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OMB#: 0925-0584  
Exp. xx/xx/xxxx

## HCHS/SOL Visit 2 Family Cohesion

ID NUMBER:

FORM CODE: FCE  
VERSION: 1, 12/10/2013

Contact Occasion

0  2

SEQ #

### Administrative Information

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option.

### Family Cohesion

The following are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is True or mostly True of your family, please respond True. If you think the statement is False or mostly False of your family, please respond False. You may feel that some of the statements are true for some family members and false for others. Respond True if the statement is true for most members. Respond False if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly. Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

- |  | True                     | False                    |
|--|--------------------------|--------------------------|
| 1. Family members really help and support one another.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. We often seem to be killing time at home.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. We put a lot of energy into what we do at home.                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There is a feeling of togetherness in our family.                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. We rarely volunteer when something has to be done at home.        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Family members really back each other up.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. There is very little group spirit in our family.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. We really get along well with each other.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. There is plenty of time and attention for everyone in our family. | <input type="checkbox"/> | <input type="checkbox"/> |

[The Family Cohesion questions are part of the Family Environment Scale<sup>®</sup> developed by B.S. Moos and R.H. Moos used by permission of the authors as licensed by Mind Garden, Inc. No unauthorized reproduction of these materials is permitted.]

### Household Composition

(Note – from U.S. Census. A household includes all the persons who occupy a housing unit as their usual place of residence. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live and eat separately from any other persons in the building and which have direct access from outside the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. Modified definition will be included on form or in Q x Q).

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10. Including yourself, how many people are currently (in terms of the last month) living in your household?

(If one, **END QUESTIONNAIRE**)

**Could you please list each of the people who are currently living in your household. You don't need to tell me their names, just their relationship to you.**

a. Relationship 1: \_\_\_\_\_

Age

b. Relationship 2: \_\_\_\_\_

Age

c. Relationship 3: \_\_\_\_\_

Age

d. Relationship 4: \_\_\_\_\_

Age

e. Relationship 5: \_\_\_\_\_

Age

f. Relationship 6: \_\_\_\_\_

Age

g. Relationship 7: \_\_\_\_\_

Age

h. Relationship 8: \_\_\_\_\_

Age

i. Relationship 9: \_\_\_\_\_

Age