

NM SIG 0-6 Instrument

Revised Family Assessment Scale

DO NOT WRITE IN THIS BOX. FOR OFFICE USE ONLY

VERSION: FAS

ID# — —
Site ID Grp ID Participant ID

Date of administration:
Month Day Year

(Circle appropriate number)

Language of administration: 1 English
2 Spanish
3 Other, Specify _____

Location of administration: 1 School
2 Home
3 Program/evaluation office
4 Other, Specify _____

Type of administration: 1 Individual
2 Group

Instrument Version: 1 Baseline
2 Posttest
3 Follow-up

Person completing Instrument 1 Parent/Guardian
2 Foster Parents
3 Grandparents
4 Other, Specify _____

Important note: If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline Instrument, then skip to page #4, question #1.

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

1. Are you male or female? (select one) MALE FEMALE
2. How old are you? _____ Years Old (Fill in)
3. Is a language other than English spoken in your home? (select one) YES NO
4. How do you describe yourself? (**Select one or more responses.**)

<input type="checkbox"/> American Indian or Alaskan Native Tribe(s): _____	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic or Latino (such as Mexican, Chicano, Mexican-American, Hispano, Spanish)	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Other Hispanic or Latino: (Fill in) _____	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Other: _____ (Fill in)
5. How old is your child in the program? Child's Age: _____ Years _____ Months (Fill in)

I am currently pregnant
6. Are you in school? YES, I am in high school. What grade? _____ (Fill in)

YES, I am attending college/technical school. What year? _____ (Fill in)

NO. What is the highest grade or level you have completed? _____ (Fill in)
7. Are you planning to continue your education?

YES NO DON'T KNOW NA (not applicable)
8. Are you planning to graduate from high school or get your GED?

YES NO DON'T KNOW NA (not applicable)
9. Are you working?

YES, I am working full-time. (35 or more hours a week)

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

NO, I am not working.
10. Are you receiving Medicaid? (circle) YES NO DON'T KNOW
11. Is your child receiving Medicaid? (circle) YES NO DON'T KNOW

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
A1. I work hard to ensure that my child and I eat healthy foods.	0	1	2	3	NA
A2. I make time every day to play and interact with my child(ren).	0	1	2	3	NA
A3. I make sure that no one smokes in my home.	0	1	2	3	NA
A4. I make sure that no one smokes in my car.	0	1	2	3	NA
A5. My family has a regular doctor(s).	0	1	2	3	NA
A6. I can get emergency help from friends or neighbors if I need to.	0	1	2	3	NA
A7. 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	NA
A8. 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	NA
A9. If I, or a friend, wanted to quit smoking, I know where to get help.	0	1	2	3	NA
A10. 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	NA
A11. 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	NA

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
A12. In my family, we regularly plan family activities.	0	1	2	3	NA
A13. In my family, in times of crisis we can turn to one another for support.	0	1	2	3	NA
A14. In my family, we can talk to one another about the sadness we feel.	0	1	2	3	NA

Respondent ID:

	Strongly disagree	Disagree	Agree	Strongly Agree	Not Applicable
A15. In my family, individuals are accepted for who they are.	0	1	2	3	NA
A16. In my family, we avoid discussing our fears and concerns.	0	1	2	3	NA
A17. In my family, we can express feelings to each other.	0	1	2	3	NA
A18. There are lots of bad feelings in the family.	0	1	2	3	NA
A19. Making decisions is a problem for my family.	0	1	2	3	NA
A20. In my family, we work together to solve problems.	0	1	2	3	NA
A21. In my family, we get along well together.	0	1	2	3	NA

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
A22. I get love and affection from others in my life.	0	1	2	3
A23. I have opportunities to talk to someone I trust about my personal and family problems if I need to.	0	1	2	3
A24. I have invitations to go out and do things with other people.	0	1	2	3
A25. I have people in my life who care what happens to me.	0	1	2	3
A26. I have opportunities to talk about money matters if I need to.	0	1	2	3
A27. I have someone who gives good advice about important things in life.	0	1	2	3
A28. I have someone who can help when I need transportation.	0	1	2	3
A29. I have someone who can help when I'm sick in bed.	0	1	2	3
A30. I have someone who can help with cooking and housework if I need it.	0	1	2	3
A31. 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)
A32. Any Caffeine (soda, soft drinks, coffee, etc.)	_____
A33. Any cigarettes or tobacco products	_____
A34. Any alcohol (e.g. beer, wine, liquor, etc.)	_____
A35. Alcohol to intoxication	_____
A36. 4 or more alcohol drinks at one time	_____
A37. Prescription medication <i>not prescribed for you</i>	_____

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)
A38. Prescription pain pills such as Oxycodone/Oxycontin, Morphine, Vicodin, or Methadone, <i>not prescribed for you?</i>	_____
A39. Prescription medication such as Ritalin, Adderal, Prozac, Lexapro <i>not prescribed for you?</i>	_____
A40. Prescription sleep aids or tranquilizers such as Ambien, Lunesta, Valium or Xanax <i>not prescribed for you?</i>	_____

Thank you. You have completed Module A.