

## Confidential Family Survey

As mentioned in the letter, a county caseworker or children's services worker visited you one or more times in the last year concerning the well-being of a child. Please answer the following questions about those visits (or visit).

**1. How satisfied are you with the way you and your family were treated by the caseworker or children's services workers that visited your home?**

- Very satisfied                       Generally dissatisfied  
 Generally satisfied                 Very dissatisfied

**2. How satisfied are you with the help you received or were offered?**

- Very satisfied                       Generally dissatisfied                 No help was offered  
 Generally satisfied                 Very dissatisfied

**3. Overall, is your family better off or worse off because of this experience?**

- Much better off                       Somewhat worse off                 Made no difference  
 Somewhat better off                 Much worse off

**4. Overall, were you treated in a manner that you would say was:**

- Very friendly                       Unfriendly  
 Friendly                                 Very unfriendly

**5. Were you involved in the decisions that were made about your family and child(ren)?**

- A great deal                       A little                                       No decisions were made  
 Somewhat                               Not at all

**6. Did the worker who met with you listen to what you and other family members had to say?**

- Very much                               A little  
 Somewhat                               Not at all

**7. Did the worker who met with you try to understand your family's situation and needs?**

- Very much                               A little  
 Somewhat                               Not at all

**8. Please check everyone who was present when the worker first came to your home?**

- You     Your spouse  
 Any of your children                       Other relatives  
 Friends     A worker from another agency  
 Law enforcement                               Others (write in) \_\_\_\_\_

**9. Were there any matters that were important to you that were not discussed?**

- Yes     No    If Yes, please describe these matters:

**10. Did the worker(s) help you or another family member get any of the following help or services?**

-----Check any of the following where you received help-----

<input type="checkbox"/> Housing	<input type="checkbox"/> Food or clothing for your family
<input type="checkbox"/> Money to pay your rent	<input type="checkbox"/> Appliances or furniture or home repair
<input type="checkbox"/> Help paying utilities	<input type="checkbox"/> Any other financial help
<input type="checkbox"/> Medical or dental care for you or your family	<input type="checkbox"/> Welfare/public assistance services
<input type="checkbox"/> Help for a family member with a disability	<input type="checkbox"/> Legal services
<input type="checkbox"/> Assistance in your home, such cooking or cleaning	<input type="checkbox"/> Child care or day care
<input type="checkbox"/> Help getting mental health services	<input type="checkbox"/> Respite care for time away from your children
<input type="checkbox"/> Help in getting alcohol or drug treatment	<input type="checkbox"/> Meetings with other parents about raising children
<input type="checkbox"/> Parenting classes	<input type="checkbox"/> Help in getting into educational classes
<input type="checkbox"/> Counseling services	<input type="checkbox"/> Help in looking for employment or in changing jobs
<input type="checkbox"/> Car repair or transportation assistance	<input type="checkbox"/> Job training or vocational training

**11. Did the worker help you obtain other help or services?**

- Yes     No

If yes, what? \_\_\_\_\_

**12. If you received some help or services from the worker or another source, was it:**

- The kind you needed?  generally yes  generally no  did not receive any services
- Enough to really help you?  generally yes  generally no  did not receive any services

**13. Was there any help that your family needed that you did not receive?**

Yes  No

If yes, what? \_\_\_\_\_

**14. Were you offered any services or assistance that you turned down?**

Yes  No

If yes, what did you turn down? \_\_\_\_\_

**15. Did the worker give you the names of service agencies or anywhere else where you could get services or help for something you needed?**

Yes  No

If yes, did you contact any of these agencies or places?

Yes  No

**16. Did the worker contact any other agency or source of assistance for you?**

Yes  No  Not sure

**17. Did the worker provide any direct assistance or help to your family (such as, transportation, clothing, financial help, etc.)?**

Yes  No

If yes, what? \_\_\_\_\_

**18. How would you describe your feelings at the end of that first visit from the county worker to your home?**

-----check all that apply:-----

<input type="checkbox"/> Angry	<input type="checkbox"/> Relieved	<input type="checkbox"/> Worried	<input type="checkbox"/> Comforted
<input type="checkbox"/> Afraid	<input type="checkbox"/> Hopeful	<input type="checkbox"/> Confused	<input type="checkbox"/> Reassured
<input type="checkbox"/> Stressed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Tense	<input type="checkbox"/> Grateful
<input type="checkbox"/> Irritated	<input type="checkbox"/> Helped	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
<input type="checkbox"/> Anxious	<input type="checkbox"/> Pleased	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Encouraged
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Thankful	<input type="checkbox"/> Discouraged	<input type="checkbox"/> Optimistic

**19. Please tell us who lives with you in this household.**

- My husband  My boyfriend  My mother  My sister/brother
- My wife  My girlfriend  My father  Other friend/roommate

Number of children you are responsible for: \_\_\_\_ List their ages: \_\_\_\_

Other persons (please list their relation to you) \_\_\_\_\_

**20. Please provide the following age and school information about ALL your children.**

Child's FIRST name	Age	Check if he or she is in school	Write Grade in school	If the child is in school rate how he or she is doing in school currently.				If the child is in school rate whether he or she is doing better or worse in school than in the past		
				excellent	good	fair	poor	better	same	worse
Example →: Mary	7	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# 1:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 2:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 3:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 4:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 5:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. Do you feel more or less able to care for your child(ren) now than you did a year ago?**

- Much more  Somewhat more  About the same  Somewhat less  Much less

**22. Compared to last year at this time, how confident do you feel about your ability to deal with issues in your life?**

- Much more  Somewhat more  About the same  Somewhat less  Much less

**23. Do any of the children in your household:**

*check yes or no for each*

- Have a serious illness?  Yes  No
- Miss school often because they are sick?  Yes  No
- Have a developmental disability (such as mental retardation)?  Yes  No
- Complain frequently about feeling unwell?  Yes  No
- Complain frequently about headaches or stomachaches?  Yes  No
- Have trouble learning in school?  Yes  No
- Have a hard time getting along with their teachers?  Yes  No
- Have a hard time getting along with other students in school?  Yes  No
- Ever refuse to go to school or skip without your knowing it?  Yes  No
- Act aggressively towards you or others in the household?  Yes  No
- Act as if they might be depressed?  Yes  No
- Act as if they might feel anxious or unsafe?  Yes  No
- Act out to get your attention?  Yes  No
- Act in ways that make them difficult to control?  Yes  No
- Engage in occasional delinquent behavior?  Yes  No

**24. How much stress do you currently feel about the following:**

- |   | <i>a lot<br/>of stress</i> | <i>some<br/>stress</i>   | <i>a little<br/>stress</i> | <i>no<br/>stress</i>     |
|---|----------------------------|--------------------------|----------------------------|--------------------------|
| 1. The money you have available each month          | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 2. Your current job or job prospects                | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 3. Your relationship with other adults in your life | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 4. Your relationship with your children             | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 5. Your own health and happiness                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 6. The health and happiness of your children        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 7. Your living arrangements                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 8. Your life in general                             | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |

**25. Do you feel any more or less stress now than you did a year ago regarding:**

- |   | <i>a lot<br/>more</i>    | <i>somewhat<br/>more</i> | <i>somewhat<br/>less</i> | <i>a lot<br/>less</i>    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The money you have available each month          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Your current job or job prospects                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your relationship with other adults in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Your relationship with your children             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Your own health and happiness                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The health and happiness of your children        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Your living arrangements                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Your life in general                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**26. Is there anyone in your life that you:**

	<i>Yes, whenever I need it</i>	<i>Yes, occasionally</i>	<i>Yes, but rarely</i>	<i>No, I have no one</i>
can turn to in times of stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can talk to about things going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know will help you if you really need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask to care for your children when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask to help you with transportation if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can turn to for financial help if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. How would you describe your current living arrangements?**

- Excellent       Satisfactory       Less than satisfactory       Unacceptable

**28. How long have you lived at your present address?** \_\_\_\_\_ years (or \_\_\_\_\_ months)

**29. How many times have you changed your residence in the past year?**

- None       One time       Two times       Three or more times

**30. What current medical coverage do you have for yourself and your child(ren)**

You  no insurance  private insurance  Medicaid  Other \_\_\_\_\_  
Your child(ren):  no insurance  private insurance  Medicaid  Other \_\_\_\_\_

**31. What is your marital status?**

Married  Separated  Divorced  Widowed  Never married

**32. Are you currently employed?**  Yes, full time  Yes, part time  Not currently employed

**33. If you are currently employed, how many hours do you usually work each week? (check one)**  
 Less than 20 hours  20 to 29 hours  30 to 39 hours  40 hours or more per week

**34. How many months were employed during the past 12 months?** \_\_\_\_\_

**35. If you are living with a partner (married or unmarried) is he or she employed?**

Yes, full time  Yes, part time  Not currently employed  does not apply

**36. What is your level of education?**

Grade school  High school diploma or GED  A four-year college degree or more  
 Some high school  Some college or a two year degree

**37. Has anyone in your household received any of the following during the past 12 months?**

(check ALL that apply)

Food stamps  TANF (welfare check)  WIC  Child Support  
 Retirement check  Unemployment benefits  Utilities assistance  
 Housing assistance  School breakfast or lunch  Social Security disability check

**38. What was your total household income during the past 12 months?**

(Please add up everything, including wages, salaries, welfare, gifts—all the money coming into the household.)

Less than \$4,999  \$15,000 to \$19,999  \$40,000 to \$49,999  \$70,000 to \$79,999  
 \$5,000 to \$9,999  \$20,000 to \$29,999  \$50,000 to \$59,999  \$80,000 to \$89,999  
 \$10,000 to \$14,999  \$30,000 to \$39,999  \$60,000 to \$69,000  \$90,000 +

**39. Has your current income increased or decreased since this time last year?**

Increased  Decreased  No change

*We are interested in anything else you might want to say about your experience.*

**Thank you.**

**Please fill in the following information so that we can send you your CHECK.**

Your Name \_\_\_\_\_ Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_