage? (Document the quote, then ask for elaboration)*
2. *What did your parents do to be helpful to one another?*
3. *Did your parents show affection? To each other? The kids?*
4. *How did your parents settle their differences? (Ascertain the tactics and defenses used)*
5. *Did one or the other parent seem to have more say in decisions?*
6. *Did your parents have traditional gender roles?*
7. *Did either of your parents confide in you or one of your sibs about grievances with the other parent?*
8. *Did you ever feel you had to take sides with one parent over the other?*
9. *Which parent are you most like? With whom are/were you closer?*
10. *What did each parent do for you? How did they take care of you? What did they discuss, counsel or teach you?*
11. *How do things go now between you and your Mom? Dad? Who initiates contact?*
12. *What do you do to be helpful to your Mom? Dad?*
13. *Is your Mom/Dad pleased with you? How do you know? What do you do to please him/her?*
14. *Are you able to say “no” to your parents? When have you? What does it cost you?*
15. *Are you worried about your Mom/Dad? If so, why? What do you do with that?*
16. *Who is the favorite child of each parent? Are any of the sibs “black sheep”?*
17. *How do you get along with your sibs now and during childhood? How were conflicts managed? What role did parents play in sib relationships?*
18. *What role do you play in your family?*
19. *What would you like to see change in your family? In **your** conduct with family members?*

III. Relationship Assessment, Continued.

(Relationship with children of adult clients)

20. Establish the names, genders, ages, and custody status of each child

For each child in turn:

21. *Was this child planned? Was this child wanted?*
22. *Were there any complications around the pregnancy or delivery?*
23. *What challenges did you face in raising this child?*
24. *Who contributed to raising this child?*
25. *What concerns do you have for this child?*
26. *What role does this child seem to play in the family?*
27. *Who is this child most like?*
28. *What does this child do to show care or loyalty to you? To the family?*
29. *Does this child know you are seeking help in therapy? What has this child been told?*

In the event of divorce or separation:

30. *How does this child understand the reasons for the divorce/separation?*
31. *Who told the child what about this event?*
32. *Is this child expected to hold any secret information? From whom?*
33. *Who was/is available to this child to help cope with the event?*
34. *Does this child seem to take sides? Is the child expected to take sides?*

In the event of a parent's death or illness:

35. *How old was this child when the parent died/became ill?*
36. *How does this child understand the cause/circumstances of the event?*
37. *Who told the child what about the event?*
38. *Who is emotionally available to this child about this?*
39. *Has the child taken part in the funeral/ill parent's care?*
40. *How has this child been affected by this?*