



FAMILY LIFE QUESTIONNAIRE

PC-CARE



CHILD'S NAME: _____ TODAY'S DATE: ____/____/____

1. What is your **relationship** to the child in treatment? (e.g. mother, father, aunt, resource parent-mother, resource parent-father) _____ Your Gender: _____

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

6. How many years of school have you completed? _____
(HIGHSCHOOL = 12 YEARS)

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
- stay-at-home parent
- disabled
- retired
- other, specify _____

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

- less than 15,000
- 15,000 to 30,000
- 30,000 to 45,000
- More than 45,000

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

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

Name	Age	Relationship to you (e.g., your child, your partner's child, foster child, adopted child, spouse/partner, relative, friend) – Please STAR (*) client's siblings	Behavior problems? (yes/no)
1.			
2.			
3.			
4.			
5.			
6.			