

AGENCY DISCLOSURE NOTICE

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DATE / /
BASE

NPSP ID# _____

Family Advocacy New Parent Support Program Family Needs Screener

1. What is your military status? (**PLEASE CIRCLE**)
 1. Active Duty Member
 2. Family Member, Spouse
 3. Retired Military
 4. Family Member, Daughter
 5. Other (**SPECIFY**): _____
2. What is the sponsor's military status? (**PLEASE CIRCLE**)
 1. Active Duty
 2. Retired Military
 3. Other (**SPECIFY**): _____
3. What is your marital status? (**PLEASE CIRCLE**)
 1. Single
 2. Married
 3. Divorced

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4. Separated
5. Widowed

4. What is your current living situation? Are you: **(PLEASE CIRCLE)**

1. Living together with your partner/spouse
2. Living alone (or with children only)
3. Living with your parents (or other adults)
4. Other living situation **(SPECIFY)**: _____

5. How long have you been living together: _____ Years _____ Months _____ Not Applicable

6. Are you currently pregnant or in the process of adoption? **(PLEASE CIRCLE)**

1. Yes
2. No **(GO TO QUESTION 7)**

(a) No. of Weeks Pregnant _____

7. Did you have or adopt a baby over the last 12 months? **(PLEASE CIRCLE)**

1. Yes
2. No

8. How many children are living with you? **(SPECIFY)**: _____

9. Do you have any children living with you who are from a prior relationship? (either yours or your partner's) **(PLEASE CIRCLE)**

1. Yes
2. No

10. What is your age? _____

11. What is your partner's age? _____ **(SKIP IF NOT APPLICABLE)**

Ethnic Group

12. Which of these race and/or ethnic groups do you and your partner consider yourself? **(PLEASE CIRCLE ALL THAT APPLY)**

YOU		YOUR PARTNER	
1	White	1	White
2	Hispanic or Latino	2	Hispanic or Latino
3	Black or African American	3	Black or African American
4	Asian	4	Asian
5	Amer. Indian or Alaskan Native	5	Amer. Indian or Alaskan Native
6	Middle Eastern or North African	6	Middle Eastern or North African
7	Nat. Hawaiian or Pacific Islander	7	Nat. Hawaiian or Pacific Islander
8	Some other group (SPECIFY) : _____	8	Some other group (SPECIFY) : _____

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Education

13. What is the last year of school that you and your partner completed? **(PLEASE CIRCLE)**

YOU		YOUR PARTNER	
1	7 th Grade or Less	1	7 th Grade or Less
2	8 th Grade	2	8 th Grade
3	Some High School/GED	3	Some High School/GED
4	High School Graduate	4	High School Graduate
5	Some College	5	Some College
6	College Graduate	6	College Graduate
7	Post-B.A. Training	7	Post-B.A. Training
8	Advanced Degree	8	Advanced Degree

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INSTRUCTIONS: FOR EACH QUESTION, PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THE BEST RESPONSE

GO TO QUESTION 17 IF YOU ARE NOT CURRENTLY PREGNANT

	Strongly Disagree	Disagree	Agree	Strongly Agree
14. My partner is very supportive of this pregnancy.	1	2	3	4
15. This is an unplanned pregnancy.	1	2	3	4
16. This is not a good time for me to have a baby.	1	2	3	4

GO TO QUESTION 21 IF YOU ARE NOT CURRENTLY IN A RELATIONSHIP

17. My partner treats me well.	1	2	3	4
18. My partner and I have a very good relationship.	1	2	3	4
19. I wish my partner and I got along better.	1	2	3	4
20. I have thought seriously about ending my relationship with my partner.	1	2	3	4
21. This is a very stressful time for me.	1	2	3	4
22. At times I feel out of control, like I'm losing it.	1	2	3	4
23. Uncontrolled anger can be a problem in my family.	1	2	3	4
24. I only have a few friends/family to help with the baby (my children).	1	2	3	4
25. I feel very isolated.	1	2	3	4
26. I sometimes drink enough to feel really high or drunk.	1	2	3	4
27. I sometimes drink five or more drinks of alcohol at a time, but mostly on weekends.	1	2	3	4

GO TO QUESTION 29 IF YOU ARE NOT CURRENTLY IN A RELATIONSHIP

28. My partner sometimes drinks five or more drinks at a time, but mostly on weekends.	1	2	3	4
29. It is sometimes necessary to discipline a child with a good, hard spanking.	1	2	3	4
30. I can think of a situation when I would approve of a wife slapping a husband's face.	1	2	3	4
31. I can think of a situation when I would approve of a husband slapping a wife's face.	1	2	3	4
32. It is sometimes necessary for parents to slap a teen who talks back or is getting into trouble.	1	2	3	4
33. When I was a child I was spanked or hit a lot by my mother or father.	1	2	3	4

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INSTRUCTIONS: FOR EACH QUESTION, PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THE BEST RESPONSE

	Strongly Disagree	Disagree	Agree	Strongly Agree
34. When I was a teenager, I was hit a lot by my mother or father.	1	2	3	4
35. When I was growing up, I saw my mother or father hit or throw something at their partner.	1	2	3	4
36. My parents helped me when I had problems.	1	2	3	4
37. I have unhappy memories of my childhood.	1	2	3	4
38. My parents did not comfort me when I was upset.	1	2	3	4
39. My income is often inadequate for basic needs (rent, food, clothing, transportation, etc.).	1	2	3	4
40. I feel that I have a number of good qualities.	1	2	3	4
41. I feel that I am a person of worth, at least on an equal basis with others.	1	2	3	4
42. I frequently feel as if I am not as good as others.	1	2	3	4
43. I feel I do not have much to be proud of.	1	2	3	4
44. All in all, I am inclined to feel that I am a failure.	1	2	3	4
45. Someone I'm close to makes me feel confident in myself.	1	2	3	4
46. There is someone I can talk to openly about anything.	1	2	3	4
47. There is someone I can talk to about problems in my relationship.	1	2	3	4
48. I have someone to borrow money from in an emergency.	1	2	3	4
49. I have someone to take care of my child/children for several hours if needed.	1	2	3	4
50. I have someone who helps me around the house.	1	2	3	4
51. I have someone I can count on in times of need.	1	2	3	4
52. I usually wake up feeling pretty good.	1	2	3	4
53. I think good things will happen to me in the future.	1	2	3	4
54. There are times when I feel life is not worth living.	1	2	3	4
55. I feel sad quite often.	1	2	3	4
	YES		NO	
56. Have you or your partner been involved in a suspected or verified case of child abuse or neglect?	1			2
57. Have you or your partner been involved in a suspected or verified case of spouse abuse?	1			2

END OF QUESTIONNAIRE
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THANK YOU