



FAMILY LIFE QUESTIONNAIRE



NAME OF CHILD: _____

1. What is your relationship to the child in treatment? (e.g. mother, father, aunt, foster mother, adoptive parent) _____

2. Please choose the best response indicating the status of your relationship with this child.

- this child has always lived with me
- this child has lived with me since _____ (date)
- I have partial custody: _____ days per week
- this child has lived with me since (date) _____ but was separated from me from _____ to _____ (dates).
- I have visitation _____ hours per week

3. How old are you? _____

4. Which ethnicity do you identify with the most?

- African -American
- Asian-American
- White/ Non-Latino
- Hispanic/ Latino
- Native-American
- Pacific Islander
- Other _____

5. What is your current marital status? (please check one)

- single
- married
- living with partner
- separated
- divorced
- widowed

6. How many years of school have you completed? _____

7. What is your present work status? (Please check one)

- full time foster parent
- employed _____ hours/wk (what kind of work do you do?) _____
- unemployed looking for a job
- unemployed not looking for a job
- student
- housewife
- disabled
- retired
- other, specify _____

8. Do you or your spouse/partner (if you have one) receive any compensation from these sources? (Check all that apply)

- None
- Foster care monies
- Unemployment compensation
- SSI (Social Security)
- Welfare (GA)
- Welfare (AFDC)
- Disability compensation
- Other, specify: _____

9. What is your yearly household income? (please check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> less than 10,000 | <input type="checkbox"/> 20,000 to 25,000 | <input type="checkbox"/> 35,000 to 40,000 |
| <input type="checkbox"/> 10,000 to 15,000 | <input type="checkbox"/> 25,000 to 30,000 | <input type="checkbox"/> 40,000 to 50,000 |
| <input type="checkbox"/> 15,000 to 20,000 | <input type="checkbox"/> 30,000 to 35,000 | <input type="checkbox"/> more than 50,000 |

We want to know something about your living situation.

10. How easy will it be for you to travel to the clinic?

- Difficult Fairly Difficult Fairly Easy Easy

11. In the past 6 months, how often have you worried about whether your family had enough to eat?

- Very often Every month Once or twice Never

12. How happy are you with where you live right now?

- Unhappy A little unhappy Fairly happy Happy

13. How safe do you feel where you live?

- Unsafe A little unsafe Fairly safe Safe

14. How likely is it that you will still be living in the same place 6 months from now?

- Unlikely A little unlikely Fairly likely Likely

15. How often do friends/ family visit you where you live?

- | | |
|--|---|
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Few times a week |
| <input type="checkbox"/> About 1 x a month | <input type="checkbox"/> Daily |
| <input type="checkbox"/> A couple of times a month | <input type="checkbox"/> More than once a day |
| <input type="checkbox"/> Once a week | |

16. How many friends does your child have to play with in your neighborhood?

- None 1 or 2 Many

We want to know how you feel about changing your child's behavior.

17. I think this child's behavior needs to change...

- a lot a little not at all

18. I am willing to work on changing what I do so that this child behaves better...

- a lot a little not at all

19. I am willing to practice new parenting techniques even though they may seem different...

- a lot a little not at all

20. I feel that participating in treatment will help this child...

a lot

a little

not at all

We would like to know how important religion is to you.

21. How important is religion in your daily life? (please check one)

not at all

a little

fairly important

very important

I prefer not to say

21a. How often do you go to church/ temple/ synagogue/ hall?

never

once a year

once a month

a few times a month

once a week

a few times a week

daily

21b. Do you take this child with you to church/ temple/
synagogue/ hall?

no

yes

We would like to know a little bit about the people in your household.

PLEASE LIST THE PEOPLE LIVING IN YOUR HOME (FROM YOUNGEST TO OLDEST)

Name	Sex (M/ F)	Age	Relationship to you (e.g., your child, your partner's child, foster child, adopted child, spouse/partner, relative, friend)	Behavior problems? (yes/no)
1.				
2.				
3.				
4.				
5.				
6.				

The following questions are about your health.

22. Does your health limit you in your daily activities? If so, how much?

	A lot	A little	Not at all
a. Moderate activities, such as moving a table, playing with your child, or taking a walk	1	2	3
b. Climbing stairs	1	2	3

23. During the past 6 months, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

We'd like you to think about the past year and any bad things that might have happened in your family. These things can cause problems for parents and children.

24. a. In the past year has anyone in your family had a serious accident? Yes No
If yes, explain: _____
- b. Been in a fire/natural disaster? Yes No
If yes, explain: _____
- c. Been a victim/witness of violent crime? Yes No
If yes, explain: _____
- d. Gotten really bad news? Yes No
If yes, explain: _____
- e. Been a victim/witness to domestic violence? Yes No
If yes, explain: _____
- f. Been a victim/witness of physical abuse? Yes No
If yes, explain: _____
- g. Been a victim/witness of sexual abuse/rape? Yes No
If yes, explain: _____
- h. Had any other bad/frightening thing happen? Yes No
If yes, explain: _____
25. Is there anything else you would like to tell me about your physical or emotional health? Yes No
If yes, explain: _____

STOP HERE IF YOU DO NOT HAVE A SPOUSE/PARTNER

1. What is your partner's relationship to the child in treatment? _____
(e.g. step-parent, biological parent, etc.)
2. How long have you been in this relationship? _____(years)
3. How old is your partner? _____
4. How many years of school has your partner completed? _____(1-20, 20+)
(e.g. high school/GED=12)
5. What is your partner's present work status? (please check one)
 - full time foster parent
 - employed _____hours/wk (what
sort of work does (s)he
do? _____)
 - unemployed looking for a job
 - unemployed not looking
for a job
 - student
 - housewife
 - disabled
 - retired
 - other, specify _____