

Family Life Questionnaire

(This form is designed for each parent/puardian to complete.)

Your Child's Name: _____

Your Name: _____

1. What is your relationship with the child? (e.g. parent, aunt/uncle, foster parent, adoptive parent) _____

2. Number of languages used in the home. _____

3. List of languages used in the home: _____

4. Please choose the best response regarding your child's relationship with you.

Child always lives with me.

Child has lived with me since _____ (date)

I have partial custody _____ days per week

Child has lived with me since (date) _____ but was separated from me from _____ to _____ (dates).

I have visitation _____ hours per week.

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

Single

Living with a partner

Divorced

Married

Separated

Widowed

6. What is your present work status?

Full time foster parent

Student

Employed _____ hours/wk

Full time home parent

Unemployed

Disabled

Retired

Other, specify _____

7. How easy is it for you to travel to MTMA?

- Difficult Fairly Difficult Fairly Easy Easy

8. 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

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

- Unhappy A little unhappy Fairly happy Happy

10. How safe do you feel where you live?

- Unsafe A little unsafe Fairly safe Safe

11. 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

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

- Less than once a month Few times a week
 About 1 month Daily
 A couple times a month More than once a day

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

- None 1 or 2 Many

14. Please List the People Living in Your Household, (From Youngest to Oldest)

Name	Gender	Age	Relationship to Child
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

15. Please think about the past year and any bad things that might have happened in your family. These things can cause challenges for parents and children.

Has anyone in your family had a serious accident?

Yes No If yes, explain _____

Been in a fire/natural disaster?

Yes No If yes, explain _____

Been a victim/witness of violent crime?

Yes No If yes, explain _____

Been a victim/witness to domestic violence?

Yes No If yes, explain _____

Been a victim/witness to physical abuse?

Yes No If yes, explain _____

Been a victim/witness of sexual abuse/rape?

Yes No If yes, explain _____

Had any other bad/frightening thing happened?

Yes No If yes, explain _____

16. Is there anything else you would like to tell us about your child's physical or emotional health?

Yes No If yes please explain:
