**ATTACHMENT A-1: INSTRUMENTS FOR MOTHERS**

# Attachment A-1.1

# Brief Infant Toddler Social and Emotional Assessment (BITSEA)

# BRIEF INFANT TODDLER SOCIAL AND EMOTIONAL ASSESSMENT (BITSEA)

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE: Intake |__| 3-mos post-Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____| GRANT# TI |__|__|__|__|__|__|__|

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## Parent Form

Child's name _____ Date of birth ___ / ___ / ___ (mm / dd / yy) Sex ☐ Boy ☐ Girl

Parent/Guardian's name _____ Date completed ___ / ___ / ___ (mm / dd / yy)

Was your child's birth weight less than 5 pounds 8 ounces? ☐ No ☐ Yes

Was your child born prematurely? ☐ No ☐ Yes If yes, what was the expected date of birth? ___ / ___ / ___ (mm / dd / yy)

In a typical week, how much time does your child spend with other young children (not including brothers and sisters)? _____ hours per week

Do you use any type of childcare for your child? ☐ No ☐ Yes If yes, how many hours do you use childcare in a typical week? _____ hours

Did your child have any problems at birth? ☐ No ☐ Yes If yes, please explain. _____

---

**Instructions:** This rating form contains statements about 12- to 35-month-old children. Many statements describe normal feelings and behaviors, but some statements describe feelings and behaviors that may be a problem. Please do your best to respond to every item.

| Please circle the ONE response that best describes your child's behavior in the LAST MONTH. | Not True/ Rarely | Somewhat True/ Sometimes | Very True/ Often | |
|---|---|---|---|---|
| 1. Shows pleasure when he or she succeeds (for example, claps for self). | 0 | 1 | 2 | |
| 2. Gets hurt so often that you can't take your eyes off him or her. | 0 | 1 | 2 | |
| 3. Seems nervous, tense, or fearful. | 0 | 1 | 2 | |
| 4. Is restless and can't sit still. | 0 | 1 | 2 | |
| 5. Follows rules. | 0 | 1 | 2 | |
| 6. Wakes up at night and needs help to fall asleep again. | 0 | 1 | 2 | |
| 7. Cries or has tantrums until he or she is exhausted. | 0 | 1 | 2 | |
| 8. Is afraid of certain places, animals, or things. *What is he or she afraid of?* | 0 | 1 | 2 | |
| 9. Has less fun than other children. | 0 | 1 | 2 | |
| 10. Looks for you (or other parent) when upset. | 0 | 1 | 2 | |
| 11. Cries or hangs onto you when you try to leave. | 0 | 1 | 2 | |
| 12. Worries a lot or is very serious. | 0 | 1 | 2 | |
| 13. Looks right at you when you say his or her name. | 0 | 1 | 2 | |
| 14. Does not react when hurt. | 0 | 1 | 2 | |
| 15. Is affectionate with loved ones. | 0 | 1 | 2 | |
| 16. Won't touch some objects because of how they feel. | 0 | 1 | 2 | |
| 17. Has trouble falling asleep or staying asleep. | 0 | 1 | 2 | |
| 18. Runs away in public places. | 0 | 1 | 2 | |
| 19. Plays well with other children (not including brother or sister). (Circle N if there is no contact with other children) | 0 | 1 | 2 | N |
| 20. Can pay attention for a long time (other than when watching TV). | 0 | 1 | 2 | |
| 21. Has trouble adjusting to changes. | 0 | 1 | 2 | |
| 22. Tries to help when someone is hurt (for example, gives a toy). | 0 | 1 | 2 | |

*Continued on next page.*

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| Please circle the ONE response that best describes your child's behavior in the LAST MONTH. | Not True/ Rarely | Somewhat True/ Sometimes | Very True/ Often | |
|---|---|---|---|---|
| 23. Often gets very upset. | 0 | 1 | 2 | |
| 24. Gags or chokes on food. | 0 | 1 | 2 | |
| 25. Imitates playful sounds when you ask him or her to. | 0 | 1 | 2 | |
| 26. Refuses to eat. | 0 | 1 | 2 | |
| 27. Hits, shoves, kicks, or bites children (not including brother or sister). (Circle N if there is no contact with other children.) | 0 | 1 | 2 | N |
| 28. Is destructive. Breaks or ruins things on purpose. | 0 | 1 | 2 | |
| 29. Points to show you something far away. | 0 | 1 | 2 | |
| 30. Hits, bites, or kicks you (or other parent). | 0 | 1 | 2 | |
| 31. Hugs or feeds dolls or stuffed animals. | 0 | 1 | 2 | |
| 32. Seems very unhappy, sad, depressed, or withdrawn. | 0 | 1 | 2 | |
| 33. Purposely tries to hurt you (or other parent). | 0 | 1 | 2 | |
| 34. When upset, gets very still, freezes, or doesn't move. | 0 | 1 | 2 | |

**The following statements describe feelings and behaviors that can be problems for young children. Some of the descriptions may be a bit hard to understand, especially if you have not seen the behavior in your child. Please do your best to respond to all statements.**

| Please circle the one response that best describes your child's behavior in the LAST MONTH. | Not True/ Rarely | Somewhat True/ Sometimes | Very True/ Often |
|---|---|---|---|
| 35. Puts things in a special order over and over and gets upset if he or she is interrupted. | 0 | 1 | 2 |
| 36. Repeats the same action or phrase over and over without enjoyment. *Please give an example:* | 0 | 1 | 2 |
| 37. Repeats a particular movement over and over (like rocking, spinning). *Please give an example:* | 0 | 1 | 2 |
| 38. Spaces out. Is totally unaware of what is happening around him or her. | 0 | 1 | 2 |
| 39. Does not make eye contact. | 0 | 1 | 2 |
| 40. Avoids physical contact. | 0 | 1 | 2 |
| 41. Hurts self on purpose (for example, bangs his or her head). *Please describe:* | 0 | 1 | 2 |
| 42. Eats or drinks things that are not edible (like paper or paint). *Please describe:* | 0 | 1 | 2 |

| | |
|---|---|
| A. How worried are you about your child's behavior, emotions, or relationships? | 1 = Not at all worried<br>2 = A little worried<br>3 = Worried<br>4 = Very worried |
| B. How worried are you about your child's language development? | 1 = Not at all worried<br>2 = A little worried<br>3 = Worried<br>4 = Very worried |

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## Score Summary

Detach the Score Summary before giving the BITSEA form to the parent.

Child's name _____ Sex ☐ Boy ☐ Girl

Parent/Guardian's name _____

| | Year | Month | Day |
|---|---|---|---|
| Date Completed | | | |
| Date of Birth | | | |
| **Chronological Age** | | | |
| Expected Date of Birth | | | |
| Actual Date of Birth | | | |
| **Adjustment for Prematurity** | | | |
| Chronological Age | | | |
| Adjustment for Prematurity | | | |
| **Adjusted Age** | | | |

For Chronological Age, subtract Date of Birth from Date Completed. For Adjustment for Prematurity, subtract Actual Date of Birth from Expected Date of Birth. For Adjusted Age, subtract Adjustment for Prematurity from Chronological Age.

The two columns labeled Pg 1 and Pg 2, respectively, are separated into Problem and Competence categories. Problem scores are entered into rectangles, and Competence scores are entered into ovals.

1. Transfer the responses for Items 1–22 into the appropriate Problem (rectangle) or Competence (oval) category in the Pg 1 column. Items on page 1 align with the items in the Pg 1 column. Record an M if the item was scored with an N or was not answered. These items are not included in the score calculations.
2. Sum the Problem responses in the Pg 1 column and record the value in the Pg 1 Problem Subtotal box. Sum the Competence responses in the Pg 1 column and record that value in the Pg 1 Competence Subtotal oval.
3. Fold the Scoring Sheet along the dotted line and then align the items in the Pg 2 column with the items on page 2. Transfer the responses for Items 23–42 into the appropriate Problem or Competence blanks in the Pg 2 column.
4. Sum the Problem responses in the Pg 2 column and record the value in Pg 2 Problem Subtotal box. Sum the Competence responses and record the value in the Pg 2 Competence Subtotal oval.
5. Copy the values for Pg 1 Problem Subtotal and Pg 1 Competence Subtotal into their respective fields in Pg 2 column.

   Before proceeding to step 6, count the number of M responses in the Problem category for Pg 1 and Pg 2. **If there are more than 5 Problem items recorded as M, do not calculate the Problem Total.** Count the number of M responses in the Competence category for Pg 1 and Pg 2. **If there are more than 2 Competence items recorded as M, do not calculate the Competence Total.**
6. Sum the Problem subtotals for Pg 1 and Pg 2 to get the Problem Total score. Transfer the Problem Total score to the Cut Score table on the next page.
7. For the Competence Total score, sum the Competence subtotals for Pg 1 and Pg 2. Transfer the Competence Total score to the Cut Score table on the next page.

*Continued on next page.*

### Pg 1

| | Problem | Competence |
|---|---|---|
| 1. | | ⬭ |
| 2. | ▭ | |
| 3. | ▭ | |
| 4. | ▭ | |
| 5. | | ⬭ |
| 6. | ▭ | |
| 7. | ▭ | |
| 8. | ▭ | |
| 9. | ▭ | |
| 10. | | ⬭ |
| 11. | ▭ | |
| 12. | ▭ | |
| 13. | | ⬭ |
| 14. | ▭ | |
| 15. | | ⬭ |
| 16. | ▭ | |
| 17. | ▭ | |
| 18. | ▭ | |
| 19. | | ⬭ |
| 20. | | ⬭ |
| 21. | ▭ | |
| 22. | | ⬭ |
| | Pg 1 Problem Subtotal | Pg 1 Competence Subtotal |

Fold along dotted line and match rows to transfer scores from page 2.

### Pg 2

| | Problem | Competence |
|---|---|---|
| 23. | ▭ | |
| 24. | ▭ | |
| 25. | | ⬭ |
| 26. | ▭ | |
| 27. | ▭ | |
| 28. | ▭ | |
| 29. | | ⬭ |
| 30. | ▭ | |
| 31. | | ⬭ |
| 32. | ▭ | |
| 33. | ▭ | |
| 34. | ▭ | |
| 35. | ▭ | |
| 36. | ▭ | |
| 37. | ▭ | |
| 38. | ▭ | |
| 39. | ▭ | |
| 40. | ▭ | |
| 41. | ▭ | |
| 42. | ▭ | |
| | Pg 2 Problem Subtotal | Pg 2 Competence Subtotal |
| + | Pg 1 Problem Subtotal | Pg 1 Competence Subtotal |
| | **Problem Total** | **Competence Total** |

*Scoring continued*

8. Write the Problem Total score in the rectangle in the Cut Score Table. Compare the Problem Total to the appropriate cut score in the table. If the child's score is **equal to or greater than** the cut score, check the box in the column on the right to indicate a Possible Problem.

   Look up the corresponding percentile rank in Table 2.2 in the Examiner's Manual and write it in the space for PR in the Cut Score Table.

9. Write the Competence Total score in the oval in the Cut Score Table. Compare the Competence Total to the appropriate cut score in the table. If the child's score is **equal to or less than** the cut score, check the box in the column on the right to indicate a Possible Deficit/Delay.

   Look up the corresponding percentile rank in Table 2.2 in the Examiner's Manual and write it in the space for PR in the Cut Score Table.

## BITSEA Parent Form Cut Score Table

| | Age in Months | Cut Scores: Girls | Cut Scores: Boys | Possible Problem |
|---|---|---|---|---|
| **Problem Total Score** ☐ | 12–17 | 13 | 13 | ☐ |
| | 18–23 | 13 | 15 | ☐ |
| | 24–29 | 14 | 15 | ☐ |
| **PR** _____ | 30–35 | 12 | 14 | ☐ |

| | Age in Months | Cut Scores: Girls | Cut Scores: Boys | Possible Deficit/Delay |
|---|---|---|---|---|
| **Competence Total Score** ◯ | 12–17 | 12 | 12 | ☐ |
| | 18–23 | 14 | 14 | ☐ |
| | 24–29 | 15 | 14 | ☐ |
| **PR** _____ | 30–35 | 16 | 14 | ☐ |

*Note.* The Problem Total cut score is set at the 25th percentile. The Competence Total cut score is set at the 15th percentile. Cut scores in this table are rounded and approximate the actual percentile point.

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**To order, call: 1-800-211-8378**

# Attachment A-1.2

# Child Data Collection Tool

FEBRUARY 23, 2010 FORMAT

Readmit |__|
Initial |__|__|

Form Approved
OMB No. xxxx-xxxx
Expiration Date xx-xx-xxxx

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |__| Delivery |__|

PERSON COMPLETING |_____| GRANT# **TI**|__|__|__|__|__|__|__|

# CHILD DATA COLLECTION TOOL

**The following two items (A1 and A2) only need to be administered once to each mother.**
Please check here if they have already been administered. (If unknown, please readminister.)..... ☐

**A1. How many children do you have?**

|__|__| ..... ☐
None ..... ☐

**A2. Please list the ages of all of your children. (READ IF NECESSARY: If a child is deceased, please list the age at death.)**

**CHILD AGE (If child < 1 year old, write '00')**

|__|__| years ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
|__|__| years ..... ☐
N/A – No children ..... ☐

**Instructions:** This demographic information is to be obtained during the first 30 days of intake (or delivery) and is focused on the background of a single child. This information is to be completed on each child receiving treatment services both onsite and offsite.

This tool consists of **Part 1 to be completed by a children's specialist through interviewing the mother**; and Part 2 to be completed by a health care professional through interviewing the mother and reviewing the medical records.

# PART 1. BIOLOGICAL BACKGROUND

**1. Age** |__|__| YEARS

**2. Gender**

Male ☐
Female ☐

**3. Ethnic/Racial Identification (Complete both race and ethnicity items.)**

**Ethnicity**

Hispanic or Latino ☐
Not Hispanic or Latino ☐

**Race (Select all that apply.)**

Black or African American ☐
Alaska Native ☐
American Indian ☐
Asian ☐
Native Hawaiian or Other Pacific Islander ☐
White ☐
No response provided ☐

**4. What is the formal relationship of this child to the mother, with whom he/she has been admitted for receiving treatment services?**

Biological ☐
Step ☐
Adopted ☐
Grandmother ☐
Aunt ☐
Foster ☐
Other ☐

**5. Is the biological father still alive?**

Yes ☐
No ☐
Don't Know (but know who he is) ☐
Don't know who he is ☐

**6. Is English the first and primary language spoken by this child?**

Yes ☐
No ☐
N/A ☐

**7. Does this child have any of the following intelligence-related challenges? (Select all that apply.)**

Mental retardation ☐
Down Syndrome ☐
Autistic Spectrum Disorders ☐
None of the above ☐
UNKNOWN ☐

**8. Does this child have any of the following physical challenges? (Select all that apply.)**

- Blindness ☐
- Deafness ☐
- Cerebral Palsy ☐
- Inability to be Mobile (Handicapped) ☐
- Muscular Dystrophy ☐
- Facial Disfigurement ☐
- Other (specify) _____ ☐
- None of the above ☐

**9. Does this child have siblings? Include full, step, half, and adoptive siblings.**

- Yes ☐
- No ☐ GO TO Q10

**10. What is this child's placement amongst his/her siblings?**

- Oldest child ☐
- Youngest child ☐
- Middle child ☐
- UNSURE - TOO MANY TO DETERMINE ☐
- N/A - AN ONLY CHILD WITH NO SIBLINGS ☐

## SOCIO-ECONOMIC BACKGROUND

**11. In the past year – prior to admission – with whom did this child live the most?**

- Both biological father and mother ☐
- Biological mother ☐
- Biological father ☐
- Biological grandparents (on the mother's side) ☐
- Biological grandparents (on the father's side) ☐
- Biological aunt or uncle (on the mother's side) ☐
- Biological aunt or uncle (on the father's side) ☐
- Foster care parents ☐
- Adoptive parents ☐
- Friends of the family ☐
- UNKNOWN ☐

**12. If this child was living with someone other than the biological mother, was this a formal placement arranged by a Child Welfare System?**

- Yes ☐
- No ☐
- N/A ☐

**13. Who has legal custody of this child?**

- Both biological father and mother together ☐
- Biological mother ☐
- Biological father ☐
- Biological grandparents (on the mother's side) ☐
- Biological grandparents (on the father's side) ☐
- Biological aunt or uncle (on the mother's side) ☐
- Biological aunt or uncle (on the father's side) ☐
- Adoptive parents ☐
- State (Child welfare or foster care) ☐
- Other (specify) _____ ☐

**14. In the past year – prior to admission – how many months has this child ever been homeless *(living on the streets, living in a homeless shelter, sleeping in empty buildings, etc.)*?**

- 0 months ☐
- 1 to 3 months ☐
- 4 to 6 months ☐
- 7 to 9 months ☐
- 10 to 12 months ☐

**15. Where does this child's main source of income or financial support come from?**

- Both biological father and mother ☐
- Child support from biological father only ☐
- Biological mother only, through earned income ☐
- Biological father and spouse/domestic partner ☐
- Biological mother's spouse/domestic partner ☐
- State/Public Assistance *(SSDI – social security disability insurance; WIC – women, infants, and children's program; TANF – temporary assistance to needy families; EMI – emergency child insurance)* ☐
- Legally appointed guardian ☐
- Members of the family ☐
- Friends of the family ☐
- Nonlegal income ☐
- Other (specify) _____ ☐

**16. Where does this child's main source of health care coverage/insurance come from?**

- Biological parents' health insurance ☐
- Biological grandparents' health insurance ☐
- Legal guardians' health insurance ☐
- State/Public Assistance *(Medicaid)* ☐
- Federal Assistance *(Indian Health Service, VA, etc.)* ☐
- Nowhere – doesn't have any ☐

**17. In the past 2 years, how many different states has this child lived in?**

- One ☐
- Two ☐
- Three ☐
- Four ☐
- Five ☐
- More than five ☐

**18. In the past 2 years, how many different neighborhoods has this child lived in?**

- One ☐
- Two ☐
- Three ☐
- Four ☐
- Five ☐
- More than five ☐

**19. What type of structure has this child lived in most of his/her life?**

- House ☐
- Apartment ☐
- Trailer Home ☐
- This Facility ☐
- Hospital ☐
- Other (specify) _____ ☐

## LEGAL BACKGROUND

**20. To your knowledge, how many Child Protective Services (CPS) <u>abuse</u> reports have ever been made on this child, even if they were not substantiated (founded)?**

- None ☐
- One ☐
- Two ☐
- Three ☐
- Four ☐
- Five ☐
- More than five ☐
- Don't Know ☐

**21. To your knowledge, how many CPS <u>neglect</u> reports have ever been made on this child, even if they were not substantiated (founded)?**

- None ☐
- One ☐
- Two ☐
- Three ☐
- Four ☐
- Five ☐
- More than five ☐
- Don't Know ☐

**22. Has this child ever been removed from anyone's care by CPS?**

- Yes ☐
- No ☐
- Don't Know ☐

**23. How many times has this child been removed from your care by CPS?**

- None ☐
- One time ☐
- Two times ☐
- Three times ☐
- Four times ☐
- Five times ☐
- More than five times ☐
- Don't Know ☐

**23a. For how many total months has this child been removed from your care by CPS?**

- Less than 1 month ☐
- 1 to 3 months ☐
- 4 to 6 months ☐
- 7 to 12 months ☐
- 13 to 24 months ☐
- 25 to 36 months ☐
- 37 to 48 months ☐
- More than 48 months ☐
- Don't Know ☐
- N/A ☐

**23b. Which of the following caused removal of this child by CPS? (Select all that apply.)**

- Child abuse (physical) ☐
- Child abuse (neglect) ☐
- Child abuse (sexual) ☐
- Child abuse (emotional/mental) ☐
- Involvement of child in illegal activities ☐
- Child found to be under the influence of alcohol and/or other drugs ☐
- Other (specify) _____ ☐
- Don't Know ☐
- N/A ☐

**24. Has this child ever been involved with the criminal or Juvenile Justice System (been referred, detained or arrested for: breaking the law, truancy, running away, violating curfews, drug using or selling, etc.)?**

- Yes ☐
- No ☐
- Don't Know ☐

**25. At what age did this child's involvement with the criminal or Juvenile Justice System begin?**

- None, not ever involved ☐
- 1 month to 5 years ☐
- 6 to 10 years ☐
- 11 to 14 years ☐
- 15 to 17 years ☐

**26. How many times has this child been involved with the criminal or Juvenile Justice System?**

- None ☐
- One time ☐
- Two times ☐
- Three times ☐
- Four times ☐
- Five times ☐
- More than five times ☐

**27. How many months has this child been legally detained?**

- None ☐
- Less than 1 month ☐
- 1 to 3 months ☐
- 4 to 6 months ☐
- 7 to 12 months ☐
- 13 to 24 months ☐
- 25 to 36 months ☐
- 37 to 48 months ☐
- More than 48 months ☐

**28. Has this child ever been involved with gangs (belonged to a gang or associated with gang members)?**

- Yes ☐
- No ☐
- Don't Know ☐

**29. Has this child ever witnessed acts of violence in his/her home, community, or school?**

- Yes ☐
- No ☐
- Don't Know ☐

**30. Has this child ever been exposed to trauma (*e.g.* drive by shootings, school shootings, fights) in his/her home, community, or school?**

- Yes ☐
- No ☐
- Don't Know ☐

**31. Has this child ever been a victim of violence? (Select all that apply.)**

- Yes (in the home) ☐
- Yes (at school) ☐
- Yes (in the neighborhood) ☐
- Yes (by an animal) ☐
- No ☐
- Don't Know ☐

**32. Has this child ever committed any acts of violence against animals?**

- Yes (without weapons) ☐
- Yes (with weapons) ☐
- Yes (both with and without weapons) ☐
- No ☐
- Don't Know ☐

**33. Has this child ever committed any acts of violence against humans?**

- Yes (without weapons) ☐
- Yes (with weapons) ☐
- Yes (both with and without weapons) ☐
- No ☐
- Don't Know ☐

**34. Has this child ever set fires?**

- Yes ☐
- No ☐
- Don't Know ☐

## EDUCATIONAL BACKGROUND

**35. Which of the following educational levels is this child in? (Please circle only one response.)**

- Day Care only ☐
- Preschool ☐
- Kindergarten ☐
- Grade 1 – 5 ☐
- Grade 6 – 8 ☐
- Grade 9 – 12 ☐
- None ☐
- Don't Know ☐

**36. Is this child at the appropriate educational level for his/her age?**

- Yes ☐
- No ☐
- Don't Know ☐
- N/A ☐

**37. Has this child ever been held back in school?**

- Yes ☐
- No ☐
- Don't Know ☐
- N/A ☐

**38. If this child is in school, is his/her progress in school reflective of him/her being an…?**

- ‘A’ student, ☐
- ‘B’ student, ☐
- ‘A & B’ student, ☐
- ‘C’ student, ☐
- ‘D’ student, or ☐
- ‘F’ student? ☐
- Don’t Know ☐
- N/A ☐

**39. If this child is in school, indicate what type of attendance pattern this child has in school.**

- Poor (misses a lot of days) ☐
- Fair (misses some days) ☐
- Good (misses only a few days) ☐
- Excellent (goes consistently) ☐
- Don’t Know ☐
- N/A ☐

**40. Which of the following extracurricular activities does this child participate in? (Select all that apply.)**

- Sports ☐
- Music ☐
- Dance ☐
- Drama ☐
- Community Service ☐
- Religious Activities ☐
- None ☐
- N/A ☐
- Other (specify) _____ ☐

**41. Has this child been assessed for any possible learning disabilities?**

- Yes ☐
- No ☐
- Don’t Know ☐

**42. Has this child been diagnosed with a learning disability?**

- Yes ☐
- No ☐
- Don’t Know ☐

**43. Has this child ever received Ritalin or any other prescription medication for attention deficit disorder (ADD) or attention deficit and hyperactivity disorder (ADHD)?**

- Yes ☐
- No ☐
- Don’t Know ☐
- N/A ☐

# SPIRITUAL BACKGROUND

**44. How often does this child attend religious services?**

- Once a week ☐
- Once a month ☐
- Four times a year ☐
- During holidays ☐
- Twice a year ☐
- Once a year ☐
- Not at all ☐

**45. How often does this child experience prayer, either by doing it himself/herself or with someone else?**

- Every day/night ☐
- Few times a week ☐
- Once a week ☐
- Once a month ☐
- Few times a year ☐
- Only at holiday ceremonies ☐
- Only to bless a meal ☐
- Not at all ☐

**46. Which of the following spiritual activities does this child experience most?**

- Reading or being read to from inspirational sources ☐
- Listening to relaxation/ inspirational music ☐
- Listening to stories ☐
- Finding a quiet spot ☐
- Taking nature/environmental appreciation walks ☐
- Other (specify) _____ ☐
- None at all ☐

**47. Does this child believe in a 'Higher Power' of any kind?**

- Yes ☐
- No ☐
- DON'T KNOW ☐
- N/A (TOO YOUNG) ☐

# RECREATION/LEISURE BACKGROUND

| | Yes | No | Don't Know | N/A |
|---|---|---|---|---|
| **48. Has this child gone to museums or other historical sites of any kind?** | ☐ | ☐ | ☐ | ☐ |
| **49. Has this child played in any community/neighborhood team/group sports?** | ☐ | ☐ | ☐ | ☐ |
| **50. Has this child ever been to an amusement park or local carnivals or fairs?** | ☐ | ☐ | ☐ | ☐ |
| **51. Has this child ever been on any picnics (family, community, church, school)?** | ☐ | ☐ | ☐ | ☐ |
| **52. Does this child go to arcades or a friend's home to play games?** | ☐ | ☐ | ☐ | ☐ |
| **53. Does this child play video games at home?** | ☐ | ☐ | ☐ | ☐ |
| **54. Does this child watch television at home?** | ☐ | ☐ | ☐ | ☐ |
| **55. Does this child participate in family games, such as cards, checkers, or Backgammon?** | ☐ | ☐ | ☐ | ☐ |
| **56. Does this child go out to the movies?** | ☐ | ☐ | ☐ | ☐ |
| **57. Does this child have hobbies, such as arts and crafts or reading?** | ☐ | ☐ | ☐ | ☐ |
| **58. Does this child have access to the Internet outside of school?** | ☐ | ☐ | ☐ | ☐ |
| **59. Does this child go to the community library to read, check out books, or participate in any programs?** | ☐ | ☐ | ☐ | ☐ |

# BACKGROUND OF PARENTAL RELATIONSHIPS

**60. How would you describe your efforts at initiating involvement in this child's life?**

No effort at all ☐
Efforts are not good ☐
Efforts are good ☐
Efforts are very good ☐
Efforts are excellent ☐
Don't Know ☐

**61. How would you describe the biological father's efforts at initiating involvement in this child's life?**

- No effort at all ☐
- Efforts are not good ☐
- Efforts are good ☐
- Efforts are very good ☐
- Efforts are excellent ☐
- Don't Know ☐
- N/A ☐

**62. If this child's biological mother does not live with him/her, which of the additional ways is there involvement in his/her life? (Select all that apply.)**

- Monetary support ☐
- Child care ☐
- Visits on a regular basis ☐
- Visits on an irregular basis ☐
- Telephone contact ☐
- Letters in the mail ☐
- Other (specify) _____ ☐
- None ☐
- N/A ☐

**63. If this child's biological father does not live with him/her, which of the additional ways is there involvement in his/her life? (Select all that apply.)**

- Monetary support ☐
- Child care ☐
- Visits on a regular basis ☐
- Visits on an irregular basis ☐
- Telephone contact ☐
- Letters in the mail ☐
- Other (specify) _____ ☐
- None ☐
- N/A ☐

**64. Do you believe it is appropriate for this child to have contact with his/her biological father?**

- Yes ☐
- No ☐
- Don't Know ☐
- N/A ☐

**65. Did this child's biological father accompany his/her mother to prenatal visits?**

- Yes ☐
- No ☐
- Don't Know ☐
- N/A ☐

**66. Was this child's biological father present at his/her birth?**

- Yes ☐
- No ☐
- Don't Know ☐
- N/A ☐

**67. Is this child's biological father a substance abuser?**

- Yes ☐
- No ☐
- Don't Know ☐
- N/A ☐

**68. If this child has no contact with his/her biological mother, which of the following persons serves as a mother figure? (Select all that apply.)**

- Step mother ☐
- Adoptive mother ☐
- Grandmother ☐
- Father's significant other ☐
- Play mother ☐
- Aunt ☐
- Foster ☐
- Other (specify) _____ ☐
- No one ☐
- N/A *(has contact with biological mother)* ☐

**69. If this child has no contact with his/her biological father, which of the following persons serves as a father figure? (Select all that apply.)**

- Step father ☐
- Adoptive father ☐
- Grandfather ☐
- Mother's significant other ☐
- Play father ☐
- Uncle ☐
- Other (specify) _____ ☐
- No one ☐
- N/A *(has contact with biological father)* ☐

**70. How would you describe this child's relationship with his/her mother figure?**

- Not close at all ☐
- Not very close ☐
- Somewhat close ☐
- Quite close ☐
- Extremely close ☐
- Don't Know ☐
- N/A *(is with biological mother)* ☐

**71. How would you describe this child's relationship with his/her father figure?**

- Not close at all ☐
- Not very close ☐
- Somewhat close ☐
- Quite close ☐
- Extremely close ☐
- Don't Know ☐
- N/A ☐

**72. Is this child's mother figure a substance abuser?**

Yes ☐
No ☐
Don't Know ☐
N/A *(is with biological mother)* ☐

**73. Is this child's father figure a substance abuser?**

Yes ☐
No ☐
Don't Know ☐
N/A ☐

# ALCOHOL AND OTHER DRUG USE/INTERACTION BACKGROUND

| | | Yes | No | Don't Know | N/A *(child too young)* |
|---|---|---|---|---|---|
| **74.** | **Has this child ever taken prescription medicine for a purpose other than its intended use, either taken on his/her own or given by someone else?** ..... | ☐ | ☐ | ☐ | ☐ |
| **75.** | **Has this child ever used store bought (over-the-counter) medications inappropriately?** ..... | ☐ | ☐ | ☐ | ☐ |
| **76.** | **Has this child ever drunk any alcohol (beer, wine, hard liquor)?** ..... | ☐ | ☐ | ☐ | ☐ |
| **77.** | **Has this child ever used tobacco products?** ..... | ☐ | ☐ | ☐ | ☐ |
| **78.** | **Has this child ever used illegal drugs (marijuana, hallucinogens, amphetamines, cocaine, inhalants)?** ..... | ☐ | ☐ | ☐ | ☐ |
| **79.** | **Has this child ever been a part of transporting drugs in any way?** ..... | ☐ | ☐ | ☐ | ☐ |
| **80.** | **Has this child ever participated in being a 'lookout' for drug dealers?** ..... | ☐ | ☐ | ☐ | ☐ |
| **81.** | **Has this child ever participated in selling drugs?** ..... | ☐ | ☐ | ☐ | ☐ |
| **82.** | **Has this child ever voiced any negative thoughts or feelings about his/her guardian's alcohol or drug use?** ..... | ☐ | ☐ | ☐ | ☐ |
| **83.** | **Has this child ever lived in an environment where drugs were manufactured, used, or sold?** ..... | ☐ | ☐ | ☐ | ☐ |
| **84.** | **Has this child ever administered drugs to anyone?** .... | ☐ | ☐ | ☐ | ☐ |
| **85.** | **Has this child ever been present during a drug bust?** | ☐ | ☐ | ☐ | ☐ |

# HEALTH BACKGROUND

| | | Yes | No | Don't Know | N/A *(child too young)* |
|---|---|---|---|---|---|
| **86.** | **Did this child receive any pre-birth health care through recommended pre-natal visits by the mother?** | ☐ | ☐ | ☐ | ☐ |
| **87.** | **Did this child test positive for any alcohol or drugs at birth?** | ☐ | ☐ | ☐ | ☐ |
| **88.** | **Did this child need special care services or equipment at birth, such as ICU or detox?** | ☐ | ☐ | ☐ | ☐ |
| **89.** | **Does this child go to the doctor or get a check-up at least once a year?** | ☐ | ☐ | ☐ | ☐ |
| **90.** | **Does this child go to the dentist or get a check-up at least once a year?** | ☐ | ☐ | ☐ | ☐ |
| **91.** | **Is this child's immunization schedule complete and up-to-date for his/her age?** | ☐ | ☐ | ☐ | ☐ |
| **92.** | **Did this child test HIV positive at birth?** | ☐ | ☐ | ☐ | ☐ |

| | | None | One time | Two times | Three times | Four times | Five times | More than five times |
|---|---|---|---|---|---|---|---|---|
| **93.** | **How many times has this child received treatment for any physical/ medical health problems during his/her lifetime?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **94.** | **How many times has this child received treatment for any mental/psychiatric health problems during his/her lifetime?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **95.** | **How many times has this child been to the Emergency Room due to any physical/medical health problems during his/her lifetime?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **96.** | **How many times has this child been to the Emergency Room due to any mental/ psychiatric health problems during his/her lifetime?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# PART 2

DATE: |__|__| |__|__| |**2**|**0**|__|__| PERSON COMPLETING |_____|

START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

**Part 2 is to be completed by a health care professional through interviewing the mother and reviewing the medical records.**

Please indicate what this child's experience has been with the following childhood illnesses/conditions/diseases during his/her lifetime.

**Does this child have a history of…**

**A. Asthma**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**B. Diabetes**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**C. Sickle Cell Anemia**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

1

**D. Obesity**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**E. Hypertension (high blood pressure)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**F. Frequent colds, bronchitis, other upper respiratory infections**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**G. Allergies (pollen, mold, house dust mites, animal dander and saliva, and industrial chemicals)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**H. Allergies (medicine)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**I. Allergies (insect bites and stings)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**J. Ear Infections**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**K. Communicable Diseases (Measles, Mumps, Rubella, Chicken Pox, Hepatitis)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**L. Leukemia or other childhood cancers**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**M. HIV/AIDS and/or other sexually transmitted diseases**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**N. Fetal Alcohol Spectrum or Fetal Alcohol Effects**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**O. Toothaches, cavities, gum disease, and other dental problems**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**P. Blurred vision, near sightedness, farsightedness**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**Q. Physical trauma from accidents (car, bicycle, sports)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**R. Urinary tract infections**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**S. Skin Diseases (psoriasis, eczema)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**T. Pink Eye (conjunctivitis), Head Lice, or Ringworm**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**U. Anxiety or Depression (problem with nerves or mood)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**V. Attention-deficit/hyperactivity disorder (ADHD)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**W. Eating disorder (anorexia, bulimia, feeding problems)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**X. Enuresis (bedwetting) or Encopresis (repeated passing of feces in inappropriate places, whether voluntary or involuntary)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**Y. Self-injurious behaviors (head banging, cutting, biting, scratching)**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**Z. Uncontrolled anger**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**AA. Developmental delay/disorder in age appropriate motor skills**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**BB. Developmental delay/disorder in age appropriate communication**

Yes ☐
No ☐
Don't Know ☐

| IF YES, | Yes | No | DK |
|---|---|---|---|
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**CC. Developmental delay/disorder in age appropriate cognition**

| | | | |
|---|---|---|---|
| Yes | ☐ | | |
| No | ☐ | | |
| Don't Know | ☐ | | |
| IF YES, | Yes | No | DK |
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

**DD. Extreme reaction to stimulation**

| | | | |
|---|---|---|---|
| Yes | ☐ | | |
| No | ☐ | | |
| Don't Know | ☐ | | |
| IF YES, | Yes | No | DK |
| a. Ever been treated for it? | ☐ | ☐ | ☐ |
| b. Currently under medical supervision? | ☐ | ☐ | ☐ |

# Attachment A-1.3

# Parenting Relationship Questionnaire

# PARENTING RELATIONSHIP QUESTIONNAIRE
## Preschool

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |__| 3-mos post-Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# **TI** |__|__|__|__|__|__|__|

Preschool
Hand-Scored Form

PRQ–P
Ages
2–5

# PRQ

## Parenting Relationship Questionnaire

Randy W. Kamphaus, PhD, and Cecil R. Reynolds, PhD

## Instructions:

On the pages that follow are statements that describe common feelings, thoughts, beliefs, and situations a parent may have or experience when caring for his or her child. Please read each statement, and mark the response that best describes your recent experiences (over the last several months).

- Circle **N** if the statement **never** describes your beliefs about or experiences with your child.
- Circle **S** if the statement **sometimes** describes your beliefs about or experiences with your child.
- Circle **O** if the statement **often** describes your beliefs about or experiences with your child.
- Circle **A** if the statement **almost always** describes your beliefs about or experiences with your child.

**Please mark every item.** If you don't know or are unsure of your response to an item, give your best estimate.

### How to Mark Your Responses

Use a sharp pencil or ballpoint pen; do not use a felt-tip pen or marker. Press firmly, and be certain to **circle** completely the letter you choose, like this:

N (S) O A

If you wish to change a response, mark an X through it, and circle your new choice, like this:

N (X) (O) A

**Before starting, be sure to complete the information in the boxes on page 3.**

PEARSON Assessments



Product Number
30501

**REMEMBER:** Indica

# PRQ Parenting Relationship Questionnaire–Preschool

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. | My child enjoys spending time with me. | N | S | O | A | 24. | I know what to say to calm down my child. | N | S | O | A |
| 2. | It is easy for me to make decisions about what my child should do. | N | S | O | A | 25. | My child knows the house rules. | N | S | O | A |
| 3. | My child tests my limits. | N | S | O | A | 26. | I make a lot of mistakes when dealing with my child. | N | S | O | A |
| 4. | It is important for a child to follow family rules. | N | S | O | A | 27. | I punish my child if he or she shows disrespect to an adult. | N | S | O | A |
| 5. | I can sense my child's moods. | N | S | O | A | 28. | I know what my child is thinking. | N | S | O | A |
| 6. | I am confident in my parenting ability. | N | S | O | A | 29. | I am in control of my household. | N | S | O | A |
| 7. | Children should do what parents tell them to do. | N | S | O | A | 30. | I punish my child if he or she talks back to an adult. | N | S | O | A |
| 8. | My child and I play games together. | N | S | O | A | 31. | My child and I work on projects together. | N | S | O | A |
| 9. | I overreact when my child misbehaves. | N | S | O | A | 32. | During the last year, my child has been difficult to take care of. | N | S | O | A |
| 10. | I enjoy spending time with my child. | N | S | O | A | 33. | When my child is upset, I can calm him or her. | N | S | O | A |
| 11. | My child and I do things together outdoors. | N | S | O | A | 34. | My child and I take walks together. | N | S | O | A |
| 12. | It's hard being a parent. | N | S | O | A | 35. | I lose my patience with my child. | N | S | O | A |
| 13. | When upset, my child comes to me for comfort. | N | S | O | A | 36. | It is my responsibility as a parent to punish all of my child's misbehavior. | N | S | O | A |
| 14. | I read to my child. | N | S | O | A | 37. | My child and I plan things to do together. | N | S | O | A |
| 15. | I insist that my child follow the rules of the house. | N | S | O | A | 38. | I punish my child so he or she learns the proper respect for others. | N | S | O | A |
| 16. | I know when my child wants to be left alone. | N | S | O | A | 39. | I know how my child will react in most situations. | N | S | O | A |
| 17. | My child and I go on outings together. | N | S | O | A | 40. | I remain calm when dealing with my child's misbehavior. | N | S | O | A |
| 18. | I punish my child when he or she misbehaves. | N | S | O | A | 41. | I punish my child if he or she destroys someone else's things. | N | S | O | A |
| 19. | My child is hard for me to handle. | N | S | O | A | 42. | I lose my temper with my child. | N | S | O | A |
| 20. | I know when my child will become upset. | N | S | O | A | 43. | I know what my child is feeling. | N | S | O | A |
| 21. | I make good parenting decisions. | N | S | O | A | 44. | I have the energy that I need to cope with my child. | N | S | O | A |
| 22. | I teach my child how to play new games. | N | S | O | A | 45. | My child and I do arts and crafts together. | N | S | O | A |
| 23. | Our family eats together at the dinner table. | N | S | O | A | | | | | | |




**Please be sure you have marked all items.**

e how frequently each statement describes your beliefs or experiences by circling
**N – Never** **S – Sometimes** **O – Often** **A – Almost always**

# PRQ–P
## Ages 2–5

Child's Name _____
First Middle Last

Date _____ Birth Date _____
Month Day Year Month Day Year

School _____ Grade _____

Sex: ☐ Female ☐ Male Age _____

Other Data _____

Your Name _____
First Middle Last

Sex: ☐ Female ☐ Male

Relationship to Child: ☐ Mother ☐ Father

☐ Guardian ☐ Other _____

# PARENTING RELATIONSHIP QUESTIONNAIRE
## Child and Adolescent

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |__| 3-mos post-Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# **TI** |__|__|__|__|__|__|__|

Child and Adolescent
Hand-Scored Form

PRQ–CA
Ages
6–18

# PRQ

## Parenting Relationship Questionnaire

Randy W. Kamphaus, PhD, and Cecil R. Reynolds, PhD

## Instructions:

On the pages that follow are statements that describe common feelings, thoughts, beliefs, and situations a parent may have or experience when caring for his or her child. Please read each statement, and mark the response that best describes your recent experiences (over the last several months).

- Circle **N** if the statement **never** describes your beliefs about or experiences with your child.
- Circle **S** if the statement **sometimes** describes your beliefs about or experiences with your child.
- Circle **O** if the statement **often** describes your beliefs about or experiences with your child.
- Circle **A** if the statement **almost always** describes your beliefs about or experiences with your child.

**Please mark every item.** If you don't know or are unsure of your response to an item, give your best estimate.

### How to Mark Your Responses

Use a sharp pencil or ballpoint pen; do not use a felt-tip pen or marker. Press firmly, and be certain to **circle** completely the letter you choose, like this:

N (S) O A

If you wish to change a response, mark an X through it, and circle your new choice, like this:

N (X) (O) A

**Before starting, be sure to complete the information in the boxes on the right-hand side of page 3.**

PEARSON Assessments



Product Number
30502

# PRQ Parenting Relationship Questionnaire–Child and Adolescent

**REMEMBER:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. My child and I play games together. | N | S | O | A | 25. I teach my child how to play new games. | N | S | O | A |
| 2. I know when my child will become upset. | N | S | O | A | 26. I know when my child wants to be left alone. | N | S | O | A |
| 3. My child is getting a good education at school. | N | S | O | A | 27. My child's school meets his or her educational needs. | N | S | O | A |
| 4. It is difficult for me to communicate clearly with my child. | N | S | O | A | 28. During the last year, my child has been difficult to take care of. | N | S | O | A |
| 5. I enjoy spending time with my child. | N | S | O | A | 29. When my child is upset, I can calm him or her. | N | S | O | A |
| 6. Children should do what parents tell them to do. | N | S | O | A | 30. It is my responsibility as a parent to punish all of my child's misbehavior. | N | S | O | A |
| 7. My child knows the house rules. | N | S | O | A | 31. I have the energy that I need to cope with my child. | N | S | O | A |
| 8. I know what my child is thinking. | N | S | O | A | 32. My child enjoys spending time with me. | N | S | O | A |
| 9. Our family eats together at the dinner table. | N | S | O | A | 33. My child and I work on projects together. | N | S | O | A |
| 10. My child's school meets his or her emotional needs. | N | S | O | A | 34. Teachers seem to understand my child's needs. | N | S | O | A |
| 11. My child and I argue. | N | S | O | A | 35. I lose my patience with my child. | N | S | O | A |
| 12. It is important for a child to follow family rules. | N | S | O | A | 36. I punish my child if he or she shows disrespect to an adult. | N | S | O | A |
| 13. My child tells me about his or her day at school. | N | S | O | A | 37. My child tells me about the things that he or she is doing with friends. | N | S | O | A |
| 14. I remain calm when dealing with my child's misbehavior. | N | S | O | A | 38. It is easy for me to make decisions about what my child should do. | N | S | O | A |
| 15. I find it hard to talk to my child. | N | S | O | A | 39. My child and I get into arguments. | N | S | O | A |
| 16. My child's school seems to spend its money wisely. | N | S | O | A | 40. People at school seem to care about my child. | N | S | O | A |
| 17. I punish my child if he or she talks back to an adult. | N | S | O | A | 41. I punish my child if he or she destroys someone else's things. | N | S | O | A |
| 18. My child and I plan things to do together. | N | S | O | A | 42. I am in control of my household. | N | S | O | A |
| 19. My child tells me about activities at school. | N | S | O | A | 43. My child tells me, "I love you." | N | S | O | A |
| 20. My child and I do arts and crafts together. | N | S | O | A | 44. My child and I go on outings together. | N | S | O | A |
| 21. I listen to what my child has to say. | N | S | O | A | 45. My child is hard for me to handle. | N | S | O | A |
| 22. I can sense my child's moods. | N | S | O | A | 46. I know what my child is feeling. | N | S | O | A |
| 23. My child tells me about his or her problems. | N | S | O | A | 47. My child tells me who his or her friends are. | N | S | O | A |
| 24. I allow my child to use the Internet without supervision. | N | S | O | A | 48. My child's school does a good job of controlling its students. | N | S | O | A |

Indicate how frequently each statement describes your beliefs or experiences by circling
**N – Never  S – Sometimes  O – Often  A – Almost always**

# PRQ–CA
**Ages 6–18**

| | | | | |
|---|---|---|---|---|
| 49. My child and I take walks together. | N | S | O | A |
| 50. I know what to say to calm down my child. | N | S | O | A |
| 51. I am happy with the services my child's school offers. | N | S | O | A |
| 52. My child complains about how I treat him or her. | N | S | O | A |
| 53. I know how my child will react in most situations. | N | S | O | A |
| 54. I punish my child so he or she learns the proper respect for others. | N | S | O | A |
| 55. I make good parenting decisions. | N | S | O | A |
| 56. I have confidence in my child's school principal. | N | S | O | A |
| 57. I overreact when my child misbehaves. | N | S | O | A |
| 58. My child's school is run well. | N | S | O | A |
| 59. My child and I get into heated discussions. | N | S | O | A |
| 60. I insist that my child follow the rules of the house. | N | S | O | A |
| 61. I talk to my child's teacher(s). | N | S | O | A |
| 62. My child and I agree on most things. | N | S | O | A |
| 63. My child tests my limits. | N | S | O | A |
| 64. The classes offered by my child's school meet his or her needs. | N | S | O | A |
| 65. I punish my child when he or she misbehaves. | N | S | O | A |
| 66. I am confident in my parenting ability. | N | S | O | A |
| 67. I tell my child, "I love you." | N | S | O | A |
| 68. My child and I do things together outdoors. | N | S | O | A |
| 69. I lose my temper with my child. | N | S | O | A |
| 70. When upset, my child comes to me for comfort. | N | S | O | A |
| 71. My child tells me what he or she has learned that day. | N | S | O | A |

Child's Name _____ (First / Middle / Last)

Date _____ (Month / Day / Year)  Birth Date _____ (Month / Day / Year)

School _____  Grade _____

Sex: ☐ Female ☐ Male  Age _____

Other Data _____

Your Name _____ (First / Middle / Last)

Sex: ☐ Female ☐ Male

Relationship to Child: ☐ Mother ☐ Father

☐ Guardian ☐ Other _____

# Attachment A-1.4

# Parenting Stress Index

# PARENTING STRESS INDEX

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |__| 3-mos post-Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# **TI** |__|__|__|__|__|__|__|

# PSI Item Booklet

## Instructions:

On the PSI Answer Sheet, please write your name, gender, date of birth, ethnic group, marital status, child's name, child's gender, child's date of birth, and today's date. Please mark all your responses on the answer sheet. DO NOT WRITE ON THIS BOOKLET.

This questionnaire contains 120 statements. Read each statement carefully. For each statement, please focus on the child you are most concerned about, and circle the response which best represents your opinion.

Circle the SA if you strongly agree with the statement.
Circle the A if you agree with the statement.
Circle the NS if you are not sure.
Circle the D if you disagree with the statement.
Circle the SD if you strongly disagree with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in response to the following statement:

I enjoy going to the movies. SA (A) NS D SD

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

Circle only one response for each statement, and respond to all statements. DO NOT ERASE! If you need to change an answer, make an "X" through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies. SA A NS (A) (SD)

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1. When my child wants something, my child usually keeps trying to get it.
2. My child is so active that it exhausts me.
3. My child appears disorganized and is easily distracted.
4. Compared to most, my child has more difficulty concentrating and paying attention.
5. My child will often stay occupied with a toy for more than 10 minutes.
6. My child wanders away much more than I expected.
7. My child is much more active than I expected.
8. My child squirms and kicks a great deal when being dressed or bathed.
9. My child can be easily distracted from wanting something.
10. My child rarely does things for me that make me feel good.
11. Most times I feel that my child likes me and wants to be close to me.
12. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
13. My child smiles at me much less than I expected.
14. When I do things for my child, I get the feeling that my efforts are not appreciated very much.

**For statement 15, choose a response from choices 1 to 4 below.**

15. Which statement best describes your child?
    1. almost always likes to play with me
    2. sometimes likes to play with me
    3. usually doesn't like to play with me
    4. almost never likes to play with me

**For statement 16, choose a response from choices 1 to 5 below.**

16. My child cries and fusses:
    1. much less than I had expected
    2. less than I expected
    3. about as much as I expected
    4. much more than I expected
    5. it seems almost constant
17. My child seems to cry or fuss more often than most children.
18. When playing, my child doesn't often giggle or laugh.
19. My child generally wakes up in a bad mood.
20. I feel that my child is very moody and easily upset.
21. My child looks a little different than I expected and it bothers me at times.
22. In some areas, my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.
23. My child doesn't seem to learn as quickly as most children.
24. My child doesn't seem to smile as much as most children.

25. My child does a few things which bother me a great deal.

26. My child is not able to do as much as I expected.

27. My child does not like to be cuddled or touched very much.

28. When my child came home from the hospital, I had doubtful feelings about my ability to handle being a parent.

29. Being a parent is harder than I thought it would be.

30. I feel capable and on top of things when I am caring for my child.

31. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house.

32. My child reacts very strongly when something happens that my child doesn't like.

33. Leaving my child with a babysitter is usually a problem.

34. My child gets upset easily over the smallest thing.

35. My child easily notices and overreacts to loud sounds and bright lights.

36. My child's sleeping or eating schedule was much harder to establish than I expected.

37. My child usually avoids a new toy for a while before beginning to play with it.

38. It takes a long time and it is very hard for my child to get used to new things.

39. My child doesn't seem comfortable when meeting strangers.

**For statement 40, choose from choices 1 to 4 below.**

40. When upset, my child is:
    1. easy to calm down
    2. harder to calm down than I expected
    3. very difficult to calm down
    4. nothing I do helps to calm my child

**For statement 41, choose from choices 1 to 5 below.**

41. I have found that getting my child to do something or stop doing something is:
    1. much harder than I expected
    2. somewhat harder than I expected
    3. about as hard as I expected
    4. somewhat easier than I expected
    5. much easier than I expected

**For statement 42, choose from choices 1 to 5 below.**

42. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please circle the number which includes the number of things you counted.
    1. 1–3
    2. 4–5
    3. 6–7
    4. 8–9
    5. 10+

**For statement 43, choose from choices 1 to 5 below.**

43. When my child cries, it usually lasts:
    1. less than 2 minutes
    2. 2–5 minutes
    3. 5–10 minutes
    4. 10–15 minutes
    5. more than 15 minutes

44. There are some things my child does that really bother me a lot.

45. My child has had more health problems than I expected.

46. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.

47. My child turned out to be more of a problem than I had expected.

48. My child seems to be much harder to care for than most.

49. My child is always hanging on me.

50. My child makes more demands on me than most children.

51. I can't make decisions without help.

52. I have had many more problems raising children than I expected.

53. I enjoy being a parent.

54. I feel that I am successful most of the time when I try to get my child to do or not do something.

55. Since I brought my last child home from the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.

56. I often have the feeling that I cannot handle things very well.

**For statement 57, choose from choices 1 to 5 below.**

57. When I think about myself as a parent I believe:
    1. I can handle anything that happens
    2. I can handle most things pretty well
    3. sometimes I have doubts, but find that I handle most things without any problems
    4. I have some doubts about being able to handle things
    5. I don't think I handle things very well at all

**For statement 58, choose from choices 1 to 5 below.**

58. I feel that I am:
    1. a very good parent
    2. a better than average parent
    3. an average parent
    4. a person who has some trouble being a parent
    5. not very good at being a parent

**For questions 59 and 60, choose from choices 1 to 5 below.**

59. What were the highest levels in school or college you and the child's father/mother have completed?
Mother:
    1. 1st to 8th grade
    2. 9th to 12th grade
    3. vocational or some college
    4. college graduate
    5. graduate or professional school

60. Father:
    1. 1st to 8th grade
    2. 9th to 12th grade
    3. vocational or some college
    4. college graduate
    5. graduate or professional school

**For question 61, choose from choices 1 to 5 below.**

61. How easy is it for you to understand what your child wants or needs?
    1. very easy
    2. easy
    3. somewhat difficult
    4. it is very hard
    5. I usually can't figure out what the problem is

62. It takes a long time for parents to develop close, warm feelings for their children.

63. I expected to have closer and warmer feelings for my child than I do and this bothers me.

64. Sometimes my child does things that bother me just to be mean.

65. When I was young, I never felt comfortable holding or taking care of children.

66. My child knows I am his or her parent and wants me more than other people.

67. The number of children that I have now is too many.

68. Most of my life is spent doing things for my child.

69. I find myself giving up more of my life to meet my children's needs than I ever expected.

70. I feel trapped by my responsibilities as a parent.

71. I often feel that my child's needs control my life.

72. Since having this child, I have been unable to do new and different things.

73. Since having a child, I feel that I am almost never able to do things that I like to do.

74. It is hard to find a place in our home where I can go to be by myself.

75. When I think about the kind of parent I am, I often feel guilty or bad about myself.

76. I am unhappy with the last purchase of clothing I made for myself.

77. When my child misbehaves or fusses too much, I feel responsible, as if I didn't do something right.

78. I feel every time my child does something wrong, it is really my fault.

79. I often feel guilty about the way I feel toward my child.

80. There are quite a few things that bother me about my life.

81. I felt sadder and more depressed than I expected after leaving the hospital with my baby.

82. I wind up feeling guilty when I get angry at my child and this bothers me.

83. After my child had been home from the hospital for about a month, I noticed that I was feeling more sad and depressed than I had expected.

84. Since having my child, my spouse (or male/female friend) has not given me as much help and support as I expected.

85. Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).

86. Since having a child, my spouse (or male/female friend) and I don't do as many things together.

87. Since having a child, my spouse (or male/female friend) and I don't spend as much time together as a family as I had expected.

88. Since having my last child, I have had less interest in sex.

89. Having a child seems to have increased the number of problems we have with in-laws and relatives.

90. Having children has been much more expensive than I had expected.

91. I feel alone and without friends.

92. When I go to a party, I usually expect not to enjoy myself.

93. I am not as interested in people as I used to be.

94. I often have the feeling that other people my own age don't particularly like my company.

95. When I run into a problem taking care of my children, I have a lot of people to whom I can talk to get help or advice.

96. Since having children, I have a lot fewer chances to see my friends and to make new friends.

97. During the past six months, I have been sicker than usual or have had more aches and pains than I normally do.

98. Physically, I feel good most of the time.

99. Having a child has caused changes in the way I sleep.

100. I don't enjoy things as I used to.

**For statement 101, choose from choices 1 to 4 below.**

101. Since I've had my child:
    1. I have been sick a great deal
    2. I haven't felt as good
    3. I haven't noticed any change in my health
    4. I have been healthier

**For statements 102 to 120, choose from choices Y for "Yes" and N for "No."**
During the last 12 months, have any of the following events occurred in your immediate family?

102. Divorce
103. Marital reconciliation
104. Marriage
105. Separation
106. Pregnancy
107. Other relative moved into household
108. Income increased substantially (20% or more)
109. Went deeply into debt
110. Moved to new location
111. Promotion at work
112. Income decreased substantially
113. Alcohol or drug problem
114. Death of close family friend
115. Began new job
116. Entered new school
117. Trouble with superiors at work
118. Trouble with teachers at school
119. Legal problems
120. Death of immediate family member

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# PSI Answer Sheet

Name _____ Gender _____ Date of birth _____ Ethnic group _____

Marital status _____ Child's name _____ Child's gender _____

Child's date of birth _____ Today's date _____

| SA = Strongly Agree | A = Agree | NS = Not Sure | D = Disagree | SD = Strongly Disagree |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| **1.** SA A NS D SD | **31.** SA A NS D SD | **61.** 1 2 3 4 5 | **91.** SA A NS D SD |
| **2.** SA A NS D SD | **32.** SA A NS D SD | **62.** SA A NS D SD | **92.** SA A NS D SD |
| **3.** SA A NS D SD | **33.** SA A NS D SD | **63.** SA A NS D SD | **93.** SA A NS D SD |
| **4.** SA A NS D SD | **34.** SA A NS D SD | **64.** SA A NS D SD | **94.** SA A NS D SD |
| **5.** SA A NS D SD | **35.** SA A NS D SD | **65.** SA A NS D SD | **95.** SA A NS D SD |
| **6.** SA A NS D SD | **36.** SA A NS D SD | **66.** SA A NS D SD | **96.** SA A NS D SD |
| **7.** SA A NS D SD | **37.** SA A NS D SD | **67.** SA A NS D SD | **97.** SA A NS D SD |
| **8.** SA A NS D SD | **38.** SA A NS D SD | **68.** SA A NS D SD | **98.** SA A NS D SD |
| **9.** SA A NS D SD | **39.** SA A NS D SD | **69.** SA A NS D SD | **99.** SA A NS D SD |
| **10.** SA A NS D SD | **40.** 1 2 3 4 | **70.** SA A NS D SD | **100.** SA A NS D SD |
| **11.** SA A NS D SD | **41.** 1 2 3 4 5 | **71.** SA A NS D SD | **101.** 1 2 3 4 |
| **12.** SA A NS D SD | **42.** 1 2 3 4 5 | **72.** SA A NS D SD | **102.** Y N |
| **13.** SA A NS D SD | **43.** 1 2 3 4 5 | **73.** SA A NS D SD | **103.** Y N |
| **14.** SA A NS D SD | **44.** SA A NS D SD | **74.** SA A NS D SD | **104.** Y N |
| **15.** 1 2 3 4 | **45.** SA A NS D SD | **75.** SA A NS D SD | **105.** Y N |
| **16.** 1 2 3 4 5 | **46.** SA A NS D SD | **76.** SA A NS D SD | **106.** Y N |
| **17.** SA A NS D SD | **47.** SA A NS D SD | **77.** SA A NS D SD | **107.** Y N |
| **18.** SA A NS D SD | **48.** SA A NS D SD | **78.** SA A NS D SD | **108.** Y N |
| **19.** SA A NS D SD | **49.** SA A NS D SD | **79.** SA A NS D SD | **109.** Y N |
| **20.** SA A NS D SD | **50.** SA A NS D SD | **80.** SA A NS D SD | **110.** Y N |
| **21.** SA A NS D SD | **51.** SA A NS D SD | **81.** SA A NS D SD | **111.** Y N |
| **22.** SA A NS D SD | **52.** SA A NS D SD | **82.** SA A NS D SD | **112.** Y N |
| **23.** SA A NS D SD | **53.** SA A NS D SD | **83.** SA A NS D SD | **113.** Y N |
| **24.** SA A NS D SD | **54.** SA A NS D SD | **84.** SA A NS D SD | **114.** Y N |
| **25.** SA A NS D SD | **55.** SA A NS D SD | **85.** SA A NS D SD | **115.** Y N |
| **26.** SA A NS D SD | **56.** SA A NS D SD | **86.** SA A NS D SD | **116.** Y N |
| **27.** SA A NS D SD | **57.** 1 2 3 4 5 | **87.** SA A NS D SD | **117.** Y N |
| **28.** SA A NS D SD | **58.** 1 2 3 4 5 | **88.** SA A NS D SD | **118.** Y N |
| **29.** SA A NS D SD | **59.** 1 2 3 4 5 | **89.** SA A NS D SD | **119.** Y N |
| **30.** SA A NS D SD | **60.** 1 2 3 4 5 | **90.** SA A NS D SD | **120.** Y N |

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# Attachment A-1.5

# Social Skills Improvement System (SSIS)

# SOCIAL SKILLS IMPROVEMENT SYSTEM (SSIS)

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |__| 3-mos post-Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# **TI** |__|__|__|__|__|__|__|

# SSiS Social Skills Improvement System

Rating Scales
**Parent**
Hand-Scoring Form

*Frank M. Gresham, PhD, and Stephen N. Elliott, PhD*

## Instructions

This booklet contains statements describing your child's behavior and consists of two parts: Social Skills and Problem Behaviors.

## Social Skills & Problem Behaviors

Please read each item and think about your child's behavior during the past two months. Then, decide **how often** your child displays the behavior.

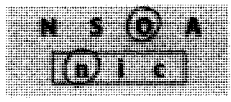
If your child **never** behaves this way, circle the **N**.
If your child **seldom** behaves this way, circle the **S**.
If your child **often** behaves this way, circle the **O**.
If your child **almost always** behaves this way, circle the **A**.

For each of the Social Skills items, please also rate **how important** you think the behavior is for your child's development.

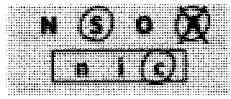
If you think the behavior is **not important** for your child's development, circle the **n**.
If you think the behavior is **important** for your child's development, circle the **i**.
If you think the behavior is **critical** for your child's development, circle the **c**.

## How to Mark Your Responses

When marking responses, use a sharp pencil or ballpoint pen; do not use a felt-tip pen or marker. Press firmly, and be certain to **circle** completely the letter you choose, like this:




If you wish to change a response, mark an **X** through it, and **circle** your new choice, like this:




**Please mark every item.** If you are uncertain of your response to an item, give your best estimate. There are no right or wrong answers.

**Before starting, be sure to complete the information in the boxes on the right-hand side of page 3.**

 Product Number 14102

***Remember:*** How Often: **N** - Never **S** - Seldom **O** - Often **A** - Almost Always

How Important: **n** - not important **i** - important **c** - critical

| | |
|---|---|
| **1.** Expresses feelings when wronged. N S O A n i c | **11.** Says when there is a problem. N S O A n i c |
| **2.** Follows household rules. N S O A n i c | **12.** Works well with family members. N S O A n i c |
| **3.** Tries to understand how you feel. N S O A n i c | **13.** Forgives others. N S O A n i c |
| **4.** Says "thank you." N S O A n i c | **14.** Speaks in appropriate tone of voice. N S O A n i c |
| **5.** Asks for help from adults. N S O A n i c | **15.** Stands up for others who are treated unfairly. N S O A n i c |
| **6.** Takes care when using other people's things. N S O A n i c | **16.** Is well-behaved when unsupervised. N S O A n i c |
| **7.** Pays attention to your instructions. N S O A n i c | **17.** Follows your directions. N S O A n i c |
| **8.** Tries to make others feel better. N S O A n i c | **18.** Tries to understand how others feel. N S O A n i c |
| **9.** Joins activities that have already started. N S O A n i c | **19.** Starts conversations with peers. N S O A n i c |
| **10.** Takes turns in conversations. N S O A n i c | **20.** Uses gestures or body appropriately with others. N S O A n i c |

| | |
|---|---|
| **47.** Has difficulty waiting for turn. N S O A | **54.** Acts without thinking. N S O A |
| **48.** Repeats the same thing over and over. N S O A | **55.** Becomes upset when routines change. N S O A |
| **49.** Forces others to act against their will. N S O A | **56.** Is aggressive toward people or objects. N S O A |
| **50.** Has stereotyped motor behaviors. N S O A | **57.** Withdraws from others. N S O A |
| **51.** Fidgets or moves around too much. N S O A | **58.** Has temper tantrums. N S O A |
| **52.** Keeps others out of social circles. N S O A | **59.** Does things to make others feel scared. N S O A |
| **53.** Is inattentive. N S O A | **60.** Breaks into or stops group activities. N S O A |

***Please mark every item.***

## Social Skills

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 21. Resolves disagreements with you calmly. | N | S | O | A | 31. Stays calm when teased. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 22. Respects the property of others. | N | S | O | A | 32. Does what she/he promised. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 23. Makes friends easily. | N | S | O | A | 33. Introduces herself/himself to others. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 24. Says "please." | N | S | O | A | 34. Takes criticism without getting upset. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 25. Questions rules that may be unfair. | N | S | O | A | 35. Says nice things about herself/himself without bragging. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 26. Takes responsibility for her/his own actions. | N | S | O | A | 36. Makes a compromise during a conflict. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 27. Completes tasks without bothering others. | N | S | O | A | 37. Follows rules when playing games with others. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 28. Tries to comfort others. | N | S | O | A | 38. Shows concern for others. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 29. Interacts well with other children. | N | S | O | A | 39. Invites others to join in activities. | N | S | O | A |
| | n | i | c | | | n | i | c | |
| 30. Responds well when others start a conversation or activity. | N | S | O | A | 40. Makes eye contact when talking. | N | S | O | A |
| | n | i | c | | | n | i | c | |

## Problem Behaviors

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 61. Has low energy or is lethargic. | N | S | O | A | 68. Acts sad or depressed. | N | S | O | A |
| 62. Uses odd physical gestures in interactions. | N | S | O | A | 69. Is preoccupied with object parts. | N | S | O | A |
| 63. Bullies others. | N | S | O | A | 70. Disobeys rules or requests. | N | S | O | A |
| 64. Acts anxious with others. | N | S | O | A | 71. Has sleeping problems. | N | S | O | A |
| 65. Talks back to adults. | N | S | O | A | 72. Lies or does not tell the truth. | N | S | O | A |
| 66. Says nobody likes her/him. | N | S | O | A | 73. Gets embarrassed easily. | N | S | O | A |
| 67. Gets distracted easily. | N | S | O | A | | | | | |

# SSiS™ Rating Scales Parent Hand-Scoring Form

| | | | | |
|---|---|---|---|---|
| 41. Tolerates peers when they are annoying. | N | S | O | A |
| | n | i | c | |
| 42. Takes responsibility for her/his own mistakes. | N | S | O | A |
| | n | i | c | |
| 43. Starts conversations with adults. | N | S | O | A |
| | n | i | c | |
| 44. Responds appropriately when pushed or hit. | N | S | O | A |
| | n | i | c | |
| 45. Stands up for herself/himself when treated unfairly. | N | S | O | A |
| | n | i | c | |
| 46. Stays calm when disagreeing with others. | N | S | O | A |
| | n | i | c | |

| | | | | |
|---|---|---|---|---|
| 74. Says bad things about self. | N | S | O | A |
| 75. Has nonfunctional routines or rituals. | N | S | O | A |
| 76. Cheats in games or activities. | N | S | O | A |
| 77. Acts lonely. | N | S | O | A |
| 78. Fights with others. | N | S | O | A |
| 79. Has eating problems. | N | S | O | A |

Your Name _____ (First / Middle / Last)

Sex: ❑ Female ❑ Male

Relationship to Child: ❑ Mother ❑ Father ❑ Guardian ❑ Other _____

School/Center _____

Grade/Class _____

Other Data _____

Child's Name _____ (First / Middle / Last)

Birth Date _____ (Month / Day / Year)

Sex: ❑ Female ❑ Male

# Attachment A-1.6

# Trauma Symptom Checklist for Young Children

# TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| CHILD'S ID# |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |__| 3-mos post-Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# **TI** |__|__|__|__|__|__|__|

# TSCYC™ Item Booklet

**John Briere, PhD**

Please read all of these instructions carefully before beginning. Mark all of your answers on the accompanying Answer Sheet and write only where indicated. DO NOT write in this Item Booklet.

On the Answer Sheet, please write the date and the child's name, gender, race, age, and living situation in the spaces provided. Also, please write your name, your gender, and your relationship to the child in the spaces provided.

The following items have to do with things the child does, feels, or experiences. Please indicate how often each of the following things has happened **in the last month**.

| | |
|---|---|
| Circle 1 if your answer is *Not At All*; it has not happened at all in the last month. | (1) 2 3 4 |
| Circle 2 if your answer is *Sometimes*; it has happened in the last month, but has not happened often. | 1 (2) 3 4 |
| Circle 3 if your answer is *Often*; it has happened often in the last month. | 1 2 (3) 4 |
| Circle 4 if your answer is *Very Often*; it has happened very often in the last month. | 1 2 3 (4) |

If you make a mistake or change your mind, **DO NOT ERASE!** Make an "X" through the incorrect response and then draw a circle around the correct response.

Example: 1 (X) 3 (4)

Please answer each item as honestly as you can. Be sure to answer every item. You can take as much time as you need to finish all of the items.

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| 1 | 2 | 3 | 4 |
|---|---|---|---|
| Not At All | Sometimes | Often | Very Often |

The following items have to do with things the child does, feels, or experiences. Please indicate how often he or she has done, felt, or experienced each of the following things **in the last month**.

1. Temper tantrums
2. Looking sad
3. Telling a lie
4. Bad dreams or nightmares
5. Living in a fantasy world
6. Seeming to know more about sex than he or she should
7. Being easily scared
8. Not wanting to go somewhere that reminded him or her of a bad thing from the past
9. Worrying that his or her food was poisoned
10. Flinching or jumping when someone moved quickly or there was a loud noise
11. Being bothered by memories of something that happened to him or her
12. Worrying that someone might be sexual with him or her
13. Not wanting to talk about something that happened to him or her
14. Not doing something he or she was supposed to do
15. Breaking things on purpose
16. Talking about sexual things
17. Having trouble concentrating
18. Blaming himself or herself for things that weren't his or her fault
19. Acting frightened when he or she was reminded of something that happened in the past
20. Pretending to have sex
21. Worrying that bad things would happen in the future
22. Arguing
23. Getting into physical fights
24. Drawing pictures about an upsetting thing that happened to him or her
25. Not noticing what he or she was doing
26. Having trouble sitting still
27. Playing games about something bad that actually happened to him or her in the past
28. Seeming to be in a daze
29. Having trouble remembering an upsetting thing that happened in the past
30. Using drugs
31. Fear of the dark
32. Being afraid to be alone
33. Spacing out
34. Being too aggressive
35. Touching other children's or adults' private parts (under or over clothes)

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| Not At All | Sometimes | Often | Very Often |

Please indicate how often the child has done, felt, or experienced each of the following things **in the last month**.

36. Suddenly seeing, feeling, or hearing something bad that happened in the past
37. Hearing voices telling him or her to hurt someone
38. Staring off into space
39. Changing the subject or not answering when he or she was asked about a bad thing that happened to him or her
40. Having a nervous breakdown
41. Not laughing or being happy like other children
42. Crying at night because he or she was frightened
43. Hitting adults (including parents)
44. Being frightened of men
45. Not being able to pay attention
46. Seeming to be a million miles away
47. Being easily startled
48. Watching out everywhere for possible danger
49. No longer doing things that he or she used to enjoy
50. Becoming frightened or disturbed when something sexual was mentioned or seen
51. Not sleeping for two or more days
52. Not paying attention because he or she was in his or her own world
53. Making mistakes
54. Crying for no obvious reason
55. Not wanting to be around someone who did something bad to him or her or reminded him or her of something bad
56. Being tense
57. Worrying about other people's safety
58. Becoming very angry over a little thing
59. Drawing pictures about sexual things
60. Pulling his or her hair out
61. Calling himself or herself bad, stupid, or ugly
62. Throwing things at friends or family members
63. Getting upset about something in the past
64. Temporary blindness or paralysis
65. Getting upset about something sexual
66. Not going to bed at night the first time he or she was asked
67. Fear that he or she would be killed by someone
68. Saying that nobody liked him or her
69. Crying when he or she was reminded of something from the past

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| Not At All | Sometimes | Often | Very Often |

Please indicate how often the child has done, felt, or experienced each of the following things **in the last month**.

70. Saying that something bad didn't happen to him or her even though it did happen
71. Saying he or she wanted to die or be killed
72. Acting as if he or she didn't have any feelings about something bad that happened to him or her
73. Whining
74. Not sleeping well
75. Worrying about sexual things
76. Being frightened by things that didn't used to scare him or her
77. Hallucinating
78. Acting like he or she was in a trance
79. Forgetting his or her own name
80. Getting upset when he or she was reminded of something bad that happened
81. Avoiding things that reminded him or her of a bad thing that had happened in the past
82. Acting jumpy
83. Making a mess
84. Acting sad or depressed
85. Being so absent-minded that he or she didn't notice what was going on around him or her
86. Not wanting to eat certain foods
87. Yelling at family, friends, or teachers
88. Not playing because he or she was depressed
89. Being disobedient
90. Intentionally hurting other children or family members

# Attachment A-1.7

# BASIS-24®

FEBRUARY 23, 2010 FORMAT

Readmit |__|
2 Phases |__|
Initial |__|__|

OMB No. xxxxx-xxxx
Expiration Date: xx-xx-xxxx

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE: Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____| GRANT# **TI** |__|__|__|__|__|__|

# BASIS-24™ (BEHAVIOR AND SYMPTOM IDENTIFICATION SCALE)

**Instructions to Respondents:** This survey asks about how you are feeling and doing in different areas of life. Please check the box below your answer that best describes yourself during the ***PAST WEEK***. Please answer every question. If you are unsure about how to answer please give the best answer you can.

| DURING THE PAST WEEK, how much difficulty did you have: | No Difficulty | A Little Difficulty | Moderate Difficulty | Quite a Bit of Difficulty | Extreme Difficulty |
|---|---|---|---|---|---|
| 1. Managing your day-to-day life | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Coping with problems in your life? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Concentrating? | ☐ | ☐ | ☐ | ☐ | ☐ |

| DURING THE PAST WEEK, how much of the time did you: | None of the Time | A little of the Time | Half of the Time | Most of the Time | All of the Time |
|---|---|---|---|---|---|
| 4. Get along with people in your family? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Get along with people outside your family? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Get along well in social situations? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Feel close to another person? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Feel like you had someone to turn to if you needed help? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Feel confident in yourself? | ☐ | ☐ | ☐ | ☐ | ☐ |

| DURING THE PAST WEEK, how much of the time did you: | None of the Time | A little of the Time | Half of the Time | Most of the Time | All of the Time |
|---|---|---|---|---|---|
| 10. Feel sad or depressed? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Think about ending your life? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Feel nervous? | ☐ | ☐ | ☐ | ☐ | ☐ |

| DURING THE PAST WEEK, how often did you: | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| 13. Have thoughts racing through your head? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. Think you had special powers? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. Hear voices or see things? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Think people were watching you? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Think people were against you? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. Have mood swings? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. Feel short-tempered? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Think about hurting yourself? | ☐ | ☐ | ☐ | ☐ | ☐ |

| DURING THE PAST WEEK, how often: | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| 21. Did you have an urge to drink alcohol or take street drugs? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. Did anyone talk to you about your drinking or drug use? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. Did you try to hide your drinking or drug use? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. Did you have problems from your drinking or drug use? | ☐ | ☐ | ☐ | ☐ | ☐ |

# Attachment A-1.8

# Child Abuse Potential Inventory

# CHILD ABUSE POTENTIAL INVENTORY

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE: Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# TI |__|__|__|__|__|__|

# CAP INVENTORY FORM VI

Joel S. Milner, Ph.D.


Name:_____ Date:_____ ID#:_____

Age:_____ Gender: Male_____ Female_____ Marital Status: Sin___ Mar___ Sep___ Div___ Wid___

Race: Black___ White___ Latino___ Am. Indian___ Number of children in home_____

Asian Am.___ Other (specify)_____ Highest grade completed_____

**INSTRUCTIONS:** The following questionnaire includes a series of statements which may be applied to yourself. Read each of the statements and determine if you **AGREE** or **DISAGREE** with the statement. If you agree with a statement, circle **A** for agree. If you disagree with a statement, circle **DA** for disagree. Be honest when giving your answers. Remember to read each statement; it is important not to skip any statement.

●OOO

| | | | |
|---|---|---|---|
| 1. | I never feel sorry for others | A | DA |
| 2. | I enjoy having pets | A | DA |
| 3. | I have always been strong and healthy | A | DA |
| 4. | I like most people | A | DA |
| 5. | I am a confused person | A | DA |
| 6. | I do not trust most people | A | DA |
| 7. | People expect too much from me | A | DA |
| 8. | Children should never be bad | A | DA |
| 9. | I am often mixed up | A | DA |
| 10. | Spanking that only bruises a child is okay | A | DA |
| 11. | I always try to check on my child when it's crying | A | DA |
| 12. | I sometimes act without thinking | A | DA |
| 13. | You cannot depend on others | A | DA |
| 14. | I am a happy person | A | DA |
| 15. | I like to do things with my family | A | DA |
| 16. | Teenage girls need to be protected | A | DA |
| 17. | I am often angry inside | A | DA |
| 18. | Sometimes I feel all alone in the world | A | DA |
| 19. | Everything in a home should always be in its place | A | DA |
| 20. | I sometimes worry that I cannot meet the needs of a child | A | DA |
| 21. | Knives are dangerous for children | A | DA |
| 22. | I often feel rejected | A | DA |
| 23. | I am often lonely inside | A | DA |
| 24. | Little boys should never learn sissy games | A | DA |
| 25. | I often feel very frustrated | A | DA |

●OOO

O●OO

| | | | |
|---|---|---|---|
| 26. | Children should never disobey | A | DA |
| 27. | I love all children | A | DA |
| 28. | Sometimes I fear that I will lose control of myself | A | DA |
| 29. | I sometimes wish that my father would have loved me more | A | DA |
| 30. | I have a child who is clumsy | A | DA |
| 31. | I know what is the right and wrong way to act | A | DA |
| 32. | My telephone number is unlisted | A | DA |
| 33. | The birth of a child will usually cause problems in a marriage | A | DA |
| 34. | I am always a good person | A | DA |
| 35. | I never worry about my health | A | DA |
| 36. | I sometimes worry that I will not have enough to eat | A | DA |
| 37. | I have never wanted to hurt someone else | A | DA |
| 38. | I am an unlucky person | A | DA |
| 39. | I am usually a quiet person | A | DA |
| 40. | Children are pests | A | DA |
| 41. | Things have usually gone against me in life | A | DA |
| 42. | Picking up a baby whenever he cries spoils him | A | DA |
| 43. | I sometimes am very quiet | A | DA |
| 44. | I sometimes lose my temper | A | DA |
| 45. | I have a child who is bad | A | DA |
| 46. | I sometimes think of myself first | A | DA |
| 47. | I sometimes feel worthless | A | DA |
| 48. | My parents did not really care about me | A | DA |
| 49. | I am sometimes very sad | A | DA |
| 50. | Children are really little adults | A | DA |
| 51. | I have a child who breaks things | A | DA |
| 52. | I often feel worried | A | DA |
| 53. | It is okay to let a child stay in dirty diapers for a while | A | DA |
| 54. | A child should never talk back | A | DA |
| 55. | Sometimes my behavior is childish | A | DA |
| 56. | I am often easily upset | A | DA |
| 57. | Sometimes I have bad thoughts | A | DA |
| 58. | Everyone must think of himself first | A | DA |
| 59. | A crying child will never be happy | A | DA |
| 60. | I have never hated another person | A | DA |
| 61. | Children should not learn how to swim | A | DA |
| 62. | I always do what is right | A | DA |
| 63. | I am often worried inside | A | DA |
| 64. | I have a child who is sick a lot | A | DA |
| 65. | Sometimes I do not like the way I act | A | DA |
| 66. | I sometimes fail to keep all of my promises | A | DA |
| 67. | People have caused me a lot of pain | A | DA |
| 68. | Children should stay clean | A | DA |
| 69. | I have a child who gets into trouble a lot | A | DA |
| 70. | I never get mad at others | A | DA |

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| | | | |
|---|---|---|---|
| 71. | I always get along with others | A | DA |
| 72. | I often think about what I have to do | A | DA |
| 73. | I find it hard to relax | A | DA |
| 74. | These days a person doesn't really know on whom one can count | A | DA |
| 75. | My life is happy | A | DA |
| 76. | I have a physical handicap | A | DA |
| 77. | Children should have play clothes and good clothes | A | DA |
| 78. | Other people do not understand how I feel | A | DA |
| 79. | A five year old who wets his bed is bad | A | DA |
| 80. | Children should be quiet and listen | A | DA |
| 81. | I have several close friends in my neighborhood | A | DA |
| 82. | The school is primarily responsible for educating the child | A | DA |
| 83. | My family fights a lot | A | DA |
| 84. | I have headaches | A | DA |
| 85. | As a child I was abused | A | DA |
| 86. | Spanking is the best punishment | A | DA |
| 87. | I do not like to be touched by others | A | DA |
| 88. | People who ask for help are weak | A | DA |
| 89. | Children should be washed before bed | A | DA |
| 90. | I do not laugh very much | A | DA |
| 91. | I have several close friends | A | DA |
| 92. | People should take care of their own needs | A | DA |
| 93. | I have fears no one knows about | A | DA |
| 94. | My family has problems getting along | A | DA |
| 95. | Life often seems useless to me | A | DA |
| 96. | A child should be potty trained by the time he's one year old | A | DA |
| 97. | A child in a mud puddle is a happy sight | A | DA |
| 98. | People do not understand me | A | DA |
| 99. | I often feel worthless | A | DA |
| 100. | Other people have made my life unhappy | A | DA |
| 101. | I am always a kind person | A | DA |
| 102. | Sometimes I do not know why I act as I do | A | DA |
| 103. | I have many personal problems | A | DA |
| 104. | I have a child who often hurts himself | A | DA |
| 105. | I often feel very upset | A | DA |
| 106. | People sometimes take advantage of me | A | DA |
| 107. | My life is good | A | DA |
| 108. | A home should be spotless | A | DA |
| 109. | I am easily upset by my problems | A | DA |
| 110. | I never listen to gossip | A | DA |
| 111. | My parents did not understand me | A | DA |
| 112. | Many things in life make me angry | A | DA |
| 113. | My child has special problems | A | DA |
| 114. | I do not like most children | A | DA |
| 115. | Children should be seen and not heard | A | DA |

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|---|---|---|---|
| 116. | Most children are alike | A | DA |
| 117. | It is important for children to read | A | DA |
| 118. | I am often depressed | A | DA |
| 119. | Children should occasionally be thoughtful of their parents | A | DA |
| 120. | I am often upset | A | DA |
| 121. | People don't get along with me | A | DA |
| 122. | A good child keeps his toys and clothes neat and orderly | A | DA |
| 123. | Children should always make their parents happy | A | DA |
| 124. | It is natural for a child to sometimes talk back | A | DA |
| 125. | I am never unfair to others | A | DA |
| 126. | Occasionally, I enjoy not having to take care of my child | A | DA |
| 127. | Children should always be neat | A | DA |
| 128. | I have a child who is slow | A | DA |
| 129. | A parent must use punishment if he wants to control a child's behavior | A | DA |
| 130. | Children should never cause trouble | A | DA |
| 131. | I usually punish my child when it is crying | A | DA |
| 132. | A child needs very strict rules | A | DA |
| 133. | Children should never go against their parents' orders | A | DA |
| 134. | I often feel better than others | A | DA |
| 135. | Children sometimes get on my nerves | A | DA |
| 136. | As a child I was often afraid | A | DA |
| 137. | Children should always be quiet and polite | A | DA |
| 138. | I am often upset and do not know why | A | DA |
| 139. | My daily work upsets me | A | DA |
| 140. | I sometimes fear that my children will not love me | A | DA |
| 141. | I have a good sex life | A | DA |
| 142. | I have read articles and books on child rearing | A | DA |
| 143. | I often feel very alone | A | DA |
| 144. | People should not show anger | A | DA |
| 145. | I often feel alone | A | DA |
| 146. | I sometimes say bad words | A | DA |
| 147. | Right now, I am deeply in love | A | DA |
| 148. | My family has many problems | A | DA |
| 149. | I never do anything that is bad for my health | A | DA |
| 150. | I am always happy with what I have | A | DA |
| 151. | Other people have made my life hard | A | DA |
| 152. | I laugh some almost every day | A | DA |
| 153. | I sometimes worry that my needs will not be met | A | DA |
| 154. | I often feel afraid | A | DA |
| 155. | I sometimes act silly | A | DA |
| 156. | A person should keep his business to himself | A | DA |
| 157. | I never raise my voice in anger | A | DA |
| 158. | As a child I was knocked around by my parents | A | DA |
| 159. | I sometimes think of myself before others | A | DA |
| 160. | I always tell the truth | A | DA |

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# Attachment A-1.9

# Family Support Scale

# FAMILY SUPPORT SCALE

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. XXXX-XXXX
Expiration Date XX-XX-XXXX

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE: Intake |__| 6-mos post-Intake |__| Discharge |__| 6-mos post-Discharge |__|

PERSON COMPLETING |_____|

GRANT# TI |__|__|__|__|__|__|

# Family Support Scale

*Carl J. Dunst, Carol M. Trivette, and Vicki Jenkins*

Name_____ Date_____

Listed below are people and groups that oftentimes are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to ***your family***. Please ***circle*** the response that *best describes* how ***helpful*** the people and groups have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, circle the NA (Not Available) response.

| How ***helpful*** has each of the following been to you in terms of raising your child(ren)? | Not Available | Not at All Helpful | Sometimes Helpful | Generally Helpful | Very Helpful | Extremely Helpful |
|---|---|---|---|---|---|---|
| 1. My parents | NA | 1 | 2 | 3 | 4 | 5 |
| 2. My spouse or partner's parents | NA | 1 | 2 | 3 | 4 | 5 |
| 3. My relatives/kin | NA | 1 | 2 | 3 | 4 | 5 |
| 4. My spouse or partner's relatives/kin | NA | 1 | 2 | 3 | 4 | 5 |
| 5. My spouse or partner | NA | 1 | 2 | 3 | 4 | 5 |
| 6. My friends | NA | 1 | 2 | 3 | 4 | 5 |
| 7. My spouse or partner's friends | NA | 1 | 2 | 3 | 4 | 5 |
| 8. My older child(ren) | NA | 1 | 2 | 3 | 4 | 5 |
| 9. Neighbors | NA | 1 | 2 | 3 | 4 | 5 |
| 10. Other parents | NA | 1 | 2 | 3 | 4 | 5 |
| 11. Co-workers | NA | 1 | 2 | 3 | 4 | 5 |
| 12. Parent group members | NA | 1 | 2 | 3 | 4 | 5 |
| 13. Social groups/clubs | NA | 1 | 2 | 3 | 4 | 5 |
| 14. Church members/minister | NA | 1 | 2 | 3 | 4 | 5 |
| 15. My family or child's physician | NA | 1 | 2 | 3 | 4 | 5 |
| 16. Early childhood intervention program | NA | 1 | 2 | 3 | 4 | 5 |
| 17. School/daycare center | NA | 1 | 2 | 3 | 4 | 5 |
| 18. Professional helpers (social workers, therapists, teachers, etc.) | NA | 1 | 2 | 3 | 4 | 5 |
| 19. Professional agencies (public health, social services, mental health, etc.) | NA | 1 | 2 | 3 | 4 | 5 |
| 20. _____ | NA | 1 | 2 | 3 | 4 | 5 |
| 21. _____ | NA | 1 | 2 | 3 | 4 | 5 |

# Attachment A-1.10

# Ferrans and Powers Quality of Life Index

FEBRUARY 23, 2010 FORMAT

Readmit |__|
2 Phases |__|
Initial |__|__|

Form Approved
OMB No. xxxx-xxxx
Expiration Date xx-xx-xxxx

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| FAMILY ID# **8** |__|__|

MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

RESPONDENT: Mother |__| Mother's partner |__| Child's father |__| Other |__| Specify: _____

IF RESPONDENT IS NOT THE MOTHER, What are the Child IDs of the children he or she has a relationship with?
|__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__|

IF RESPONDENT IS THE BIOLOGICAL FATHER, What are the Child IDs of his biological children?
|__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__| , |__|__|

EVALUATION PHASE: Intake |__| 6-mos post-Intake (MOTHER ONLY) |__| Discharge |__| 6-mos post-Discharge (MOTHER ONLY) |__|

PERSON COMPLETING |_____| GRANT# **TI** |__|__|__|__|__|__|

# FERRANS AND POWERS QUALITY OF LIFE INDEX©
# GENERIC VERSION – III

**PART 1.** For each of the following, please choose the answer that best describes how ***satisfied*** you are with that area of your life. Please mark your answer by checking the box. There are no right or wrong answers.

| **How satisfied are you with:** | Very dissatisfied | Moderately dissatisfied | Slightly dissatisfied | Slightly satisfied | Moderately satisfied | Very satisfied |
|---|---|---|---|---|---|---|
| 1. Your health? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Your health care? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. The amount of pain that you have? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. The amount of energy you have for everyday activities? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Your ability to take care of yourself without help? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. The amount of control you have over your life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Your chances of living as long as you would like? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Your family's health? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Your children? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Your family's happiness? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Your sex life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Your spouse, lover, or partner? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Your friends? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| How satisfied are you with: | Very dissatisfied | Moderately dissatisfied | Slightly dissatisfied | Slightly satisfied | Moderately satisfied | Very satisfied |
|---|---|---|---|---|---|---|
| 14. The emotional support you get from your family? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. The emotional support you get from people other than your family? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Your ability to take care of family responsibilities? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. How useful you are to others? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. The amount of worries in your life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. Your neighborhood? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Your home, apartment, or place where you live? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. Your job (if employed)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. Not having a job (if unemployed, retired, or disabled)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. Your education? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. How well you can take care of your financial needs? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. The things you do for fun? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26. Your chances for a happy future? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 27. Your peace of mind? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 28. Your faith in God? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 29. Your achievement of personal goals? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30. Your happiness in general? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 31. Your life in general? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 32. Your personal appearance? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 33. Yourself in general? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**PART 2.** For each of the following, please choose the answer that best describes how important that area of your life is to you. Please mark your answer by checking the box. There are no right or wrong answers.

| How important to you is: | Very unimportant | Moderately unimportant | Slightly unimportant | Slightly important | Moderately important | Very important |
|---|---|---|---|---|---|---|
| 1. Your health? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Your health care? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Having no pain? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Having enough energy for everyday activities? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Taking care of yourself without help? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Having control over your life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| How important to you is: | Very unimportant | Moderately unimportant | Slightly unimportant | Slightly important | Moderately important | Very important |
|---|---|---|---|---|---|---|
| 7. Living as long as you would like? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Your family's health? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Your children? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Your family's happiness? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Your sex life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Your spouse, lover, or partner? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Your friends? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. The emotional support you get from your family? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. The emotional support you get from people other than your family? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Taking care of family responsibilities? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Being useful to others? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. Having no worries? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. Your neighborhood? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Your home, apartment, or place where you live? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. Your job (if employed)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. Having a job (if unemployed, retired, or disabled)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. Your education? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. Being able to take care of your financial needs? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. Doing things for fun? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26. Having a happy future? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 27. Peace of mind? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 28. Your faith in God? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 29. Achieving your personal goals? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30. Your happiness in general? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 31. Being satisfied with life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 32. Your personal appearance? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 33. Are you to yourself? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Attachment A-1.11

# Items Administered to Women

READMIT |__|
INITIALS |__|__|

DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| MOTHER'S GPRA INTAKE DATE|__|__| |__|__| |**2**|**0**|__|__|

EVALUATION PHASE: Intake |✓| PERSON COMPLETING |_____| GRANT# **TI** |__|__|__|__|__|__|

# INTAKE: ITEMS ADMINISTERED TO WOMEN

This tool is to be administered to women by project staff at intake.

1. How many of your children, if any, are living with you in this residential treatment program?

   |__|__| None |__| Don't know |__|

2. During the past 30 days, how many days have you smoked cigarettes?

   0-30 days|__|__| Refused |__| Don't know |__|

3. During the past 30 days, how many days have you smoked cigars, cigarillos, or pipes?

   0-30 days|__|__| Refused |__| Don't know |__|

4. During the past 30 days, how many days have you used chewing tobacco, snuff, or dip?

   0-30 days|__|__| Refused |__| Don't know |__|

5. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?

   Yes |__| No |__| Refused |__| Don't know |__|

6. Within the last year, has anyone forced you to have sexual activities that made you feel uncomfortable?

   Yes |__| No |__| Refused |__| Don't know |__|

READMIT |__|
INITIALS |__|__|

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE: 6-mos post-Intake |✓| PERSON COMPLETING |_____| GRANT# **TI** |__|__|__|__|__|__|

# 6 MONTHS POST-INTAKE: ITEMS ADMINISTERED TO WOMEN

This tool is to be administered to women by project staff at six months post-intake.

1. IF STILL IN TREATMENT, How many of your children, if any, are living with you in this residential treatment program?

   |__|__| None |__| Don't know |__| Not still in treatment |__|

2. During the past 30 days, how many days have you smoked cigarettes?

   0-30 days|__|__| Refused |__| Don't know |__|

3. During the past 30 days, how many days have you smoked cigars, cigarillos, or pipes?

   0-30 days|__|__| Refused |__| Don't know |__|

4. During the past 30 days, how many days have you used chewing tobacco, snuff, or dip?

   0-30 days|__|__| Refused |__| Don't know |__|

READMIT |__|
INITIALS |__|__|

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| MOTHER'S GPRA INTAKE DATE |__|__| |__|__| |2|0|__|__|

WOMAN'S DISCHARGE DATE: |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE:Discharge |✓| PERSON COMPLETING |_____| GRANT# **TI** |__|__|__|__|__|__|

# DISCHARGE: ITEMS ADMINISTERED TO WOMEN

This tool is to be administered to women by project staff at discharge.

1. Just prior to discharge, how many of your children, if any, lived with you in this residential treatment program?

   |__|__| None |__| Don't know |__|

2. During the past 30 days, how many days have you smoked cigarettes?

   0-30 days|__|__| Refused |__| Don't know |__|

3. During the past 30 days, how many days have you smoked cigars, cigarillos, or pipes?

   0-30 days|__|__| Refused |__| Don't know |__|

4. During the past 30 days, how many days have you used chewing tobacco, snuff, or dip?

   0-30 days|__|__| Refused |__| Don't know |__|

READMIT |__|
INITIALS |__|__|

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| a.m. |__| p.m. |__| END TIME: |__|__| : |__|__|a.m. |__| p.m. |__|

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| MOTHER'S GPRA INTAKE DATE|__|__| |__|__| |2|0|__|__|

WOMAN'S DISCHARGE DATE: |__|__| |__|__| |2|0|__|__|

EVALUATION PHASE: 6 months post-Discharge |_✓_| PERSON COMPLETING |_____| GRANT# **TI**|__|__|__|__|__|__|

# 6 MONTHS POST-DISCHARGE: ITEMS ADMINISTERED TO WOMEN

This tool is to be administered to women by project staff at six months post-discharge.

1. During the past 30 days, how many days have you smoked cigarettes?

   0-30 days|__|__| Refused |__| Don't know |__|

2. During the past 30 days, how many days have you smoked cigars, cigarillos, or pipes?

   0-30 days|__|__| Refused |__| Don't know |__|

3. During the past 30 days, how many days have you used chewing tobacco, snuff, or dip?

   0-30 days|__|__| Refused |__| Don't know |__|

4. Since you left treatment, have you been hit, slapped, kicked or otherwise physically hurt by someone?

   Yes |__| No |__| Refused |__| Don't know |__|

5. Since you left treatment, has anyone forced you to have sexual activities that made you feel uncomfortable?

   Yes |__| No |__| Refused |__| Don't know |__|

6. Since leaving treatment, have you received support in your recovery from any of the following? Select all that apply.

   Additional treatment (inpatient or outpatient) |__|
   Self-help groups |__|
   Community or faith-based programs |__|
   Family/friend support |__|
   Other (specify)_____ |__|
   I have not received any support |__|
   Refused |__|

# Attachment A-1.12

# Site Visit Protocol – Client Focus Groups

TI # _____

**Client Focus Group Protocol**
(2/15/10)

*[Interviewer: Start tape recorder and explain the purpose of the focus group session by saying:]*

**Introduction and Overview** (5 minutes)

Hello. My name is _____ and this is _____ we are from Westat, a research consulting company. We'd like to welcome you and thank you for joining us today.

I'd like to take a few minutes to review the purpose of this focus group meeting and why we are using an audiotape recorder. We are conducting a cross-site evaluation of PPW programs on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The purpose of this study is to evaluate the effectiveness of PPW programs that received Federal funds and obtain information about how they can be improved. As part of this study, Westat is conducting site visits to PPW programs and focus groups with PPW clients. You are being asked to participate in this focus group because of your participation in this PPW program.

We want to speak with you today because we are interested in learning about your experience in this residential treatment program. This focus group will last about one to one and a half hours. We do not expect you to answer our questions in any particular way, there are no right or wrong answers; the important thing is for you to share your experience and opinions. You are the experts and we would like to learn from you. The information you share with us may be used to help other women who participate in this program after you, and/or women in similar programs across the country.

To ensure that we obtain accurate information, we will be audiotape recording this focus group as well as taking detailed notes. All information provided during this focus group will be kept private. This tape recording will be kept in a locked file cabinet to ensure your privacy, and we will only use your first name during the focus group.

To ensure your privacy, we will not link an individual's name with a specific response when reporting our results and we will not include any names in the transcript that is made of this focus group. When reporting our results, your responses will be combined with information provided by other clients (including clients in other PPW programs funded by CSAT) and reported in summary form.

Please note that there are limits to the privacy of the information reported in this focus group, and if we learn of threats to your personal safety (e.g., suicidal thoughts) or the safety of others (e.g., current child abuse and/or neglect, homicidal thoughts) we will report this information to PPW program staff.

You may refuse to participate in this focus group and you may stop participating at any time. You also do not have to answer any questions that you do not want to answer.

Does anyone have any questions?

To ensure that each of you understands all that is involved with this focus group we have consent forms for each of you to read and sign. Please take a moment to read the consent form and sign when you are ready.

Thank you.

*[Interviewer: Explain the process and rules of the focus group session by saying:]*

**Focus Group Process** (5 minutes)

This discussion will take about one and one-half hours. To help us learn as much as possible from each other, we would like to share some group rules:

Group Rules

- You are the experts! We are here to learn from you.
- Everyone's ideas count. Please respect everyone's right to their opinions.
- There are no right or wrong answers. Everything you have to say is valuable. If something is important to you, it's important to us.
- Please speak one person at a time; otherwise, it will be hard for us to understand what each of you is saying.
- The discussion today is private and should remain in this room.
- Neither I nor any members of my team will reveal any personal information to other people and we ask that you also do not share the details of this discussion with others.
- Please turn off electronic devices (i.e., cell phones)

Does anyone have any questions?

## **Focus Group Questions** (60 minutes)

*[Interviewer: The tone of the focus group should be conversational and respectful of the expertise of the participants. Be prepared to explore answers to questions using prompts, such as "Can you tell me more about that?", "What makes you say that?", and "Can you explain that to me please?" Additionally, be prepared to explore unanticipated topics that may be raised by participants during the course of the discussion.]*

1. How long have each of you been living in this program?
    a. *If applicable to the program's treatment model,* what phase of the program are each of you in?
2. How many of you are pregnant? How many of you are post-partum?

3. Do you feel that the living conditions in this program:
    a. Are homelike, welcoming, and culturally appropriate?
    b. Facility is safe and secure (entry to the program is protected, security procedures in place)?
    c. Safe neighborhood in terms of crime and drug use?
    d. Program common areas are for women only?
    e. Smoking areas are safe and secure?

4. Do you feel that this program is responsive to specific needs of pregnant and post-partum women, and women with children?
    a. *Probe for examples.*

5. Do you feel that this program is responsive to specific needs of women with trauma experiences (e.g., history of physical and/or sexual abuse)?
    a. *Probe for examples.*

6. Do you feel that this program is responsive to/meeting your own specific needs?
    a. *Probe for examples.*

**Women's Services**

7. Have there been any specific services or activities that you have received/participated in here that have helped you to:
    a. Stay clean and sober?
    b. Improve the physical health of you and/or your children?
    c. Improve your relationship with your children (including those who live with you in this program and those that do not currently live with you)?
    d. Build better relationships with other family members (including the father(s) of your children, partner/spouse, parent, sibling, etc.)?

e. Develop better strategies to reduce your exposure to/experience with violence/abuse?

f. Develop skills to find a job once you leave this program?

g. Develop skills to locate permanent housing once you leave this program?

8. On average how many of the following services have you received/participated in:
    a. Counseling sessions per week?
        i. Probe for examples (individual, couples/family).
        ii. Onsite or off-site?
        iii. Do you have the same counselor as when you started in the program or has your counselor changed (e.g., consistency of staff)?
            1. If no, do you know why you have a different counselor?
        iv. How available is your counselor if you need to talk to her (e.g., by appointment only, as needed during the day shift, 24 hours a day, some other schedule)?
    b. Educational group sessions (e.g., parenting skills, GED, health issues) per week?
        i. Probe for examples.
        ii. Onsite or off-site?
    c. Medical services (physical exam, laboratory testing, GYN exam, treatment for an existing or new medical condition) since entering into this program?
        i. Probe for examples.
        ii. Onsite or off-site?
9. For any off-site services, has the program assisted you in accessing off-site services and activities? (If yes, in what ways?)
    a. What has been your experience in accessing off-site services?

Now I'd like to ask you some questions about the services offered to your children and other family members.

**Children's and Family Services**

10. How many of you have children living with you in this program?
    a. How old are these children?
    b. How much time do you spend with your children in this program?
    c. What types of services have they received: *Probe for:*
        *i. Medical (onsite or offsite)*
        *ii. Mental health (onsite or off-site)*

11. Has this program provided any services to your children who do not live with you here, and/or your family members?
    a. What types of services have they received from this program? Probe for:
        i. Education/Information
        ii. Referrals for services
        iii. Treatment services (e.g., individual mental health, medical services for themselves, couples/family treatment)

12. How many of you have family members that you would like to participate in this program that are currently not involved?
    a. Why have they not been able to participate *(Probe: any programmatic barriers to inclusion of these family members*)?

**Program Strengths and Weaknesses**

13. What do you see as the strengths of this program and how has it supported your own recovery?

14. What do you see as the weaknesses of this program?
    *Probe*: *Any problems you have encountered and how have they been resolved?*

15. What services are not currently provided in this program that you think would help your own recovery, or your children and/or family (i.e., any recommendations for how the program can be improved)?

16. Would you recommend a program like this to other women? Why or Why not?

**Thank you very much for taking the time to participate in this focus group with us today !**