



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?

- | | |
|--|---|
| <input type="checkbox"/> African -American | <input type="checkbox"/> Native-American |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White/ Non-Latino | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/ Latino | |

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

- | | | |
|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> single | <input type="checkbox"/> living with partner | <input type="checkbox"/> divorced |
| <input type="checkbox"/> married | <input type="checkbox"/> separated | <input type="checkbox"/> widowed |

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

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

- | | |
|--|---|
| <input type="checkbox"/> full time foster parent | <input type="checkbox"/> student |
| <input type="checkbox"/> employed _____ hours/wk (what kind of work do you do?)
_____ | <input type="checkbox"/> stay-at-home parent |
| <input type="checkbox"/> unemployed looking for a job | <input type="checkbox"/> disabled |
| <input type="checkbox"/> unemployed not looking for a job | <input type="checkbox"/> retired |
| | <input type="checkbox"/> other, specify _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> less than 15,000 | <input type="checkbox"/> 30,000 to 45,000 |
| <input type="checkbox"/> 15,000 to 30,000 | <input type="checkbox"/> 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.			