**Maajtaag Mnobmaadzid Healthy Start-Family Spirit PFS**

HSID:      \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Date:      \_\_\_/\_\_\_/\_\_\_\_\_\_ Staff:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s First name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Last Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: Prenatal  Parenting  Completed by:  Mother  Father  Other Adult Caregiver

**Part I.** Please ***circle*** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

Very

About Half

Very

Never Rarely Rarely the Time Frequently Frequently Always

1. In my family, we talk about

problems. 1 2 3 4 5 6 7

2. When we argue, my family listens to “both sides of the story.”

1 2 3 4 5 6 7

3. In my family, we take time to

listen to each other. 1 2 3 4 5 6 7

4. My family pulls together when

things are stressful. 1 2 3 4 5 6 7

5. My family is able to solve our

problems. 1 2 3 4 5 6 7

**Part II.** Please *circle* the number that best describes how much you agree or disagree with the statement.

Strongly

Mostly

Slightly

Slightly

Mostly

Strongly

Disagree Disagree Disagree Neutral Agree Agree Agree

6. I have others who will listen

when I need to talk about my problems.

1 2 3 4 5 6 7

7. When I am lonely, there are

several people I can talk to. 1 2 3 4 5 6 7

8. I would have no idea where to turn if my family needed food

1 2 3 4 5 6 7

or housing.

9. I wouldn’t know where to go

for help if I had trouble

1 2 3 4 5 6 7

making ends meet.

10. If there is a crisis, I have

others I can talk to. 1 2 3 4 5 6 7

11. If I needed help finding a job,

I wouldn’t know where to go

1 2 3 4 5 6 7

 for help.

**Part III.** This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child’s age or date of birth and then answer questions with this child in mind.

**Child’s Age**

**or DOB \_/\_ \_/**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly | Mostly | Slightly | Slightly | Mostly | Strongly |

Disagree Disagree Disagree Neutral Agree Agree Agree

12. There are many times when I

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| don’t know what to do as a | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| parent. |  |  |  |  |  |  |  |
| 13. I know how to help my child  learn. 1 | | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. My child misbehaves just to  upset me. 1 | | 2 | 3 | 4 | 5 | 6 | 7 |

**Part IV.** Please tell us how often each of the following happens in your family.

Never

Very

Rarely Rarely

About Half

the Time Frequently

Very

Frequently Always

15. I praise my child when he/she

behaves well. 1 2 3 4 5 6 7

16. When I discipline my child, I

lose control. 1 2 3 4 5 6 7

17. I am happy being with my

child. 1 2 3 4 5 6 7

18. My child and I are very close

to each other. 1 2 3 4 5 6 7

19. I am able to soothe my child

when he/she is upset. 1 2 3 4 5 6 7

20. I spend time with my child

doing what he/she likes to do. 1 2 3 4 5 6 7