

CODEBOOK

NM SIG 0-6 Instrument Family Assessment Scale Version 2011

SURVEY ADMINISTRATOR:

TO SAFEGUARD THE PARTICIPANT'S CONFIDENTIALITY, PLEASE REMOVE THIS COVERSHEET AFTER THE PARTICIPANT HAD COMPLETED THE QUESTIONNAIRE AND RETAIN THE COVER SHEET FOR YOUR RECORDS

NAME:	_____									
	(FIRST NAME & LAST NAME)									
ID#	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site ID				Grp ID		Participant ID			
Date of administration:	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Month			Day		Year				

Please tell us something about yourself. Circle or fill in the answer in the space provided that best reflects your current situation.

q01. Are you male or female? (select one) MALE=0 FEMALE=1

q02. How old are you? [enter as is] Years Old (Fill in)

q03. Is a language other than English spoken in your home? (select one) YES=1 NO=2

q04. How do you describe yourself? (Select one or more responses.)

[enter "1" if item is checked, otherwise enter "0"]

q04a. American Indian or Alaskan Native
Tribe(s):_q04aNAM **[enter as is]**_____

q04d. White

q04b. Hispanic or Latino (such as Mexican, Chicano, Mexican-American, Hispano, Spanish)

q04e. Black or African American

q04f. Native Hawaiian or Other Pacific Islander

q04c. Other Hispanic or Latino: (Fill in)
q04cOTH.**[enter as is]**_____

q04g. Asian

q04h. Other: ___q04hOTH. **[enter as is]**_____

q05. How old is your child in the program? Age: q05a. **[enter as is]**Years q05b.**[enter as is]**Months

q05c. I am currently pregnant

[enter "1" if item checked, otherwise enter "0"]

q06. Are you in school? **[enter "1" if item is checked, otherwise enter "0"]**

q06a. YES, I am in high school. What grade?_q06a1. **[enter as is]**

q06b. YES, I am attending college/technical school. What year? _q06b1. **[enter as is]**

q06c. NO. What is the highest grade or level you have completed_ q06c1. **[enter as is]**

q07. Are you planning to continue your education?

YES=1 NO=2 DON'T KNOW=999 NA=777

q08. Are you planning to graduate from high school or get your GED?

YES=1 NO=2 DON'T KNOW=999 NA=777

q09. Are you working? 1= YES, I am working full-time. (35 or more hours a week)

2= YES, I am working part-time. (less than 35 hours a week)

3= NO, I am not working.

q10. Are you receiving Medicaid? (circle) YES=1 NO=2 DON'T KNOW=999

q11. Is your child receiving Medicaid? (circle) YES=1 NO=2 DON'T KNOW=999

Respondent ID:

The following statements relate to issues about you, your family, and your community. Your family refers to the people you live with and depend upon. For each statement, circle the number that accurately describes your view. Please give ratings that you actually believe to be true, rather than those you wish to be true.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
qA1. I work hard to ensure that my child and I eat healthy foods.	0	1	2	3	777
qA2. I make time every day to play and interact with my child(ren).	0	1	2	3	777
qA3. I make sure that no one smokes in my home.	0	1	2	3	777
qA4. I make sure that no one smokes in my car.	0	1	2	3	777
qA5. My family has a regular doctor(s).	0	1	2	3	777
qA6. I can get emergency help from friends or neighbors if I need to.	0	1	2	3	777
qA7. I know how to get emergency help from the fire department, police department, and/or the hospital if I need to.	0	1	2	3	777
qA8. I participate in activities to further my education such as going to school, taking classes, studying for the GRE, or applying to school.	0	1	2	3	777
qA9. If I, or a friend, wanted to quit smoking, I know where to get help.	0	1	2	3	777
qA10. If I needed someone to take care of my baby, I would know how to find out about child care providers in my community.	0	1	2	3	777
qA11. If I needed it, I would know how to sign up for free or low-cost medical care for my child.	0	1	2	3	777

Now we would like to ask you some questions about the way your family interacts with one another. Your family refers to the people you live with and depend upon. Please indicate how much you agree or disagree with the following statements and circle your response.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
qA12. In my family, we regularly plan family activities.	0	1	2	3	777
qA13. In my family, in times of crisis we can turn to one another for support.	0	1	2	3	777
qA14. In my family, we can talk to one another about the sadness we feel.	0	1	2	3	777

Respondent ID:

	Strongly disagree	Disagree	Agree	Strongly Agree	Not Applicable
qA15. In my family, individuals are accepted for who they are.	0	1	2	3	777
qA16. In my family, we avoid discussing our fears and concerns.	0	1	2	3	777
qA17. In my family, we can express feelings to each other.	0	1	2	3	777
qA18. There are lots of bad feelings in the family.	0	1	2	3	777
qA19. Making decisions is a problem for my family.	0	1	2	3	777
qA20. In my family, we work together to solve problems.	0	1	2	3	777
qA21. In my family, we get along well together.	0	1	2	3	777

Next we'd like to ask about the support you receive from others. How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
qA22. I get love and affection from others in my life.	0	1	2	3
qA23. I have opportunities to talk to someone I trust about my personal and family problems if I need to.	0	1	2	3
qA24. I have invitations to go out and do things with other people.	0	1	2	3
qA25. I have people in my life who care what happens to me.	0	1	2	3
qA26. I have opportunities to talk about money matters if I need to.	0	1	2	3
qA27. I have someone who gives good advice about important things in life.	0	1	2	3
qA28. I have someone who can help when I need transportation.	0	1	2	3
qA29. I have someone who can help when I'm sick in bed.	0	1	2	3
qA30. I have someone who can help with cooking and housework if I need it.	0	1	2	3
qA31. I have someone who can help take care of my child(ren) if I need it.	0	1	2	3

Respondent ID:

The next set of questions asks about your recent use of substances such as caffeine, tobacco, alcohol, and prescription drugs.

During the past <u>30 days</u>, how many days have you had the following:	Number of Days (0-30)
qA32. <i>Any Caffeine (soda, soft drinks, coffee, etc.)</i>	[enter as is]
qA33. <i>Any cigarettes or tobacco products</i>	[enter as is]
qA34. <i>Any alcohol (e.g. beer, wine, liquor, etc.)</i>	[enter as is]
qA35. <i>Alcohol to intoxication</i>	[enter as is]
qA36. <i>4 or more alcohol drinks at one time</i>	[enter as is]
qA37. <i>Prescription medication not prescribed for you</i>	[enter as is]

If item is left blank, enter "." (or leave blank)

Otherwise, enter as is.

During the past <u>30 days</u>, on how many days have you used the following <i>not prescribed for you</i>:	Number of Days (0-30)
qA38. <i>Prescription pain pills such as Oxycodone/Oxycontin, Morphine, Vicodin, or Methadone, not prescribed for you?</i>	[enter as is]
qA39. <i>Prescription medication such as Ritalin, Adderal, Prozac, Lexapro not prescribed for you?</i>	[enter as is]
qA40. <i>Prescription sleep aids or tranquilizers such as Ambien, Lunesta, Valium or Xanax not prescribed for you?</i>	[enter as is]

If item is left blank, enter "." (or leave blank)

Otherwise, enter as is.

Thank you. You have completed Module A.