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Family Functioning of Neglectful Families

Family Assessment Manual

The National Resource Center
on Family Based Services
The University of Iowa
School of Social Work
Iowa City, Iowa 52242

Funded by Grant # 90-CA-1415/03
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FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES:

FAMILY ASSESSMENT MANUAL

The National Resource Center
on Family Based Services
The University of Iowa
School of Social Work

in collaboration with

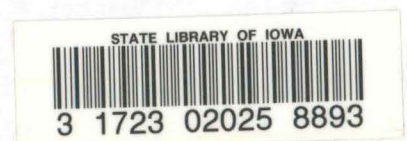
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FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES:

FAMILY ASSESSMENT MANUAL

TABLE OF CONTENTS

INTRODUCTION

Description of the Study and Methodology

APPENDIX A-1 -- GENERAL INSTRUCTIONS AND REFERENCES

Protocol for Family Functioning Interview
Personal Safety for Interviews in Potentially Violent Situations
Recruitment Letter
Information Summary
Consent to Participate
Video Consent Form
Release of Information

APPENDIX A-2 -- MEASURE OF NEGLECT

Risk Assessment Survey

APPENDIX A-3 -- GENERAL FAMILY INTERVIEW

Demographics
Economic Situation
Problems with Housing, Neighborhood
Previous Placements (Card A)
Stressful Life Events
Illness, Injuries
Previous Services Received
Community Eco-Map (Card B)

APPENDIX A-4 -- CARETAKER/ADULT INTERVIEW

Family of Origin, Placement History
Abuse/Neglect as a Child
Culture, Spirituality
Addiction Severity Index: Medical History
 Psychological History
 Drug/Alcohol Use
 Legal/Criminal History

APPENDIX A-5 -- CHILD INTERVIEW

Developmental Status I (Ages 0-60 months)
Parent Perception Inventory (Ages 5 through 11)

APPENDIX A-6 -- SELF-REPORT MEASURES: ADULTS

Report of Child Behavior:

Achenbach Child Behavior Checklist

Cultural Identity:

Ethnic, Culture, Religion/Spirituality Questionnaire

Depression, Self-Esteem:

Brief Symptom Inventory

Rosenberg Self-Esteem Inventory

Parenting Attitudes:

Adult/Adolescent Parenting Inventory

Family Functioning:

Self-Report Family Inventory

Male Participation in Childcare:

Parenting Activities Questionnaire

APPENDIX A-7 -- SELF-REPORT MEASURES: CHILDREN

Family Functioning:

Self-Report Family Inventory (Ages 12 and up)

Self-Esteem:

Rosenberg Self-Esteem Scale (Ages 8 and up)

Substance Abuse:

Drug/Alcohol Questionnaire (Ages 8 and up)

APPENDIX A-8 -- ADDENDUM TO INTERVIEW

Severity Ratings for Addiction Severity Index

Questions for Interviewer

Summary of Problems

Home Observation Checklist

REFERENCES

**FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES:
FAMILY ASSESSMENT MANUAL**

In the summer of 1990, the National Resource Center on Family Based Services, in cooperation with the Northwest Indian Child Welfare Association, began data collection for a study of family functioning in neglecting and comparison Indian and non-Indian families. Families were recruited for the project in two sites: Iowa and Oregon. The primary research questions to be addressed were: 1) Are there measurable differences in family functioning between neglecting and comparison Native American and white families? 2) What are the effects of such factors as family structure, male participation, extended family relations, mental health problems, and substance abuse on family functioning? and 3) Over a time period of twelve to eighteen months, what factors increase or decrease the likelihood of neglect or repeated neglect? The instruments and procedures described in this manual constitute the basic methodology of this study.

At the beginning of the study, a Native American family assessment specialist was hired in each of the two sites: Tama County, Iowa, which includes the Sac and Fox of the Mississippi in Iowa, or Mesquakie tribe and an eleven-county area in Oregon, which includes the Confederated Tribes of the Siletz and Warm Springs tribes. The family assessment specialists (Ijibwa and Nez Perce), along with the research team, worked to identify and interview families in each of four groups: Indian neglect, Indian comparison, non-Indian neglect, and non-Indian comparison. Families were identified through a variety of sources, including referrals from income maintenance workers, random selection through AFDC lists, advertisements in Native American settlement areas, and newspaper advertisements. Family assessment specialists then contacted families by phone to determine whether the family was eligible for inclusion in the study. The Alaska Assessment for Risk of Continued Neglect (Baird & Neuenfeldt, 1988) was administered

over the phone to determine the family's level of risk and whether the family had ever been reported for neglect. If the family was eligible and agreed to participate in the study, interviews were scheduled for times when most of the family members' children and participating fathers were expected to be at home. In order to assess changes in functioning over time, families were interviewed up to three times, at six-month intervals. Families were paid \$90 for three interviews, or \$30 per interview.

Prior to commencing the first interview, families were given both an oral and written description of the study, and were asked to sign a consent form for participation. Families who agreed to be videotaped for the Beavers interactional assessment also signed a videotaping consent form.

The interview consists of a General Interview, separate interviews with the primary caregiver and the second adult (if available), adult self-report measures, and standardized measures for children. An addendum, which elicits family assessment specialists' observations of the family is also included. The general interview obtains data regarding family demographics, neighborhood characteristics, stressful life events, receipt of services, sources and adequacy of income, housing issues, children's placement history, and a community ecomap. The adult interviews cover adult placement history and family history, medical, psychological, legal, and substance abuse history, feelings about ethnic issues, and sources of social support. The items regarding medical, psychological, legal and substance use history follow the format used in the Addiction Severity Index (McClellan, Luborsky, Woody, & O'Brien, 1980), except that the list of specific substances used was adapted for this study to be less intrusive. Adult self-report instruments include a subscale of items from the Brief Symptom Inventory (BSI) (Derogatis, 1975), the Rosenberg Self-Esteem scale (RSE) (Rosenberg, 1979), the Self-Report Family Inventory (SFI) (Beavers, et al., 1990), the Child Behavior Checklist (CBC) (Achenbach & Edelbrock, 1983), the Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984), and the CAGE questionnaire (Ewing, 1984).

At the first interview, caregivers complete a questionnaire on ethnicity, culture and spirituality developed by Terry Cross, the director of the Northwest Indian Child Welfare Association. At subsequent interviews, caregivers and male second adults complete questionnaires regarding male caregivers' participation in child care activities developed by Williams and Finkelhor.

The Developmental Status I scale (Children's Bureau of Southern California, 1988) is administered to children ages 0-5 as a preliminary screen for possible developmental delays. Children ages 5-11 complete the Parent Perception Inventory (PPI) (Hazard & Christensen, 1983), which reflects children's perception of parents' positive and negative parenting behaviors. The Rosenberg Self-Esteem Scale is completed by children ages 8 and older, as is the children's Drug and Alcohol questionnaire (Conger, 1989). Children ages 12 and older complete the Self-Report Family Inventory (Beavers, 1990). Table 1 lists the instruments by age group.

All of the standardized measures were tested for inter-item reliability using Cronbach's alpha and all except the Beavers Family Style Scale, coded from videotapes, were found to have acceptable levels of reliability (Table 2). Although only selected items were used from the Brief Symptom Inventory (BSI), they still had high reliability.

At the end of the interviews, families who have agreed to be videotaped are asked to sit together and discuss the question: "What would you like to see changed about your family?" This conversation is videotaped for approximately ten minutes, and the tapes are coded according to the Style and Competence scales of the Beavers Family Assessment measures. Procedures for the interviews are listed in the section "Protocol for Family Functioning Interviews".

After leaving the family's home, the family assessment specialist completes the Addendum, which includes items regarding caretakers' need for additional services or treatment, their ability to understand questions and read, interaction between caregivers

and children, and the Dubowitz Home Observation checklist. Interviews usually last one to two hours, depending on the number and ages of children present, respondents' ability to read and complete instruments and understand questions, and whether or not videotaping is done.

ETHNIC GROUP DIFFERENCES IN STANDARDIZED SCALES

The Assessment of the Risk for Continued Neglect scale, developed for the state of Alaska, was the only standardized instrument in the battery which had previously been tested on an indigenous population. Research instruments developed and standardized for non-Native populations were used for lack of other choices with the idea that their suitability for this population would be assessed, not taken for granted.

Although the descriptive statistics indicated no reason to discount any of the scales for either population,¹ variations between the neglect and comparison groups suggest that some of the scales are better suited for one ethnic group than the other (Table 3). For both groups the Assessment of Risk for Continued Neglect scale was quite accurate in classifying high (14.1%) and low (29.5%) risk families in accordance with their designation as neglecting or not in this study. Midrange scores included 56.4 percent of the sample, more or less equally divided between the neglect and comparison groups, in part because the scale was not used concurrently with report of neglect. Apart from the risk assessment scale, the child development screen was the only other scale to differ significantly between the neglect and comparison groups in both the Indian and non-Indian samples.

Several scales were more successful in detecting differences between neglecting and comparison families within only one of the ethnic groups. Both the CAGE and the PPI Father Positive scales differed significantly in the Indian sample and were close to significance in the non-Indian sample. The AAPI subscales, particularly the empathy subscale, differed in the expected direction between the neglect and comparison groups in the non-Indian sample, but failed to differentiate between them, or reversed direction, in

the Indian sample. This suggests caution in using the AAPI with Native Americans. The CBC scores, however, were in the expected direction and the differences between neglecting and comparison families were significant in the total sample and close to significance in the Indian sample.

Analysis of the bivariate correlation of each of the standardized scores with the aggregated risk score showed that the CBC was moderately correlated with risk and the BSI items weakly correlated with risk in both ethnic groups (Table 4). Positive attitudes of children toward their fathers, as measured by the PPI, were more highly correlated with risk in both ethnic groups, but this was based on a small number of responses.

While correlations with the risk scale in the total sample may suggest warning signs or effects of possible neglect, within the neglecting group, correlates of the risk scale may be helpful in developing interventions for higher and lower risk cases. In the Indian sample, the CBC and the role reversal subscale of the AAPI were associated with higher risk in the neglect group. In the non-Indian sample, the children's positive attitudes toward their fathers and the caregivers' SFI were significantly related to higher risk in the neglect group (Table 4).

While the standardized scales used in this study proved to be reliable and valid, most were not significantly related to neglect status or risk of continued neglect. The most effective scales, and those recommended for use in future research on neglect, include the Assessment for Risk of Continued Neglect and two scales that measure the impact of neglect on children: the Developmental Status I scale and the Child Behavior Checklist. Since the Developmental Status I scale is an unvalidated composite of longer developmental screens, it requires further testing before it can be recommended for wider use. Permission must be sought from the Children's Bureau of Southern California before it is used in other studies. The full BSI might yield better results than the subscale used in this study, since these items showed weak but significant correlations with risk of continued neglect. The

remaining scales appear to be valid only with particular problems. Care should be taken in using the AAPI with Indian populations since several scales reversed direction in the Indian sample as a whole, although not in the neglecting group itself.

¹ There was little difference between the Indian and non-Indian samples in the means, standard deviations, medians, and ranges of the standardized instruments. There were no significant differences between the two groups' mean scores, although the difference in risk scores ($p = .053$) and lowest child development scores ($p = .063$) were close to significance. The responses of the coders and the children, however, were more positively skewed in the Indian than the non-Indian sample, with the exception of the children's RSE, which was more positively skewed in the non-Indian sample.

Table 1

FAMILY FUNCTIONING RESEARCH PROJECT
INSTRUMENTATION BY AGE GROUP

For all families:

- 1 Information Summary
- 1 Consent Form
- 1 Release of Information Form
- 1 Risk Assessment Survey
- 1 Worker/Case Record Screening
- 1 General Interview Schedule (with CARDS A & B)

For each adult:

- 1 Caretaker/Adult Interview (with CARDS C & D)
- 1 Addendum to Interview
- 1 Achenbach Child Behavior Checklist (for "most problematic" or oldest child 5 or older. If no children 5 or over, do not use).
- 1 Culture/Ethnic/Religion Questionnaire
- 1 Rosenberg/Brief Symptom Inventory (RSE/BSI)
- 1 Adult-Adolescent Parenting Inventory (AAPI)
- 1 Self-Report Family Inventory (SFI)

For each child:

- | | |
|--------------|---|
| Ages 0-5 | 1 Developmental Status (0-60 months) |
| Ages 5-7 | 1 Parent Perception Inventory (PPI) |
| Ages 8 & 9 | 1 Parent Perception Inventory (PPI)
1 Rosenberg Self-Esteem (RSE)
1 Drug/Alcohol Questionnaire |
| Ages 10 & 11 | 1 Parent Perception Inventory (PPI)
1 Rosenberg Self-Esteem (RSE)
1 Drug/Alcohol Questionnaire |
| Ages 12 & 13 | 1 Self-Report Family Inventory (SFI)
1 Rosenberg Self-Esteem (RSE)
1 Drug/Alcohol Questionnaire |
| Ages 14 + | 1 Self-Report Family Inventory (SFI)
1 Rosenberg Self-Esteem (RSE)
1 Drug/Alcohol Questionnaire |

Table 2

RELIABILITY OF STANDARDIZED SCALES

SCALES	CASES	ITEMS	SAMPLE
<u>Caregiver</u>	n	n	Alpha
BSI (Depression items)	154	3	.82
BSI (General items)	154	12	.91
RSE	149	10	.87
SFI (Family Health)	143	18	.85
CBC	92	111	.95
CAGE	66	4	.78
<u>AAPI</u>			
Expectations	148	6	.70
Empathy	148	8	.80
Physical Punishment	148	10	.83
Role Reversal	148	8	.86
<u>Child</u>			
CSFI (Family Health)	20	19	.89
CRSE	67	10	.79
<u>PPI</u>			
Mother Positive	77	9	.67
Mother Negative	77	9	.63
Father Positive	50	9	.87
Father Negative	50	9	.89
<u>Observer</u>			
Health/Competence	48	12	.93
Style	23	7	.37

Table 3

DIFFERENCE OF STANDARDIZED SCALE MEANS
BETWEEN NEGLECTING AND NON-NEGLECTING SAMPLES

	TOTAL SAMPLE		NON-INDIAN		INDIAN	
	NEGLECT	COMPARISON	NEGLECT	COMPARISON	NEGLECT	COMPARISON
Risk of Continued Neglect ^{ac}						
x	8.69	3.84***	8.28	3.76***	9.03	3.95***
sd	2.94	2.33	3.17	2.58	2.75	1.96
n	71	92	32	54	39	38
Child Development						
x	-.42	.16***	-.28	.22*	-.56	.05**
sd	.77	.62	.75	.64	.78	.59
n	36	57	18	36	18	21
CAGE ^{abc}						
x	.99	.20***	.62	.15 ^t	1.28	.26***
sd	1.48	.52	1.34	.41	1.54	.64
n	71	92	32	54	39	38
PPI Father Positive						
x	27.32	21.29**	25.94	20.07 ^t	28.27	23.12*
sd	5.98	7.89	7.35	8.04	4.86	7.69
n	27	25	11	15	16	10
AAPI-Empathy						
x	5.48	6.26*	5.17	6.57**	5.73	5.80
sd	2.31	5.48	2.42	2.13	2.22	2.45
n	67	88	30	53	37	35
CBC						
x	45.71	35.64*	50.04	40.05	42.06	28.85 ^t
sd	27.48	28.18	25.62	30.50	28.84	23.10
n	59	66	27	40	32	26

^aUnequal Variance in Total Sample

^bUnequal Variance in Non-Indian Sample

^cUnequal Variance in Indian Sample

^t $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4

SIGNIFICANT CORRELATIONS BETWEEN RISK OF CONTINUED NEGLECT
AND STANDARDIZED SCALES

	TOTAL SAMPLE		
	TOTAL	NON-INDIAN	INDIAN
CBC	.31*** 125	.34** 67	.36** 58
BSI Items	.19** 158	.19* 84	.20* 74
PPI Father Positive	.47*** 52	.42* 26	.47** 26
	NEGLECT SAMPLE		
	TOTAL	NON-INDIAN	INDIAN
PPI Father Positive	.42* 27	.66* 11	-.05 16
SFI	.18 ^t 64	.35* 28	.06 36
CBC	.10 59	-.16 27	.37* 32
AAPI Role Reversal			

^tp < .01, * p < .05, ** p < .01, *** p < .001, one-tail test.

APPENDIX A-1

GENERAL INSTRUCTIONS AND REFERENCES

PROTOCOL FOR FAMILY FUNCTIONING INTERVIEW

1. Introduce yourself and remind the family that they agreed to talk with you about participating in the study.
2. Tell them about the study as it is explained on the Information Summary.
3. Have the adults sign the Consent to Participate form.
4. You sign both forms as a witness and give copies to the family.
5. Explain that you would first like to ask some general questions of the whole family, ask them to fill out some forms, then meet with each person age 5 and over to ask them some things about themselves, and finally videotape them talking together for a few minutes at the end. Guarantee that what each person tells you will not be shared with any other family members. Explain, however, that if you become aware of a situation that might constitute child abuse or neglect, you will have to report it.
6. Explain that the whole interview will take about 1/2 hour per person (e.g., 1 hour for a 2-person family, 3 hours for a 6-person family). Ask if they will all agree to stay around until the end, even though they might have to wait for the individual interviews to be completed. If everyone does not agree to stay, do step 15 at the end of the first group interview.
7. Explain that while you are meeting with them individually you will ask the other family members to fill out some forms. Tell them that if they have trouble understanding the questions or filling out the forms, you will help them during the individual interviews and that after the individual interviews you will get them back together again for a few more minutes.
8. Gather the family in a convenient space, ask them to turn off the TV or radio and put out the dog. Proceed with the first GENERAL INTERVIEW SCHEDULE. If everyone cannot stay, do step 15 at the end of this interview, and start the individual interview with the one who has to leave.
9. When you have completed the General Interview Schedule, give the self-report questionnaires to each family member and make sure they have a reasonably quiet, private space to fill them out in. If the family has a male caregiver in the household, ask him to complete the Parenting Activities Questionnaire. If the male caregiver is usually present but not available to complete the instrument, ask the female caregiver to complete the Parenting Activities Questionnaire with reference to the male's participation, i.e., to report on his participation.
10. Start the CARETAKER/ADULT INTERVIEW with the adult who is least happy to be there. Again, this should be done in a separate space from where the others are filling out their questionnaires. Use your judgement about appropriateness, distance, and safety with uncooperative or threatening respondents.
11. At the end of the interview, ask each person to think about the question, "IF YOU COULD CHANGE ONE THING IN YOUR FAMILY, WHAT WOULD IT BE?"
12. After the first Caretaker/Adult Interview is completed, give them their self-report questionnaires and call the second adult. Once the adults are finished, call the children with the oldest first. Start by reviewing the questionnaires to see if they

are completed correctly.

13. For children under 5, complete the DEVELOPMENTAL STATUS I form at the beginning of the interview with the primary caretaker, with the child present.
14. From among the children 5-14, ask the primary caretaker to identify the child that gives them the most trouble and ask him or her to complete the CHILD BEHAVIOR CHECKLIST on that child only. They can do this while they do the rest of the self-reports.
15. After the individual interviews are completed, review the first adult's self-report questionnaires for completeness and reassemble the family and remind them that you are going to videotape 10 to 15 minutes of them talking together so that the researchers can get an idea of how they interact as a group. Seat the family in a semi-circle with the microphone in the middle and position yourself with the camcorder so that you can film the whole family. Ask them to discuss the question: WHAT WOULD YOU LIKE TO SEE CHANGED ABOUT YOUR FAMILY?
16. At the end of the videotaping, give them any feedback or referrals you think might be helpful, emphasizing the strengths that you observed.
17. Ask if they would like for you to share any information with their social worker (if they have one) and get a signed release if they do.
18. Thank them for their help with the study and remind them that you will be back in touch with them in six months for the next interview.
19. Give them their \$30 and get the names, addresses and telephone numbers of friends or relatives who will know how to get in touch with them if they should move.
20. At the earliest time possible after you leave the house, complete the following:

ADDENDUM TO INTERVIEW (for each adult)
SUMMARY OF PROBLEMS
HOME OBSERVATION

PERSONAL SAFETY FOR INTERVIEWS IN POTENTIALLY VIOLENT SITUATIONS

1. Try to model relaxation and calmness. Take a deep breath when you feel yourself tighten up.
2. Leave the door open--both of you may feel less trapped. Consider staying between them and the door.
3. Don't back clients into a corner--give them plenty of room.
4. Keep your voice low.
5. Don't be afraid to have silence.
6. Remember that you can't deal with anger perfectly. Let up on your self demands to do everything exactly right. You will make mistakes. It's OK.
7. Look concerned.
8. Ask, "Do you like what is going on?" If they say no, you can get them onto "What can we do about it?"
9. Use the person's name--make the contact personal.
10. Self-disclosure--"I feel attacked now and I wish we could find a better way of dealing with this."
11. Just keep on being calm.
12. Nod and feed back instead of asking questions.
13. If they're too furious, no feedback--just sit there.
14. Let them cry.
15. Agree they're right: "You have a right to be angry."
16. Once things are calmer, focus on one thing; help prioritize and minimize being overwhelmed.
17. Remember that this anger won't go on forever.
18. Set anger limits: "I have fifteen minutes to listen now."
19. Call your supervisor or a co-worker from the home to get ideas.
20. Take a half-hour break to go to a nearby restaurant and sort out your own feelings.
21. Call the police if it looks like things are really getting out of hand.

Dear -----,

YOUR FAMILY is needed for a study to help improve services to families by the National Resource Center on Family Based Services and the Northwest Indian Child Welfare Association.

You will receive \$30 for each of three interviews in appreciation of your time. The interviews will be in your home and will last about two hours. They will take place about every six months over the next two years.

Your participation in the study is entirely voluntary and you can drop out at any time. Any services and benefits you receive will continue whether you decide to participate or not.

All information your family gives will be confidential and will not be shared with anyone on an individual basis without your permission. Study results will be presented as a group and it will be impossible to know what information came from your family.

If you are interested in talking with someone about participating in the study, please return the enclosed postcard and you will be contacted. Study participants will be selected from those who return the postcard.

Thank you very much for your thoughtful consideration of our request.

Sincerely,

FAMILY FUNCTIONING RESEARCH PROJECT

INFORMATION SUMMARY

This study involves research about family functioning. If you decide to participate in this project, your family will be interviewed up to four times in a year and a half. The research will help agencies better understand how families work so that they can design better programs and services for families.

If you agree to participate, your family will be interviewed by a trained family assessment specialist who will record the information you provide. You will be paid \$20 for each interview. You will be asked a variety of questions about yourself and your family. You will also be asked to fill out some questionnaires about yourself and your family. This information will not be shared outside the research project without your permission. In addition, the interviewers will ask you for permission to make a 10-minute videotape of your family talking or playing together. The videotape will be used for research purposes only, and no one outside the research project will ever see the tape without your permission.

A record of your participation will be kept, but the record will be strictly confidential. No one in the research project, besides the interviewer, will know your full name. Data used by the researchers will not include any identifying information such as your full name or address. Reports from the research will provide overall information about the families and no one will be able to identify information from your family.

If you do not wish to be interviewed, please tell me. There will be no effect on the services and benefits you receive if you decide not to participate. You may refuse to answer any question, and you may drop out of the project at any time.

Questions about the research can be answered by Kristine Nelson or Miriam Landsman at the National Resource Center on Family Based Services, N240 Oakdale Hall, Iowa City, Iowa 52242, (319) 335-4123, or Terry Cross or Lori Matthews at the Northwest Indian Child Welfare Association, P.O. Box 751, Portland State University, Portland, Oregon, 97207, (503) 725-3038.

Thank you for your help with this project.

Principle Investigator

Date

I have discussed the above points with the subject or legally authorized representative, using a translator when necessary. It is my opinion that the subject understands the risks, benefits, and obligations involved in the research project.

Witness' Signature

Date

FAMILY FUNCTIONING RESEARCH PROJECT

CONSENT FORM

I, _____ have been told by _____,
(subject's name) (worker's name)

about the research project on family functioning. I have been told that I will be interviewed up to a total of four times, once every six months, by a trained family assessment specialist. I have been told that the family assessment specialist will be recording information about my family which will be used in the research project. I understand that I will also be asked to fill out some questionnaires about myself and my family.

I understand that no identifying information, such as my full name or address, will be given to anyone except the interviewer, and that no one will be able to identify my family from the information reported by the researchers.

I have been told that I have the right to ask questions or drop out of the research at any time and that I should contact Kristine Nelson or Miriam Landsman at the National Resource Center on Family Based Services,(319/335-4123), or Terry Cross or Lori Matthews at the Northwest Indian Child Welfare Association (503/725-3038) for answers about the research and my rights as a participant.

I consent to take part in this research project.

Signature of Subject

I, the undersigned, certify that I was present during the oral presentation of the written summary attached, when it was given to the above subject.

Signature of Caseworker or Family Assessment Specialist

FAMILY FUNCTIONING RESEARCH PROJECT

VIDEO CONSENT FORM

I, _____, have been told by _____,
(subject's name) (worker's name)

about a ten-minute videotape to be made of my family. I have been told that this tape will be used for research purposes only, and that no one outside the research project will see the tape.

I understand that no identifying information, such as my full name or address, will be given to anyone except the interviewer, and that no one will be able to identify my family from the information which will be reported by the researchers.

I have been told that I have the right to ask questions or drop out of the research at any time, and that I should contact Kristine Nelson or Miriam Landsman at the National Resource Center on Family Based Services (319/335-4123), or Terry Cross at the Northwest Indian Child Welfare Association (503/725-3038) for information about the research and my rights as a participant.

I consent to take part in the videotape portion of this research project.

(signature of subject)

I, the undersigned, certify that I was present during the oral presentation of the written summary attached, when it was given to the above subject.

(signature of caseworker or
Family Assessment Specialist)

APPENDIX A-2
MEASURE OF NEGLECT

RISK ASSESSMENT SURVEY

Family ID: _____

Date: _____

We are looking for families with particular characteristics to participate in the study. To identify those families, we need to ask some personal questions to see if your family has those characteristics.

1. What is the primary caretaker's (your) ethnicity? (Circle one number.)

- 1. White
- 2. Indian
- 3. Black
- 4. Hispanic
- 5. Asian
- 6. Other

2. How many children are living at home now?

- Two or fewer
- Three or four
- Five or more

0 _____
1 _____
2 _____

3. What are their ages?

- Child 1 _____
- Child 2 _____
- Child 3 _____
- Child 4 _____
- Child 5 _____
- Child 6 _____

4. How old is the youngest caretaker (are you and any other adult in the family who takes care of the children)?

- 26 or older
- 25 or younger

0 _____
1 _____

5. Is there only one caretaker (are you the only adult) in the family?

- No
- Yes

0 _____
1 _____

6. Was either caretaker (were you or another adult who takes care of the children in this family) neglected as a child?

- No
- Yes

0 _____
2 _____

7. Do either of the caretakers (do you or another adult) in this family have a history of drug or alcohol abuse?

None 0 _____
One or both caretakers are abusers 3 _____

8. Do the caretakers (you or another adult in the family) have friends who are in trouble with the law?

No 0 _____
Yes 2 _____

9. Has this family (have you) ever been referred to child protective services for neglect? If yes, how many times?

None 0 _____
One or two 2 _____
Three or more 4 _____

10. Has this family (have you) ever had any children placed outside the family residence? If yes, how many times?

None 0 _____
One or two 1 _____
Three or more 3 _____

Ask caseworkers only:

11. How motivated to change are the perpetrator(s)/caretaker(s)?

Not applicable 0 _____
Motivated and realistic 0 _____
Motivated, but not realistic 1 _____
Unmotivated 2 _____

TOTAL RISK SCORE: _____

Assessment Level (circle one):

1. Low risk (0-3)
2. Moderate risk (4-10)
3. High risk (11-20)

APPENDIX A-3

GENERAL FAMILY INTERVIEW

**GENERAL
INTERVIEW SCHEDULE**

National Resource Center on Family Based Services

The University of Iowa School of Social Work

in cooperation with

The Northwest Indian Child Welfare Association

Family Name: _____

Family Address: _____

Census Tract Number: _____

Family Project ID: _____

Interviewer's Name: _____

Date of Interview: _____

Time Began: _____

Time Ended: _____

CODES FOR FAMILY DEMOGRAPHICS

FAMILY MEMBERS

For this section, begin by asking the client how many children s/he has. Write the first name of each child in the first column of the grid. Then ask how many adults live in the household, who are considered part of the family. Begin with the primary caretaker (the person with major responsibility for the child(ren)--usually the mother in a two-parent household.) Include live-in partners even if unmarried. Do not include boarders or other families who may be sharing housing. Put a line through any spaces for children or adults which are not needed for this family. For the other information, go down each column with the client, asking the following information. If there are more than two adults or six children, please use an extra grid.

USE CODES BELOW ON THE FAMILY MEMBERS GRID

1. Sex/Gender

- 0. male
- 1. female

2. Age

Age in years. If under 6 months write '0'

3. Race/Ethnicity^a

- 0. White/non-hispanic
- 1. Black/non-hispanic
- 2. Hispanic
- 3. Asian or Pacific Islander
- 4. Native American/Indian
- 5. Other

4. Marital Status

- 0. Never married
- 1. Married (living with spouse)
- 2. Separated (married, living apart)
- 3. Divorced
- 4. Widowed

5. Employment^b

- 0. Steadily employed
- 1. Currently unemployed, but usually employed
- 2. Intermittent employment
- 3. Chronic unemployment - regularly unemployed

6. Occupation^c

Code current or usual

- 0. Homemaker (not otherwise employed)
- 1. Sheltered employment
- 2. Unskilled labor
- 3. Personal service worker (e.g., domestic, janitorial)
- 4. Skilled labor, crafts
- 5. Clerical, sales, small business
- 6. Technical, professional, managerial
- N. Not applicable -- never worked outside home or as homemaker

^a **RACE:** Ask what race or ethnicity the client considers him/herself to be. Then ask if all members of the household are the same race. Use the appropriate code.

^b **EMPLOYMENT STATUS:** Ask if any of the listed household members are steadily employed. Select appropriate code, '0' to '3'.

^c **OCCUPATION:** For adults, ask what type of work they usually do. Select appropriate code.

7. Educational Status^d

- 0. Not in school, over school-leaving age, or under 6, and not in day care
- 1. Preschool or day care
- 2. K - 12, regular class
- 3. K - 12, special class for emotionally or physically disabled
- 4. Alternative school or GED courses
- 5. School-age but dropped out, suspended, or expelled
- 6. Vocational, technical school, or community college
- 7. Four-year college/university

8, 9. Relationship to Caretaker & Adult²

<u>Adults</u>	<u>Children</u>
01. Legal spouse	07. Biological child
02. Girl/boyfriend	08. Adopted child
03. Parent	09. Stepchild
04. Brother/sister	10. Grandchild
05. Other relative	11. Ward
06. Other non-relative	12. Other relative
	13. Other non-relative

10. Paternity^e

- 1. Father 1
- 2. Father 2
- 3. Father 3
- 4. Father 4
- 5. Father 5
- 6. Father 6

11. Birth Status

Ask for each child: Were you married to the child's father at the time of the child's birth?

- 0. No
- 1. Yes

12. Father's Involvement with Child^f

- 0. No involvement
- 1. Contact 1 or 2 times a year (minimal contact)
- 2. Contact 3 or 4 times a year
- 3. About once a month
- 4. About twice a month
- 5. About once a week
- 6. More than once a week, but not every day
- 7. Daily contact with child

13. Residence

- 0. Living in household
- 1. Adult, maintaining a separate household, or minor, living alone or in a supervised independent living situation.
- 2. Minor, living with biological parent in another household
- 3. Adoptive home
- 4. Emergency shelter care
- 5. Foster family home
- 6. Group care/halfway house
- 7. Residential treatment facility/institution/incarcerated
- 8. Homeless
- 9. Other

^d EDUCATIONAL STATUS: Ask if any of the listed household members are currently in school. For those who are in school, select appropriate code.

^e PATERNITY: If all the children have the same father, enter a '1' in each space. If children have different fathers, enter a '2' for the second father, a '3' for the third father, etc.

^f FATHER'S INVOLVEMENT WITH CHILD: For each child, ask the respondent to estimate how often the child's father visits or otherwise has contact with the child.

FAMILY MEMBERS GRID

Date completed: _____

Family I.D.# : _____

Please list children from oldest to youngest.

	First Name	1. Sex	2. Age	3. Race/Ethnicity	4. Marital Status	5. Employment	6. Occupation	7. Educational Status	8. Relation to Caretaker	9. Relation to Adult 2	10. Paternity	11. Birth Status	12. Father's Involvement	13. Residence
Adults														
Caretaker														
Adult 2														
Children														
Child 1														
Child 2														
Child 3														
Child 4														
Child 5														
Child 6														

14. What was the age of the primary caretaker when the first child was born? _____ years

15. How many years of education has the primary caretaker completed? (GED = 12) _____ years

How much education would s/he like to complete? _____ years

16. How many years of education has the second adult completed? (GED = 12) _____ years

How much education would s/he like to complete? _____ years

17. How long have you lived in your current residence? _____ years

or _____ months

18. Do you have a working telephone in your home?

- 0. No
- 1. Yes

19. Is English the primary language spoken in your home?

- 0. No
- 1. Yes

a. If "no", what language do you speak in your home? _____

b. If "yes", do you speak any other languages in your home?

- 0. no
- 1. yes (specify) _____

20. What is your total monthly income from all sources, including food stamps (before taxes)? \$ _____

21. Could you estimate your yearly income?

- 1. below \$10,000
- 2. low income (\$10,000 - \$20,000)
- 3. middle income (\$20,000 - \$40,000)
- 4. high income (\$40,000 +)

22. How many people are supported by this income? _____

23. Now I'm going to read a list of sources of income and in-kind assistance. Please tell me if you are currently receiving any of these. (0 = "NO", 1 = "YES")

_____ wages	_____ food stamps
_____ child support	_____ WIC
_____ AFDC	_____ Medicaid
_____ Social Security	_____ housing subsidy
_____ SSI	(rent assistance, low
_____ disability compensation	income housing)
_____ unemployment compensation	_____ fuel assistance
_____ pension	_____ other (specify)

24. With the money that you get each month, do you have enough money: ^a

	<u>No</u>	<u>Yes</u>
a. To pay your rent?	0	1
b. To pay your electric and heating bills?	0	1
c. To buy food for your family?	0	1
d. To see a doctor or buy medicine?	0	1
e. To buy needed clothes for your children?	0	1
f. To pay someone to watch your children?	0	1
g. To pay for something I haven't mentioned?	0	1

Have respondent explain _____

25. Next I have a few questions about your housing situation. Do you have any problems with:

	<u>NO</u>	<u>YES</u>
a. <u>Your kitchen appliances</u> , that is, refrigerator, stove, sink, or <u>in the bathroom</u> with the shower, tub, or toilet?	0	1
b. <u>Overcrowding</u> in your home, that is, not enough space for everyone to sleep, live, and have some privacy?	0	1
c. <u>An unsafe or dangerous condition</u> in your home that could hurt someone?	0	1
d. <u>Not having enough furnishings</u> like chairs, tables, a crib, mattresses, blankets, sheets, pots, or dishes?	0	1
e. <u>Rats</u> coming into your home?	0	1
f. <u>Being forced to move</u> out of your home?	0	1
g. <u>Running out of money</u> before the next check comes?	0	1
h. The building (or house) being <u>rundown</u> or <u>neglected</u> ?	0	1
i. <u>Any other problems</u> with your housing that I haven't mentioned?	0	1

Have respondent explain: _____

26. A lot of people have housing problems. How many times have you had to move in the last 6 months? _____ times

27. In the last 6 months, have you and your family had to spend the whole night outdoors, for example, in the park, under the expressway, in someone's yard, in a car, etc? (0 = "NO", 1 = "YES") _____
 How many times did this happen? _____ times

28. In the last six months have you stayed with relatives or friends because you had to leave your place and had nowhere else to go? (0 = "NO", 1 = "YES") _____
 How many times did this happen? _____ times

29. In the last six months have you and your family spent the night in a shelter (0 = "NO", 1 = "YES") _____

How many times did this happen? _____

_____ times

30. Now I'd like to ask you to think about the neighborhood/community you live in. I am going to read you some general statements about neighborhoods or communities. Please tell me if these are true or false about the neighborhood or community you live in.^a

	<u>True</u>	<u>False</u>	<u>NA/DK</u>
a. There's a lot of crime in the neighborhood/community.	1	0	9
b. There are mostly people on welfare in the neighborhood/community.	1	0	9
c. The people in the neighborhood/community have good jobs.	1	0	9
d. There's a lot of drugs used in the neighborhood/community.	1	0	9
e. Most of the houses are pretty rundown.	1	0	9
f. People in the neighborhood/community help each other out when there is trouble.	1	0	9
g. It's dangerous in this neighborhood/community at night.	1	0	9
h. It's dangerous in this neighborhood/community in the daytime.	1	0	9

31. Have any of your children ever lived outside your home (e.g., with relatives, in foster care, or at a boarding school)?

- 0. No
- 1. Yes

If "YES", please complete the following page for each child who has lived outside the home, using the following codes for placement setting. (Give respondent CARD "A".)

- 1. Formal/informal placement with friends or relatives
- 2. Emergency shelter
- 3. Foster family
- 4. Group home/halfway house

- 5. Residential treatment center
- 6. Detention facility/treatment/jail
- 7. Boarding School
- 8. Other

^aAdapted from Wolock and Horowitz, 1979.

CHILDREN'S PLACEMENT HISTORY *

CHILD 1	length (in mos.)	placement setting	reason for placement
most recent placement	_____	_____	_____
2nd placement	_____	_____	_____
3rd placement	_____	_____	_____

CHILD 2	length (in mos.)	placement setting	reason for placement
most recent placement	_____	_____	_____
2nd placement	_____	_____	_____
3rd placement	_____	_____	_____

CHILD 3	length (in mos.)	placement setting	reason for placement
most recent placement	_____	_____	_____
2nd placement	_____	_____	_____
3rd placement	_____	_____	_____

CHILD 4	length (in mos.)	placement setting	reason for placement
most recent placement	_____	_____	_____
2nd placement	_____	_____	_____
3rd placement	_____	_____	_____

CHILD 5	length (in mos.)	placement setting	reason for placement
most recent placement	_____	_____	_____
2nd placement	_____	_____	_____
3rd placement	_____	_____	_____

CHILD 6	length (in mos.)	placement setting	reason for placement
most recent placement	_____	_____	_____
2nd placement	_____	_____	_____
3rd placement	_____	_____	_____

* Make sure child number matches child number on initial family members grid. If other children have been in placement (e.g., Child 7), please attach another placement history sheet.

31. Next, I would like you to look at this picture (give CARD B) and imagine your family at the center of the picture in the big circle. Now as we move around the outside circles, please tell me what kind of relationships you have with each of these groups. If you don't have any contact with them, just say so. Let's begin with your church or spiritual leader. Would you say your family's relationship with your church or spiritual leader is helpful, just OK, not helpful, or bad?

	<u>Helpful</u>	<u>OK</u>	<u>Not Helpful</u>	<u>Bad</u>	<u>NA/DK</u>
1. a. Church/spiritual leaders/temple	1	2	3	4	9
b. Any other church?	1	2	3	4	9
2. a. Health clinic/doctor	1	2	3	4	9
b. Any other health clinic/doctor?	1	2	3	4	9
3. a. Welfare services/case-worker	1	2	3	4	9
b. Any other social service worker	1	2	3	4	9
4. a. Workplace/employer	1	2	3	4	9
b. Any other work?	1	2	3	4	9
5. a. Recreation/community center	1	2	3	4	9
b. Any other recreation?	1	2	3	4	9
6. a. Children's school	1	2	3	4	9
b. Any other school?	1	2	3	4	9
7. a. Court?	1	2	3	4	9
b. Police?	1	2	3	4	9
c. Any other (e.g., probation)?	1	2	3	4	9
8. a. Tribe?	1	2	3	4	9
b. Clan?	1	2	3	4	9
c. Any other?	1	2	3	4	9

Who in the community (other than family or friends) would you put in the empty circles? [Prompt: Any other groups that are either helpful to you or who give you problems?]

9. a. Other circle	1	2	3	4	9
b. Other circle	1	2	3	4	9

32. Now I would like to ask you about experiences people sometimes have. Some of these things happen to most people at one time or another, while others happen to only a few people. Please tell me which of the following experiences have happened in your family over the past year. For each one that happened, please tell me if you found it "not so upsetting" or "very upsetting":

During the last year, have you (READ CATEGORIES AND ASK QUESTION "A" FOR EACH EVENT CODED "YES".)

Question A: How upsetting was this for you?

	<u>NO</u>	<u>YES</u>	<u>Not so upsetting</u>	<u>Very upsetting</u>	<u>Unsure</u>
1. Lost a job or got laid off from a job	0	1	0	1	2
2. Moved	0	1	0	1	2
3. Broken up with spouse or boy/girl-friend	0	1	0	1	2
4. Had your house broken into	0	1	0	1	2
5. Been mugged or beaten up	0	1	0	1	2
6. Been arrested or had trouble with the law	0	1	0	1	2
7. Been involved in a serious accident or had a serious injury	0	1	0	1	2
8. Been seriously ill	0	1	0	1	2
9. Experienced death of a close friend or family member	0	1	0	1	2
10. Had an abortion, miscarriage or stillbirth	0	1	0	1	2
11. Broken off a close relationship with someone other than boy/girl-friend or spouse	0	1	0	1	2
12. Experienced death of a child	0	1	0	1	2
13. Been raped	0	1	0	1	2

Question A: How upsetting was this for you?

	<u>NO</u>	<u>YES</u>	<u>Not so upsetting</u>	<u>Very upsetting</u>	<u>Unsure</u>
14. Had a child get kicked out or suspended from school	0	1	0	1	2
15. Had a child get arrested or caught by the police for doing something illegal	0	1	0	1	2
16. Had a child with a very serious illness	0	1	0	1	2
17. Had a child who was in a serious accident or sustained a serious injury	0	1	0	1	2
18. Given birth	0	1	0	1	2

33. Now I have a few questions to ask about your health and the health of your family. Do you, your partner, or any of your children have any of the following illnesses? (READ EACH ILLNESS. CODE A '0' FOR "NO" AND A '1' FOR "YES" IN THE APPROPRIATE COLUMNS.)

<u>Illness</u>	<u>Caretaker</u>	<u>Adult 2</u>	<u>Child</u>
A. Asthma	_____	_____	_____
B. Anemia	_____	_____	_____
C. Diabetes	_____	_____	_____
D. Heart Condition	_____	_____	_____
E. High Blood Pressure	_____	_____	_____
F. Cancer	_____	_____	_____
G. Sickle Cell Anemia	_____	_____	_____
H. Multiple Sclerosis	_____	_____	_____
I. Mental Retardation	_____	_____	_____
J. Blindness	_____	_____	_____
K. Deafness	_____	_____	_____
L. Physically crippled	_____	_____	_____
M. Other (specify)	_____	_____	_____

34. As part of their study, the researchers are interested in the kinds of services you have received in the past. I'm going to read you a list of services. Please tell me if anyone in your family has received them. Include only family members mentioned in the Family Members Grid. Read each service down the list pausing after each for a response to the cue "ever received as an adult". If "YES", place a '1' on the line in this column. If "NO", write '0'. If the respondent said "YES" to "ever received," ask: "Have you received this service in the past year?" Again, mark "YES" responses with a '1' in the "last year" column.

<u>Service</u>	<u>Ever received as an adult</u>	<u>Received in last year</u>
01. Family counseling	_____	_____
02. Group counseling	_____	_____
03. Individual counseling for adult	_____	_____
04. Crisis center or "hotline"	_____	_____
05. Support group, like AA	_____	_____
06. Alcohol counseling	_____	_____
07. Drug abuse counseling	_____	_____
08. Psychiatric hospitalization	_____	_____
09. Individual counseling for one of your children	_____	_____
10. School social work	_____	_____
11. Youth clubs	_____	_____
12. Big Brothers/Big Sisters	_____	_____
13. Free breakfast/lunch program at school	_____	_____
14. Health care at hospital or clinic	_____	_____
15. Visiting nurse/public health nurse	_____	_____
16. Assistance in finding housing	_____	_____
17. Emergency housing	_____	_____
18. Job training	_____	_____
19. Job finding through employment office	_____	_____
20. Parent education class	_____	_____
21. Homemaker service	_____	_____
22. Respite care	_____	_____
23. Day care	_____	_____
24. Planned parenthood/family planning	_____	_____
25. Legal aid	_____	_____
26. Food pantry/emergency food	_____	_____
27. Battered women's shelter	_____	_____
28. Family based services/Intensive family services/Family development (MICA, HACAP)	_____	_____

35. Next, I would like you to look at this picture (give CARD B) and imagine your family at the center of the picture in the big circle. Now as we move around the outside circles, please tell me what kind of relationships you have with each of these groups. If you don't have any contact with them, just say so. Let's begin with your church or spiritual leader. Would you say your family's relationship with your church or spiritual leader is helpful, just OK, not helpful, or bad?

	<u>Helpful</u>	<u>OK</u>	<u>Not Helpful</u>	<u>Bad</u>	<u>NA/DK</u>
1. a. Church/spiritual leaders/temple	1	2	3	4	9
b. Any other church?	1	2	3	4	9
2. a. Health clinic/doctor	1	2	3	4	9
b. Any other health clinic/doctor?	1	2	3	4	9
3. a. Welfare services/case-worker	1	2	3	4	9
b. Any other social service worker?	1	2	3	4	9
4. a. Workplace/employer	1	2	3	4	9
b. Any other work?	1	2	3	4	9
5. a. Recreation/community center	1	2	3	4	9
b. Any other recreation?	1	2	3	4	9
6. a. Children's school	1	2	3	4	9
b. Any other school?	1	2	3	4	9
7. a. Court?	1	2	3	4	9
b. Police?	1	2	3	4	9
c. Any other (e.g., probation)?	1	2	3	4	9
8. a. Tribe?	1	2	3	4	9
b. Clan?	1	2	3	4	9
c. Any other?	1	2	3	4	9

Who in the community (other than family or friends) would you put in the empty circles? [Prompt: Any other groups that are either helpful to you or who give you problems?]

9. a. Other circle	1	2	3	4	9
b. Other circle	1	2	3	4	9

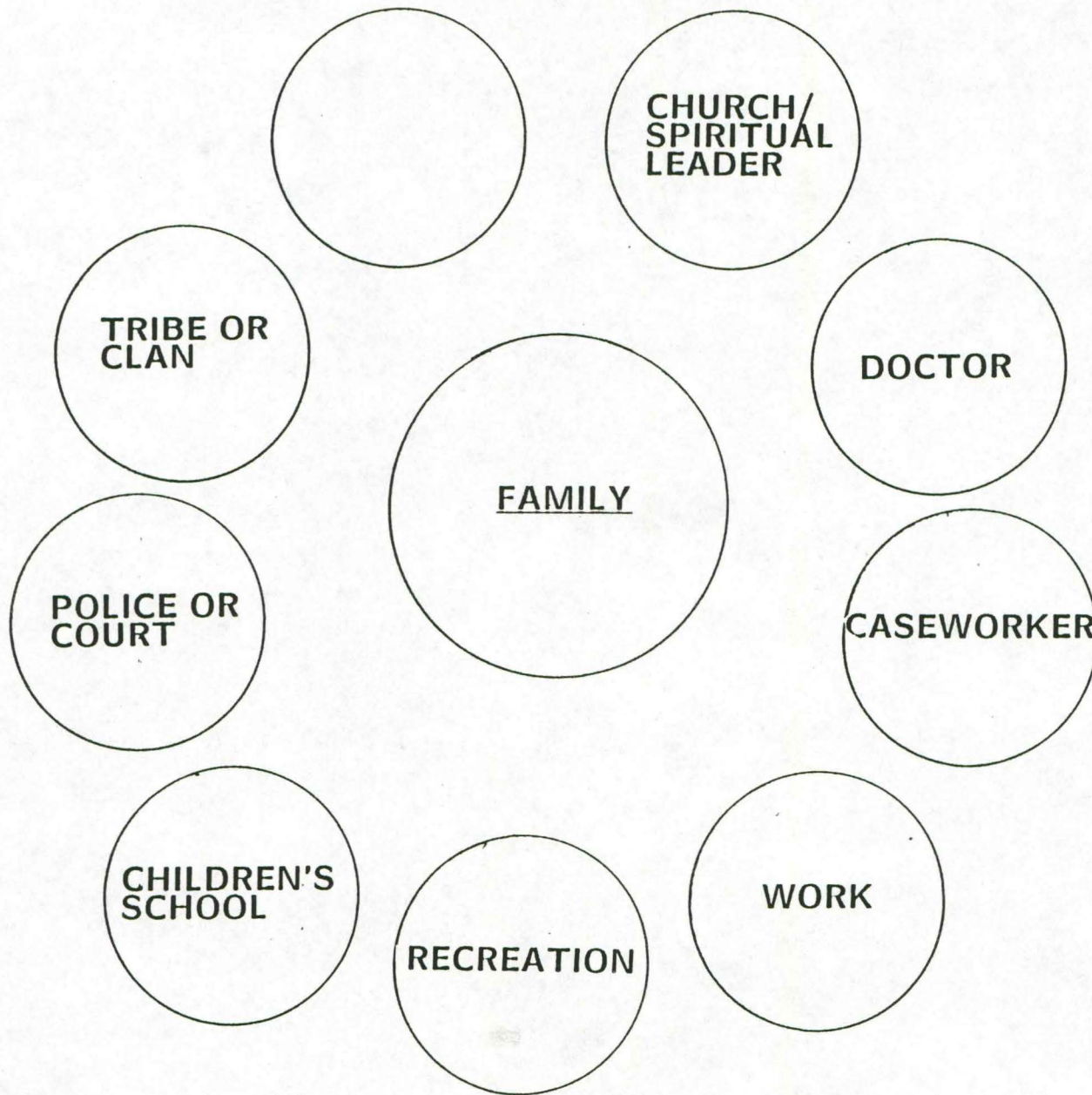
GENERAL INTERVIEW, QUESTION 31:

CARD A

CHILDREN'S PLACEMENT HISTORY

1. FORMAL/INFORMAL PLACEMENT
WITH FRIENDS OR RELATIVES
2. EMERGENCY SHELTER
3. FOSTER FAMILY
4. GROUP HOME/HALFWAY HOUSE
5. RESIDENTIAL TREATMENT CENTER
6. DETENTION FACILITY/TREATMENT/JAIL
7. BOARDING SCHOOL
8. OTHER

COMMUNITY CONTACT



APPENDIX A-4
CARETAKER/ADULT INTERVIEW

ADMINISTRATION OF THE ADDICTION SEVERITY INDEX

General Instructions

As the focus of the interview proceeds from one area to the next, it is important for the interviewer to introduce each section. For example: "Now I'm going to ask you some questions about your medical status." Through this introduction, the respondent will be prepared to concentrate on each of the areas independently. You should not confuse problems in any particular area with difficulties experienced in another area, such as confusing psychiatric problems with those due directly to the effects of alcohol or drug intoxication or mixing medical problems with drug problems.

Explain the Self Rating Scale. This five-point scale will be used by the respondent to answer subjective questions in each problem area and is presented for reference at this point in the interview. The interviewer should describe the use of the scale and offer an example to test for understanding by the respondent. In order to standardize these assessments we have employed a five-point (0 - 4) scale: They are listed on Card C and below.

SELF RATING SCALE

- 0 = Not at all
- 1 = Slightly
- 2 = Moderately
- 3 = Considerably
- 4 = Extremely

For some respondents it is adequate to simply describe the scale and its values when introducing the interview and occasionally thereafter. For other respondents, it may be necessary to arrive at an appropriate response in a more circumspect fashion. The interviewer's overriding concern on these items is to get the respondent's opinion. Getting respondents to use their own language to express their opinions is more appropriate than putting them in a position where they feel they must choose a word from the scale.

The interviewer should attempt to clarify each rating as a separate problem area, and focus the time period on the previous 30 days. Thus, the rating should be made on the basis of current, actual problems, not potential problems. If respondents have reported no problems during the previous 30 days, then the extent to which they have been bothered by those problems must be 0 and the interviewer should ask a clarifying question such as: "Can I assume then, at this point, that you don't feel the need for any medical treatment?" as a check on the previous information. If the respondent is not able to understand the nature of the rating procedure, then insert an "X" for those items.

Estimates of Duration of Each Problem

Several questions require the respondent to estimate the amount of time a particular problem has been experienced in the past 30 days. These items can be difficult and it may be necessary to suggest time-structuring mechanisms, e.g., fractional periods (one-half the time) or anchor points (weekends, weekdays). Finally, it is important that the

interviewer help the respondent select an appropriate response without imposing a response.

Clarification in Response to Questions

During the administration of the ASI items, there is ample opportunity for clarification of questions and responses. To ensure the quality of the information, be certain the intent of each question is clear. Each question need not be asked exactly as stated. Use paraphrasing and synonyms appropriately and record any additional information in the "Comments" sections.

Note: When it is firmly established that the respondent cannot understand a particular question, that response should not be recorded. Enter an "X" in the first blank of that item in these cases. When the respondent appears to have trouble understanding many questions, it may be advantageous to discontinue the interview.

Specific Instructions by Problem Area

Medical Status

<u>Item</u>	<u>Instruction</u>
-------------	--------------------

- | | |
|-----|--|
| 19. | <u>Hospitalization:</u> Enter the number of overnight hospitalizations for medical problems. Also, <u>include</u> hospitalizations for OD's and DT's but <u>exclude</u> detoxification or other forms of alcohol, drug, or psychiatric treatment. These are considered elsewhere. |
| 20. | <u>Last hospitalization:</u> Enter the number of years and months since the respondent was last hospitalized for a medical problem. If never hospitalized enter "N." |
| 21. | <u>Chronic medical problems:</u> Enter "Yes" if the respondent has a chronic medical problem that will continue to prevent full use of the respondent's abilities. A chronic condition is a serious or potentially serious physical or medical condition that requires continuous care on the part of the respondent (e.g., medication, dietary restrictions, inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. If a respondent indicated that a need for reading glasses or minor allergies are chronic problems, <u>this is a misunderstanding</u> of the question. If the respondent does report a valid chronic problem, comment on the nature of that problem in the space provided. |
| 22. | <u>Prescribed medication:</u> If the respondent is taking medication, it must have been prescribed by a physician. Medications prescribed for only short periods of time or for specific temporary conditions (i.e., colds, detoxification) should not be counted. Only the continued need for medication should be counted (e.g., high blood pressure, epilepsy, diabetes). Do not include medication for psychiatric disorders. This will be recorded later. |
| 23. | <u>Days experiencing problems:</u> Ask the respondent how many days in the past 30 he or she experienced physical/medical problems. Do not include problems directly caused only by alcohol or drugs such as hangovers, vomiting, lack of sleep, etc., which would not occur if the respondent were abstinent. However, if the respondent has developed continuing problems through substance abuse that would not be eliminated simply by abstinence, include those problems (i.e., cirrhosis, phlebitis, |

pancreatitis, etc.). Include also minor ailments such as a cold or the flu, though these ailments would warrant a low severity rating.

24/25. Self ratings: Be sure the respondent's response is restricted to those problems counted in item 23. For item 25, emphasize that you mean additional medical treatment for those problems specified in item 23.

Addendum: Severity rating: In many cases respondents suffer from conditions that may only be arrested and, at least for now, cannot be cured (diabetes, hypertension, epilepsy, etc.). If the respondent seems to be taking appropriate care of those conditions (medication, proper diet, etc.) and they are under control, assume that no additional treatment is needed. This respondent may be rated as having a slight problem and additional treatment is probably not necessary. Remember, when the condition is serious and untreated it should be rated as severe even if there is currently no effective treatment for that condition. It should not be rated as severe, however, if the medical care that the respondent is currently receiving has brought the condition to a controlled, nonproblematic state.

Psychiatric Status

Item Instruction

26. Treatments: This includes any type of treatment for psychiatric problems. This does not include substance abuse, employment, or family counseling. The unit of measure is a treatment episode, not the number of visits or days in treatment.
27. Psychiatric symptoms: These items are concerned with serious psychiatric symptoms. Therefore, the items concerning depression, anxiety, and concentration (items 1, 2, and 4) are addressing significant periods of disturbance, not simply a day. The other symptoms (3, 5, 6, and 7) are of sufficient importance that even their brief existence warrants that they be recorded.

Except for items 5, 6, and 7, be sure that the respondent understands that these periods refer only to times when that individual was not under the direct effects of alcohol, drugs, or withdrawal. This means that the behavior or mood was not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Important: Understand that the past 30 days and the lifetime intervals are designed to be considered separately. The past 30 days provided information on recent problems, while lifetime indicates problems or a history of problems prior to the past 30 days. It is recommended that the interviewer first ask the lifetime question from each pair. For example, "Have you ever had a significant period when you experienced _____ in the past?" Regardless of the answer, the interviewer should inquire about the past 30 days. For example, "How about more recently? Have you experienced _____ in the past 30 days?"

Depression suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily function, guilt, crying jags, etc.

Anxiety suggested by tension, feeling uptight, unable to feel relaxed, unreasonably fearful, etc.

Hallucinations (saw things or heard voices that were not there) restricted to times when respondent was drug free and not suffering from withdrawal.

Cognitive problems suggested by serious trouble in concentrating, remembering, and/or understanding.

Alcohol and Drug Use

Item Instruction

36. Chemicals used: Ask the respondent how often over the past year he or she has used cigarettes, alcohol, and marijuana. If the respondent has ever used any of the substances, ask at what age he or she first used the substance. Ask if they have ever used any other type of drug. If they say no, go on to question 37. If yes, continue with items 4 through 11, asking the frequency of use over the previous year, and the age at first use. Be sure to prompt the respondent with examples (using slang and brand names) of drugs for each specific category. Do not tailor the substance abuse history section to the population being interviewed (e.g., an alcoholic may be combining drugs with drinking). Prescribed medication is counted under the appropriate generic category or in the "other" category. LAAM should be recorded under "methadone." Antagonists, such as Antabuse and Naltrexone, are not recorded under the substance history section, but should be noted at the bottom of the page.

Note: Number 6 - Hallucinogens (e.g., peyote, mushrooms)" are sometimes used in religious ceremonies. Ask respondent if s/he uses hallucinogens for religious purposes only. If yes, indicate this by checking the extra blank.

37. Major problem: The interviewer should determine the major drug of abuse based upon the years of use, number of treatments, and number of DT's/overdoses. Record a "13" if the respondent regularly uses more than one drug (do not include cannabis unless there is evidence of substantial problematic use) and a "12" if the respondent abuses alcohol and one or more drugs.

Note: Some respondents may report that legal methadone is their primary drug problem. This can be used as the major problem in item 37, and problems associated with the methadone may be recorded in item 45. If the information provides no clear indication of a drug problem, then ask the respondent if he or she thinks there is a major substance problem.

38. Abstinence: Ask the respondent how long the last abstinence from the major drug of abuse (item 37) lasted. Stress that this is the last abstinence, not necessarily the longest. Periods of hospitalization or incarceration are not counted. Periods of abstinence during which the respondent was taking Methadone, Antabuse, or Naltrexone as an outpatient are included as a measure of the respondent's ability to respond to outpatient treatment. If item 37's code was "00 - No problem," enter "N." If item 37's code was "12 - Alcohol and Drug," then abstinence will refer to both alcohol and the respondent's major drug(s). If item 37's code was "13 - Polydrug," then abstinence will refer to all abused drugs. Enter "99" if the number of months equals 99 or more. Enter "00" if the respondent has not been abstinent for one month.
39. Endpoint: Enter "00" if the period of abstinence is current. Enter "N" if the respondent has never been abstinent.

40. Overdoses and DT's: If in doubt about a reported OD, ask what was done to revive the respondent. Simply letting the individual sleep it off does not constitute an OD. If the respondent describes any incident in which intervention by someone was needed to recover, count this as an OD. The nature of overdose will differ with the type of drug used. While opiates and barbiturates produce coma-like effects, amphetamine overdoses (overamps) frequently result in toxic psychosis. Include suicide attempts if they were attempted by drug overdose. Regarding DT's, stress that you mean serious tremors, dry heaves, hallucinations, and/or confusion, etc., after the respondent had stopped drinking, usually 2 - 3 days following the last drink.
41. Treatments: Stress any type of alcohol or drug treatment, including detox, half-way houses, inpatient or outpatient counseling, and AA or NA if three or more sessions were attended within one month. Exclude driver's school for DWI violations. Ask questions separately for alcohol and drugs. In the case of dual problems try to get the number of treatments in each category.
42. Detox treatments: Record the number of treatments that were detoxification only and did not include any followup treatment. The purpose of the question is to determine the extent to which the respondent has sought extended rehabilitation versus minimal stabilization.
43. Expense: This is primarily a measure of financial burden, not amount of use. Therefore, enter only the money spent, not the street value of what was used (e.g., dealer who uses but does not buy, bartender who drinks heavily but does not buy.) Enter "X" only if respondent cannot make a reasonable determination.
44. Outpatient Treatment: Treatment refers to any type of outpatient substance abuse therapy, including methadone maintenance, AA meetings, and Antabuse treatment. Treatment requires personal (or at least telephone) contact with the treatment program. This does not include psychological counseling or other therapy for nonabuse problems.
45. Days experiencing problems: Be sure to stress that you are interested in the number of days the respondent had problems directly related to alcohol or drug use. Include only craving, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and being unable to do so. Do not include the respondent's inability to find drugs or alcohol.
- 46/47. Self ratings: Stress the past 30 days as the time frame. For item 42, you are specifying substance abuse treatment, not general therapy. Stress that you mean the respondent's current substance abuse problems, not a rating of treatment need for substance abuse problems at their worst. Determine the respondent's need for additional treatment and not the desire to continue with present treatment.

Legal Status

Item Instruction

50. Charges: This is a record of the number and type of arrest counts and charges (not necessarily convictions) accumulated by the respondent. Be sure to include the total number of counts and not just arrests. These include only formal charges, not times when the respondent was picked up or questioned. Include under "Other" such serious charges as terroristic threats and contempt of court. Do not include minor

arrests that occurred during military service and have no civilian counterpart (e.g., AWOL, insubordination) but do record these in the "Comments" section. do not include juvenile (pre-18) crimes, unless the court tried the respondent as an adult as is the case in particularly serious offenses.

51. Convictions: Do not include the misdemeanor offenses (47 - 49). Note that convictions include fines, probation, and suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Parole violations are automatically counted as convictions.
52. Misdemeanors: Charges in this category may include others that generally relate to being a public annoyance without the commission of a particular crime.
53. Driving while intoxicated: Drunk driving.
54. Major driving violations: Moving violations (speeding, reckless driving, leaving the scene of an accident, etc.) These do not include vehicle violations, registration.
55. Incarcerations: Enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the respondent's life since the age of 18, unless the respondent was detained as an adult while still a juvenile. If the number equals 100 or more, enter "99." Count as one month any period of incarceration of two weeks or longer.
56. Length of Incarceration: Enter "N" if the respondent has never been incarcerated.
57. Charge: Use the item number assigned in the first part of the Legal Section (01 - 12 and 47 - 49) to indicate the charge for which the respondent was incarcerated. If the respondent was incarcerated for several charges, enter the most serious or the one for which the most severe sentence was received. Enter "N" if the respondent has never been incarcerated.
- 58/59. Awaiting Charge: Code item 54 in same manner as item 52. Enter "N" if the respondent is not awaiting charges, trial, or sentence. Do not include civil lawsuits unless a criminal offense (contempt of court) is involved. If multiple charges, code most severe.
60. Incarceration in last 30 days: Include being detained (e.g., arrested but released on the same day).
61. Recent illegal activities: Enter the number of days the respondent engaged in crime for profit. Do not count simple drug possession. Do include drug dealing, prostitution, burglary, selling stolen goods, etc.
- 62/63. Self ratings: Use Self-Rating Scale (Card C). Do not include any civil problems. For item 54 the respondent is rating his or her need for referral to legal counsel.

CARETAKER/ADULT INTERVIEW

Family ID: _____

Date: _____
Interview: 1 2 3 4

Person Interviewed: (Circle one)

1. Primary Caretaker: (First Name) _____
2. Other Adult: (First Name) _____

The first questions focus on your family when you were a child and what growing up was like for you.

1. Most of the time, while you were growing up (up until you were 16), were you raised by both of your parents together?

0. No
1. Yes

2. IF "NO", who raised you for most of the time? (DON'T READ, CODE RESPONDENT'S REPLY, BY CIRCLING THE APPROPRIATE NUMBER.)

- | | |
|--------------------------------|--|
| 1. Mother (or stepmother) only | 7. "As if" relatives |
| 2. Father (or stepfather) only | 8. Friend or neighbor |
| 3. Grandparent | 9. Foster parents |
| 4. Aunt/Uncle | 10. Raised in an institution (Specify) _____ |
| 5. Cousin | 11. Other (Specify) _____ |
| 6. Other relatives | 99. NA, DK |

3. Did you ever spend any time living away from the home you were raised in, other than camp or vacations?

0. No
1. Yes

4. If "YES", how old were you? How long were you away? Where did you stay? Fill in the chart on the next page. Use the following codes for "Type of place/home":

1. Home with relatives, neighbors or friends
2. Foster home
3. Boarding school
4. Group home/halfway house
5. Detention facility/incarceration
6. Residential treatment center/institution
7. Mental hospital
8. Other (specify) _____

Age	Winter	Spring	Summer	Fall	# months separated	Type of place/home ^a
0	JFM	AMJ	JAS	OND	_____	_____
1	JFM	AMJ	JAS	OND	_____	_____
2	JFM	AMJ	JAS	OND	_____	_____
3	JFM	AMJ	JAS	OND	_____	_____
4	JFM	AMJ	JAS	OND	_____	_____
5	JFM	AMJ	JAS	OND	_____	_____
6	JFM	AMJ	JAS	OND	_____	_____
7	JFM	AMJ	JAS	OND	_____	_____
8	JFM	AMJ	JAS	OND	_____	_____
9	JFM	AMJ	JAS	OND	_____	_____
10	JFM	AMJ	JAS	OND	_____	_____
11	JFM	AMJ	JAS	OND	_____	_____
12	JFM	AMJ	JAS	OND	_____	_____
13	JFM	AMJ	JAS	OND	_____	_____
14	JFM	AMJ	JAS	OND	_____	_____
15	JFM	AMJ	JAS	OND	_____	_____
16	JFM	AMJ	JAS	OND	_____	_____

5. Next, I'm going to read you some statements. Please tell me if they are true or not true about you and your family when you were growing up. ^b

	False	True	NA, DK
a. I grew up in a very religious home.	0	1	9
b. Someone living in the home where I grew up was a very heavy drinker.	0	1	9
c. I felt neglected as a child.	0	1	9
d. I went hungry a good number of times while I was growing up.	0	1	9
e. I didn't have decent clothes to wear most of the time.	0	1	9
f. My family did their best for me while I was growing up.	0	1	9

6. Did your mother (or the person who was like a mother to you) finish high school or get a GED?

- 0. No
- 1. Yes
- 9. NA, DK

7. Did your father (or the person who was like a father to you) finish high school or get a GED?

- 0. No
- 1. Yes
- 9. NA, DK

^aAdapted from Finkelhor & Williams, 1990.

^bAdapted from Wolock & Horowitz, 1979.

8. While you were growing up (until the age of 16) how often was your family (the people who raised you) on welfare? Never, hardly ever, some of the time, most of the time? (CIRCLE APPROPRIATE NUMBER.)

- 0. Never
- 1. Hardly ever
- 2. Some of the time
- 3. Most of the time

9. Were you ever beaten hard as a young child (up until the age of 12)?

- 0. No
- 1. Yes
- 9. NA, DK

10. Before you turned 14, did anyone older than you ever force you to participate in sexual activity against your wishes?

- 0. No
- 1. Yes
- 9. NA, DK

11. In the last five years have you experienced any of the following in your family?

	<u>No</u>	<u>Yes</u>	<u>NA, DK</u>
a. suicide	0	1	9
b. violent death	0	1	9
c. loss of property	0	1	9
d. loss of children through death, placement, or arrest	0	1	9

Now I have a few questions about your current family situation.

12. Most families have traditions or celebrations that reflect their culture; do you ever feel a sense of loss related to language or culture?

- 0. Never
- 1. Sometimes
- 2. Often
- 3. Very often

13. How often do you feel that your family is looked down upon because of its income?

- 0. Never
- 1. Sometimes
- 2. Often
- 3. Very often

ASK QUESTIONS 14 & 15 OF MINORITY GROUP RESPONDENTS ONLY

14. How often do you feel as if you don't fit either the white world or the (Indian, Black, Hispanic, Asian) world?
- 0. Never
 - 1. Sometimes
 - 2. Often
 - 3. Very often
15. How often do you feel that your family is the object of racial prejudice?
- 0. Never
 - 1. Sometimes
 - 2. Often
 - 3. Very often

Next, I have a few questions about religion/spirituality.

16. What is your religious/spiritual preference?
- 0. No religion
 - 1. Protestant
 - 2. Catholic
 - 3. Native American Church
 - 4. Traditional Tribal Religion
 - 5. Other (_____)
 - 9. NA, DK
17. How many times during the last month did you go to events or activities sponsored by your religious/spiritual group, including religious services or ceremonies? _____ times.
18. How important would you say religion/spirituality is to you? (Circle one.)
- 0. Not at all important
 - 1. Not very important
 - 2. Somewhat important
 - 3. Very important

Now I'm going to ask you some questions about your medical history.
(Beginning of Addiction Severity Index Questions.)

19. How many times in your life have you been hospitalized for medical problems? _____ times
20. How long ago was your last hospitalization for a physical problem? _____ years
or _____ months
21. Do you have any chronic medical problems which continue to interfere with your life?
- 0. No
 - 1. Yes

22. Are you taking any prescribed medication on a regular basis for a physical problem? 0. No
1. Yes
23. How many days have you experienced medical problems in the past 30? _____ days

*****IF #23 IS NOT CODED '0', GIVE CARD "C" TO THE RESPONDENT*****

FOR QUESTIONS 24 AND 25, PLEASE USE THE SELF-RATING SCALE (CARD C).
(Place the appropriate number in the blank.)

24. How troubled or bothered have you been by medical problems in the last 30 days? _____
25. How important to you is treatment for these medical problems? _____

NOW PUT CARD "C" ASIDE. WE'LL REFER TO IT AGAIN LATER

Now I'm going to ask you some questions about your psychological history.

26. How many times have you been treated for any psychological or emotional problems?
- In a hospital _____
- As an outpatient or private patient _____

27. Have you had a significant period, that was not a direct result of drug/alcohol use, in which you have: (Write '0' if "NO", '1' if "YES", for each column.)

	<u>In Your Life</u>	<u>Past 30 Days</u>
01. Experienced <u>serious</u> depression	_____	_____
02. Experienced <u>serious</u> anxiety or tension	_____	_____
03. Experienced hallucinations	_____	_____
04. Experienced trouble understanding, concentrating, or remembering	_____	_____
05. Experienced trouble controlling violent behavior	_____	_____
06. Experienced serious thoughts of suicide	_____	_____
07. Attempted suicide	_____	_____
08. Taken any prescribed medication for a psychological/emotional problem?	_____	_____

28. How many days in the past 30 have you experienced psychological or emotional problems? _____ days

*** IF #28 IS NOT CODED '0', REFER BACK TO CARD "C" ***
(Place the appropriate number in the blank.)

29. How much have you been troubled or bothered by psychological or emotional problems in the past 30 days? _____

30. How important to you now is treatment for psychological problems? _____

Now I'm going to ask a few questions about alcohol and drug use.

31. How many beers, glasses of wine, or drinks of hard liquor do you have a week? _____

IF '0', GO TO QUESTION 36. IF RESPONDENT DRINKS AT ALL, ASK QUESTIONS 32-35.

	<u>NO</u>	<u>YES</u>
32. Have you ever felt you should cut down on your drinking?	0	1
33. Have people ever annoyed you by criticizing your drinking?	0	1
34. Have you ever felt bad or guilty about your drinking?	0	1
35. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover ("eye-opener")?	0	1

As you know, lots of people use various kinds of drugs. It's important for us to know if you have used any kind of drugs. This information will be kept strictly confidential.

36. Over the last year, how often have you used the following kinds of drugs? Please use the following codes:

- 0 = Not at all
- 1 = Once or twice a month
- 2 = About once a week
- 3 = Most days

	<u>Frequency</u>	<u>Age at first use</u>
01 - cigarettes	_____	_____
02 - alcohol	_____	_____
03 - marijuana	_____	_____
ANY OTHER DRUGS? IF "YES", CONTINUE. IF "NO", GO TO QUESTION 37.		
04 - regular cocaine	_____	_____
05 - crack cocaine	_____	_____
06 - hallucinogens (e.g., PCP, LSD, peyote, mushrooms)	_____	_____ *
07 - methadone	_____	_____
08 - heroin	_____	_____
09 - amphetamines (i.e., speed)	_____	_____
10 - tranquilizers (e.g., valium)	_____	_____
11 - other (_____)	_____	_____

37. Have you ever had a problem with drugs? If so, which drug has been the major problem? (Code as above, or '00' "No problem". Code '12' if alcohol & drug, code '13' if polydrug.)

38. How long was your last period of voluntary abstinence from this major substance? ('00' if never abstinent.)

_____ mos.

39. How many months ago did this abstinence end? ('00' if still abstinent.)

_____ mos.

40. How many times have you:

a. Had alcohol DTs

b. Overdosed on drugs

41. How many times in your life have you been treated for:

a. Alcohol abuse

b. Drug abuse

* Hallucinogens for religious purposes only.

42. How many of these treatments were detoxification only?
- a. Alcohol _____
 - b. Drugs _____
43. How much money would you say you spent during the past 30 days on:
- a. Alcohol _____
 - b. Drugs _____
44. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA) _____ days
45. How many days in the past 30 days have you experienced:
- a. Alcohol problems _____ days
 - b. Drug problems _____ days

IF #45 IS NOT '0', REFER BACK TO CARD "C".

46. How troubled or bothered have you been in the past 30 days by these:
- a. Alcohol problems _____
 - b. Drug problems _____
47. How important to you now is treatment for these:
- a. Alcohol problems _____
 - b. Drug problems _____

Now I'm going to ask you some questions about legal problems.

48. Have you ever been arrested or charged with a major or minor (e.g., speeding) crime?
- 0. No
 - 1. Yes
 - 9. NA/DK

IF "YES", CONTINUE TO QUESTION 63. IF "NO", GO TO FAMILY ECOMAP.

49. Are you on probation or parole?
- 0. No
 - 1. Yes
50. How many times in your life have you been arrested and charged with the following offenses:
- 01. Shoplifting/vandalism _____
 - 02. Parole/probation violations _____
 - 03. Drug charges _____
 - 04. Forgery _____

- 05. Weapons offense _____
- 06. Burglary, larceny, breaking & entering _____
- 07. Robbery _____
- 08. Assault _____
- 09. Arson _____
- 10. Rape _____
- 11. Homicide, manslaughter _____
- 12. Other _____

51. How many of these charges resulted in convictions? _____

How many times in your life have you been charged with the following:

52. Disorderly conduct, vagrancy, public intoxication. _____

53. Driving while intoxicated. _____

54. Major driving violations (reckless driving, speeding, no license, etc.) _____

55. How many months were you incarcerated in your life? (If never, 0) _____

56. How long was your last incarceration? (In months) _____ months

57. What was it for? (Use codes '1 - 12', '52 - 54'. If multiple charges, code most severe. If none, "N".) _____

58. Are you presently awaiting charges, trial or sentence?

- 0. No
- 1. Yes

59. If yes, what for? (If multiple charges, code most severe.) _____

60. How many days in the last 30 were you detained or incarcerated? _____

61. How many days in the past 30 have you spent in illegal activities for profit? _____ days

***** IF LEGAL PROBLEMS EXIST, REFER BACK TO CARD "C" *****

62. How serious do you feel your legal problems are? (Exclude civil problems.) _____

63. How important to you now is counseling or referral for these legal problems? _____

FAMILY CONTACT

Finally, I would like you to look at this picture (GIVE CARD "D") and imagine yourself in the big circle in the center. Again, like before, as we move around the outside circles, tell me if your relationship with these people is helpful, just OK, not helpful, or bad. I'm also interested in knowing how far away they live and how frequently you talk with them (in person or on the telephone). OK, let's begin with your spouse or boyfriend/girlfriend, or your child's father.

1. How far away from you does your spouse/child's father (etc.) live?
2. How frequently do you have contact with your spouse/child's father (etc.)?
3. Is the relationship "helpful," "just OK," "not helpful," or "bad."

CODE

Location

1. More than 50 miles
2. 11 to 50 miles
3. 1 to 10 miles
4. Under 1 mile
5. Lives in the household

Contact

1. One time a year or less
2. One time every 6 months
3. At least one time a month
4. At least one time a week
5. Almost daily

Helpfulness

1. Helpful
2. OK
3. Not helpful
4. Bad
9. NA, DK

CARD C:
SELF-RATING SCALE

0 = NOT AT ALL

1 = SLIGHTLY

2 = MODERATELY

3 = CONSIDERABLY

4 = EXTREMELY

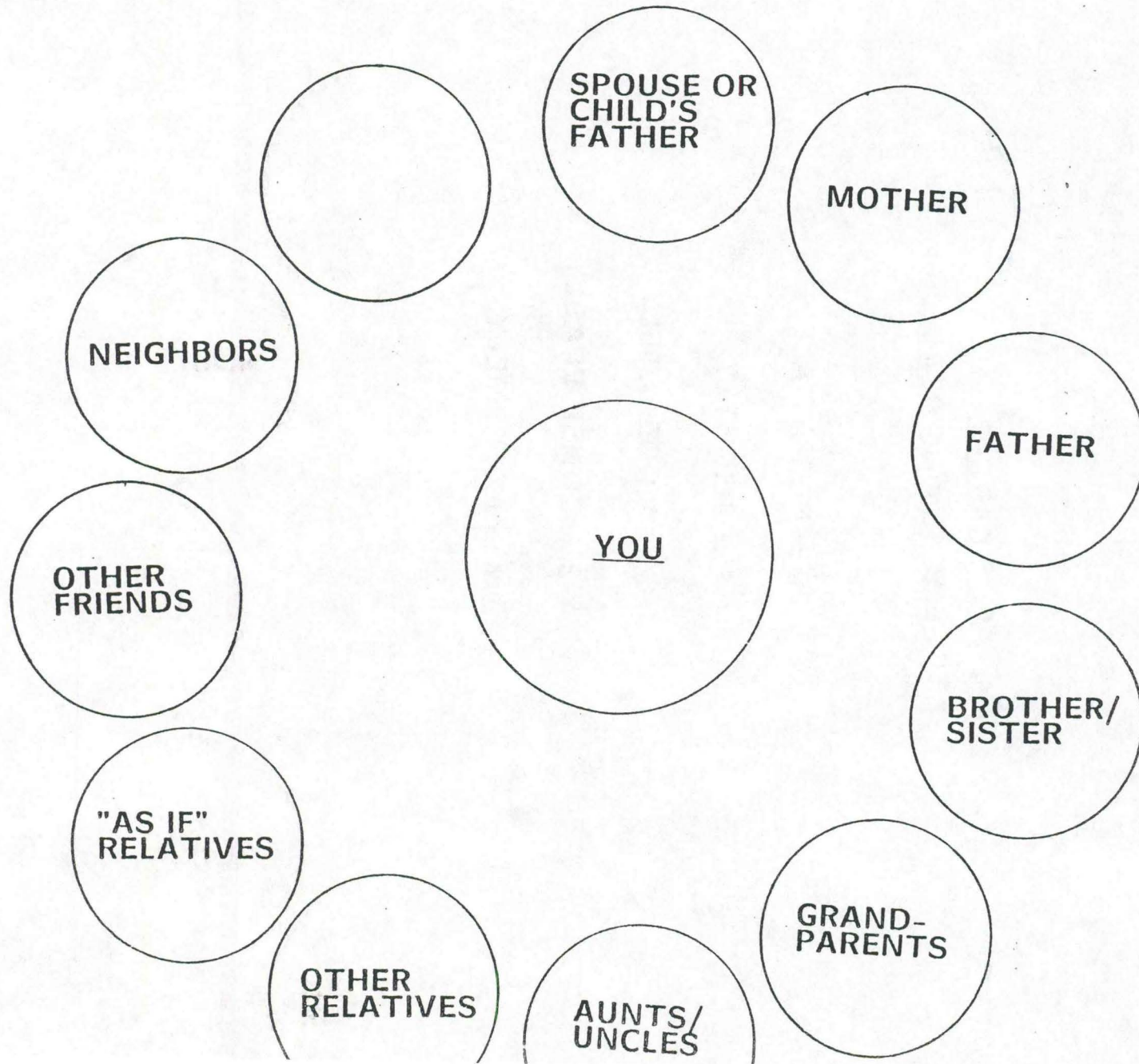
CARD D
FAMILY CONTACT

HELPFUL

OK

NOT HELPFUL

BAD



APPENDIX A-5

CHILD INTERVIEW

CHILD INTERVIEW

DEVELOPMENTAL STATUS: BIRTH TO 5 YEARS^a

The purpose of this section is to make a pre-screening assessment of the developmental level of the child(ren) in the family.

Procedure: Complete the form for each child under 5 years of age.

1. Write the name of each child and the age in the appropriate section.
2. Observe or administer test items in the child's age level.
3. Test above and below the child's age level so that a basal level of 3 passes in a row and a ceiling level of 3 fails in a row is achieved. Use circles to mark passes, and slashes to mark fails.
4. Add the month credit for each child and compare with chronological age; use formula to determine need for further screening.
5. Study the pattern of passes and fails to see if there is an area or two of concern or delay (e.g., gross motor, speech, self-help skills, social awareness).

METHOD OF OBSERVING OR ADMINISTERING ITEMS:

1. When the infant is laying on her stomach in bed or on the floor, see if she holds her head up for a minute or more; the baby may be resting on elbows with upper chest also held up.
2. See if the infant smiles in response to the smiling and talking of adults.
3. See if the infant can reach for, grasp onto and hold onto a rattle or toy or finger and keep it in grasp for 5 seconds.
4. See if the infant can sit alone for 30 seconds when placed in a sitting position; the infant may use hands placed on the thighs for balance.
5. See if the infant makes these sounds or if the infant will repeat these sounds if the mother makes them; pass by report if the caretaker says the infant babbles these sounds.
6. Play a game with the infant. Taking a small, interesting toy (or your keys), show it to the infant and then cover it up completely with a wash cloth, paper towel, pillow or other cover. See if the infant removes the cover to get the object.
7. See if the infant walks alone around the room, more than just a few hesitant steps.
8. Observe or ask the caregiver what words the child uses for favorite or typical things; credit if he has 5 or more good words that could be understood by a stranger (e.g., bottle, baby, ball, cracker, cookie, blanket) not including proper names, if you can, record the typical words.

^aUsed with permission of the Children's Bureau of Southern California.

9. Without cuing, ask the infant where his or your eyes, nose, mouth, etc, are: See if the infant points to his or someone else's features.
10. See if the child uses a good 2 word sentence (e.g., "Go bye-bye," "Go night-night," "Doggie run"); look for sentences with a noun and a verb. If you can, record a typical sentence.
11. See if the child can take a sweater or jacket off if it is unbuttoned down the front; ask if you can put a sweater on the child to see.
12. On the back of the form, use a pencil and show the child how you make an up and down line (one stroke up and one stroke down), hand the pencil to the child and ask if s/he will do it. Credit if there is the basic motion and a mark in both directions.
13. Show the child how to hop on one foot and see if s/he can go 6 hops forward, without putting the other foot down.
14. Ask the caretaker or observe at meal time if the child uses a fork and spoon and glass without major spillage.
15. Ask the parent or estimate yourself if the child uses a lot of different words, more than 50, in spontaneous speech. This would mean a variety of nouns and less verbs and maybe some adjectives.
16. Ask the parent if the child is completely toilet trained and has not had any toileting accidents in the past 2 months.
17. Show the child how to hop on one foot and see if (s)he can go for 12 hops forward without putting the other foot down.
18. Ask the child how old (s)he is now and how old (s)he will be next birthday. Child must answer both questions correctly to pass.
19. Give the child 5 things (e.g., pennies) and ask how many the child has.
20. Ask if (s)he puts on all clothing, socks and shoes (though maybe on the wrong feet) and fastens buttons and zippers.
21. On the back of the form, have the child watch you drawing a square, then hand the child a pencil (present the pencil so the child can choose which hand to use); pass if the square has fairly straight sides and 4 nearly right angles.
22. Use the back of the form and ask the child to draw a "picture of yourself" or of a girl or boy. Credit if the picture has a distinct head and body and the head has eyes and mouth.
23. Toss a ball to the child from a few feet (4-6) away and see if (s)he can catch most of the time.

CHILD INTERVIEW

Family I.D. _____

Date: _____

Child First Name: _____

Interview: 1 2 3 4

DEVELOPMENTAL STATUS: BIRTH TO 5 YEARS

Basal = 3 passes in a row
Circle passes

Ceiling = 3 fails in a row
Slash fails

Note: Establish a basal level and a ceiling level for each child. If more than one child in age group, use a second sheet.

Child _____	0-6 mos.	1. Holds head off mattress	2
Age _____		2. Has social smile	2
Score _____		3. Grasps and holds objects	2
Child _____	6-12 mos.	4. Sits well alone	2
Age _____		5. Makes sounds like "dada" or "baba"	2
Score _____		6. Finds object hidden	2
Child _____	12-18 mos.	7. Walks alone	2
Age _____		8. Has 5 words for objects	2
Score _____		9. Points to one body part	2
Child _____	18-24 mos.	10. Makes good two-word sentence	3
Age _____		11. Takes jacket off (unbuttoned)	3
Score _____			
Child _____	24-36 mos.	12. Copies you drawing an up/down line	3
Age _____		13. Hops on one foot for five feet	3
Score _____		14. Complete self-feed: fork, spoon, glass	3
		15. Uses at least 50 words in speaking	3
Child _____	36-48 mos.	16. Completely toilet trained, day & night	3
Age _____		17. Hops on one foot for ten feet	3
Score _____		18. Tells age now and next year	3
		19. Counts out six objects	3
Child _____	48-60 mos.	20. Dresses completely, except tying	3
Age _____		21. Draws or copies a square	3
Score _____		22. Draws person, head, body, facial parts	3
		23. Catches ball, 50% time, from five feet	3

Refer for Screening:

if more than 2 mos. behind when 0-12 mos.
if more than 3 mos. behind when 13-24 mos.
if more than 4 mos. behind when 25-60 mos.

**PARENT PERCEPTION INVENTORY
(MY PARENTS AT HOME)**

Ann Hazzard and Andrew Christensen

Read the child the following directions:

WE WOULD LIKE TO KNOW HOW MUCH YOU THINK YOUR MOM AND YOUR DAD DO CERTAIN THINGS AT HOME. WE WILL NOT TALK TO YOUR PARENTS ABOUT WHAT YOU TELL US, SO PLEASE TELL US WHAT YOU REALLY THINK.

LET'S TRY A PRACTICE QUESTION:

HOW OFTEN DOES YOUR MOM CLEAN THE HOUSE?

DOES SHE CLEAN IT NEVER, A LITTLE, SOMETIMES, PRETTY MUCH, OR A LOT?

(Point to each word as you say it. For younger children, use the thermometers to give further explanation if necessary. For example, "THESE THERMOMETERS SHOW HOW OFTEN YOUR MOM DOES SOMETHING. IF SHE NEVER DOES SOMETHING, THE THERMOMETER IS EMPTY. IF SHE DOES SOMETHING SOMETIMES, THE THERMOMETER IS HALF FULL. IF SHE DOES SOMETHING A LOT, THE THERMOMETER IS FULL.")

CIRCLE THE WORDS (for younger children, "UNDER THE THERMOMETER") WHICH TELL HOW OFTEN YOUR MOM CLEANS THE HOUSE.

(After the child has circled his/her answer, check to make sure that he/she understands the task.)

SO YOUR MOM CLEANS THE HOUSE (child's answer)?

NOW WE'LL START.

For each concept,

a. State the item number.

b. Ask "HOW OFTEN DOES YOUR MOM . . ."

c. Give examples until the child understands the concept.

For starred items, repeat the response choices (e.g. DOES SHE _____ NEVER, A LITTLE, SOMETIMES, PRETTY MUCH, OR A LOT?) as you point to each response.

* 1. **(Positive reinforcement)**

THANK YOU FOR DOING THINGS, TELL YOU WHEN SHE LIKES WHAT YOU DID, GIVE YOU SOMETHING OR LET YOU DO SOMETHING SPECIAL WHEN YOU'RE GOOD.

* 2. **(Privilege removal)**

TAKE AWAY THINGS WHEN YOU MISBEHAVE (LIKE NOT LETTING YOU WATCH TV OR RIDE YOUR BIKE OR STAY UP LATE OR EAT DESSERT).

3. **(Comfort)**

TALK TO YOU WHEN YOU FEEL BAD AND HELP YOU TO FEEL BETTER, HELP YOU WITH YOUR PROBLEMS, COMFORT YOU.

4. **(Criticism)**

TELL YOU YOU'RE NO GOOD. TELL YOU THAT YOU MESSED UP OR DIDN'T DO SOMETHING RIGHT, CRITICIZE YOU.

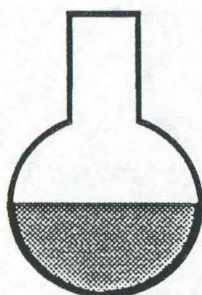
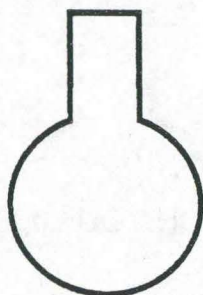
5. **(Talk time)**
TALK TO YOU, LISTEN TO YOU, HAVE A GOOD CONVERSATION WITH YOU.
6. **(Command)**
ORDER YOU AROUND, TELL YOU WHAT TO DO, GIVE COMMANDS.
7. **(Involvement in decision-making)**
LET YOU HELP DECIDE WHAT TO DO, LET YOU HELP FIGURE OUT HOW TO SOLVE PROBLEMS.
8. **(Physical punishment)**
SPANK YOU, SLAP YOU, HIT YOU.
9. **(Time together)**
PLAY WITH YOU, SPEND TIME WITH YOU, DO THINGS WITH YOU WHICH YOU LIKE.
10. **(Yelling)**
GET MAD AT YOU, YELL AT YOU, HOLLER AT YOU, SCREAM AT YOU, SHOUT AT YOU.
11. **(Positive evaluation)**
SAY NICE THINGS TO YOU, TELL YOU THAT YOU'RE A GOOD BOY/GIRL, COMPLIMENT YOU.
12. **(Threatening)**
THREATEN YOU, TELL YOU THAT YOU'LL GET INTO TROUBLE IF YOU DO SOMETHING WRONG, WARN YOU.
13. **(Allowing independence)**
LET YOU DO WHAT OTHER KIDS YOUR AGE DO, LET YOU DO THINGS ON YOUR OWN.
14. **(Time-out)**
SEND YOU TO A ROOM OR CORNER WHEN YOU DO SOMETHING WRONG.
15. **(Assistance)**
HELP YOU WHEN YOU NEED IT (WITH A HARD JOB, WITH HOMEWORK, WHEN YOU CAN'T DO SOMETHING BY YOURSELF).
16. **(Nagging)**
NAG YOU, TELL YOU WHAT TO DO OVER AND OVER AGAIN, KEEP AFTER YOU TO DO THINGS.
17. **(Non-verbal affection)**
HUG YOU, KISS YOU, TICKLE YOU, SMILE AT YOU.
18. **(Ignoring)**
IGNORE YOU, NOT PAY ANY ATTENTION TO YOU, NOT TALK TO YOU OR LOOK AT YOU.

(After completing items with reference to Mom, say, "NOW I'M GOING TO ASK YOU HOW OFTEN YOUR DAD DOES THESE THINGS. Go through items in the same order, making appropriate gender revisions.)

**PARENT PERCEPTION INVENTORY
(MY PARENTS AT HOME)**

Ann Hazzard and Andrew Christensen

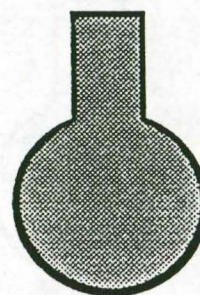
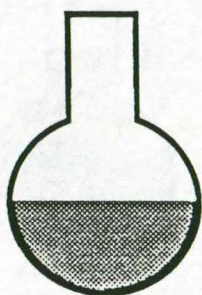
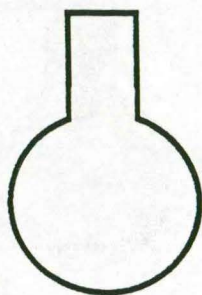
MOM



	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
P.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
1.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
2.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
3.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
4.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
5.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
6.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
7.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
8.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
9.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT

**PARENT PERCEPTION INVENTORY
(MY PARENTS AT HOME)
PAGE 2**

MOM

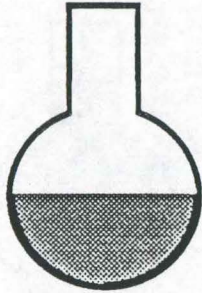
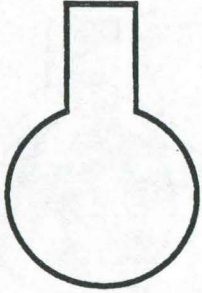


- | | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
|-----|-------|----------|-----------|-------------|-------|
| 10. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 11. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 12. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 13. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 14. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 15. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 16. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 17. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 18. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |

**PARENT PERCEPTION INVENTORY
(MY PARENTS AT HOME)**

Ann Hazzard and Andrew Christensen

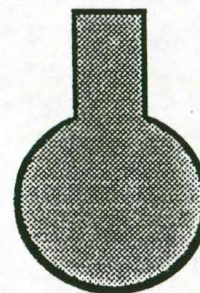
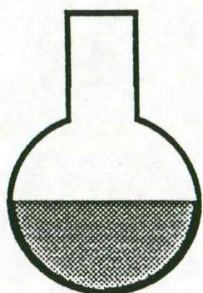
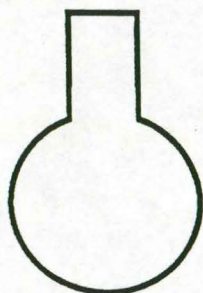
DAD



P.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
1.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
2.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
3.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
4.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
5.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
6.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
7.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
8.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT
9.	NEVER	A LITTLE	SOMETIMES	PRETTY MUCH	A LOT

**PARENT PERCEPTION INVENTORY
(MY PARENTS AT HOME)
PAGE 2**

DAD



- | | | | | | |
|-----|-------|----------|-----------|-------------|-------|
| 10. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 11. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 12. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 13. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 14. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 15. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 16. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 17. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |
| 18. | NEVER | A LITTLE | SOMETIMES | PRETTY MUCH | A LOT |

APPENDIX A-6

SELF-REPORT MEASURES: ADULTS

Now is a list of items that describe children. For each item that describes your child now or within the past 6 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

2	1.	Acts too young for his/her age	0	1	2	31.	Fears he/she might think or do something bad	
2	2.	Allergy (describe): _____	0	1	2	32.	Feels he/she has to be perfect	
		_____	0	1	2	33.	Feels or complains that no one loves him/her	
2	3.	Argues a lot	0	1	2	34.	Feels others are out to get him/her	
2	4.	Asthma	0	1	2	35.	Feels worthless or inferior	
2	5.	Behaves like opposite sex	0	1	2	36.	Gets hurt a lot, accident-prone	
2	6.	Bowel movements outside toilet	0	1	2	37.	Gets in many fights	
2	7.	Bragging, boasting	0	1	2	38.	Gets teased a lot	
2	8.	Can't concentrate, can't pay attention for long	0	1	2	39.	Hangs around with children who get in trouble	
2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40.	Hears sounds or voices that aren't there (describe): _____	
		_____	0	1	2	41.	Impulsive or acts without thinking	
2	10.	Can't sit still, restless, or hyperactive	0	1	2	42.	Likes to be alone	
2	11.	Clings to adults or too dependent	0	1	2	43.	Lying or cheating	
2	12.	Complains of loneliness	0	1	2	44.	Bites fingernails	
1	2	13.	Confused or seems to be in a fog	0	1	2	45.	Nervous, highstrung, or tense
1	2	14.	Cries a lot	0	1	2	46.	Nervous movements or twitching (describe): _____
1	2	15.	Cruel to animals	0	1	2	47.	Nightmares
1	2	16.	Cruelty, bullying, or meanness to others	0	1	2	48.	Not liked by other children
1	2	17.	Day-dreams or gets lost in his/her thoughts	0	1	2	49.	Constipated, doesn't move bowels
1	2	18.	Deliberately harms self or attempts suicide	0	1	2	50.	Too fearful or anxious
1	2	19.	Demands a lot of attention	0	1	2	51.	Feels dizzy
1	2	20.	Destroys his/her own things	0	1	2	52.	Feels too guilty
1	2	21.	Destroys things belonging to his/her family or other children	0	1	2	53.	Overeating
1	2	22.	Disobedient at home	0	1	2	54.	Overtired
1	2	23.	Disobedient at school	0	1	2	55.	Overweight
1	2	24.	Doesn't eat well	0	1	2	56.	Physical problems without known medical cause:
1	2	25.	Doesn't get along with other children	0	1	2	a.	Aches or pains
1	2	26.	Doesn't seem to feel guilty after misbehaving	0	1	2	b.	Headaches
				0	1	2	c.	Nausea, feels sick
				0	1	2	d.	Problems with eyes (describe): _____
				0	1	2	e.	Rashes or other skin problems
1	2	27.	Easily jealous	0	1	2	f.	Stomachaches or cramps
1	2	28.	Eats or drinks things that are not food — don't include sweets (describe): _____	0	1	2	g.	Vomiting, throwing up
				0	1	2	h.	Other (describe): _____
				0	1	2		_____
1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____	0	1	2		
				0	1	2		
1	2	30.	Fears going to school	0	1	2		

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____					_____
					0	1	2	85.	Strange ideas (describe): _____
0	1	2	59.	Plays with own sex parts in public					
0	1	2	60.	Plays with own sex parts too much	0	1	2	86.	Stubborn, sullen, or irritable
0	1	2	61.	Poor school work	0	1	2	87.	Sudden changes in mood or feelings
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	88.	Sulks a lot
0	1	2	63.	Prefers playing with older children	0	1	2	89.	Suspicious
0	1	2	64.	Prefers playing with younger children	0	1	2	90.	Swearing or obscene language
0	1	2	65.	Refuses to talk	0	1	2	91.	Talks about killing self
0	1	2	66.	Repeats certain acts over and over; compulsions (describe): _____	0	1	2	92.	Talks or walks in sleep (describe): _____
0	1	2	67.	Runs away from home	0	1	2	93.	Talks too much
0	1	2	68.	Screams a lot	0	1	2	94.	Teases a lot
0	1	2	69.	Secretive, keeps things to self	0	1	2	95.	Temper tantrums or hot temper
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	96.	Thinks about sex too much
					0	1	2	97.	Threatens people
					0	1	2	98.	Thumb-sucking
					0	1	2	99.	Too concerned with neatness or cleanliness
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	100.	Trouble sleeping (describe): _____
0	1	2	72.	Sets fires					
0	1	2	73.	Sexual problems (describe): _____	0	1	2	101.	Truancy, skips school
					0	1	2	102.	Underactive, slow moving, or lacks energy
					0	1	2	103.	Unhappy, sad, or depressed
0	1	2	74.	Showing off or clowning	0	1	2	104.	Unusually loud
0	1	2	75.	Shy or timid	0	1	2	105.	Uses alcohol or drugs for nonmedical purposes (describe): _____
0	1	2	76.	Sleeps less than most children	0	1	2	106.	Vandalism
0	1	2	77.	Sleeps more than most children during day and/or night (describe): _____	0	1	2	107.	Wets self during the day
					0	1	2	108.	Wets the bed
0	1	2	78.	Smears or plays with bowel movements	0	1	2	109.	Whining
0	1	2	79.	Speech problem (describe): _____	0	1	2	110.	Wishes to be of opposite sex
					0	1	2	111.	Withdrawn, doesn't get involved with others
0	1	2	80.	Stares blankly	0	1	2	112.	Worrying
0	1	2	81.	Steals at home				113.	Please write in any problems your child that were not listed above:
0	1	2	82.	Steals outside the home	0	1	2		_____
0	1	2	83.	Stores up things he/she doesn't need (describe): _____	0	1	2		_____
					0	1	2		_____

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS

UNDERLINE ANY YOU ARE CONCERNED ABOUT

ETHNIC, CULTURE, AND RELIGION/SPIRITUALITY QUESTIONNAIRE

First Name: _____
Date: _____

Family ID: _____
Interview: 1 2 3 4

1. How do you feel about your ethnic or cultural background? (Circle one.)

It's not an issue for me.	Ashamed	I don't like it.	It's OK.	Proud
0	1	2	3	4

2. To what degree does your ethnic background work against you? (Circle one.)

It's not an issue for me.	Not at all	Hardly	Some	A lot
0	1	2	3	4

3. To what degree does your ethnic background help or work for you? (Circle one.)

It's not an issue for me.	Not at all	Hardly	Some	A lot
0	1	2	3	4

4. How do you feel about your religious/spiritual identity? (Circle one.)

It's not an issue for me.	Ashamed	I don't like it.	It's OK.	Proud
0	1	2	3	4

5. To what degree does your religious/spiritual identity work against you?
(Circle one.)

It's not an issue for me.	Not at all	Hardly	Some	A lot
0	1	2	3	4

6. To what degree does your religious/spiritual identity help or work for you?
(Circle one.)

It's not an issue for me.	Not at all	Hardly	Some	A lot
0	1	2	3	4

7. Do you speak more than one language? (Circle one.) 0. No 1. Yes

If you answered "NO", circle '0' for questions 7a and 7b, and go on to question 8.

If you answered "YES":

What is your first language? _____

What is your second language? _____

- 7a. To what degree is being bi-lingual helpful to you? (Circle one.)

Not Applicable	Not at all	Hardly	Some	A lot
0	1	2	3	4

- 7b. To what degree does being bi-lingual work against you? (Circle one.)

Not Applicable	Not at all	Hardly	Some	A lot
0	1	2	3	4

8. Do you participate in community cultural, ethnic, or religious/spiritual activities? (Powwows, Cinco de Mayo)? (Circle one number.)

0. No, I don't know of any.
1. No, I know of them but I don't go.
2. Yes, I know of them but only sometimes participate.
3. Yes, I participate regularly.

8a. Please list any you have knowledge of currently:

9. Do you make use of community cultural, ethnic, or religious/spiritual resources or helpers (NARA, Priests, ministers...)? (Circle one number.)

0. No, I don't know of any.
1. No, I know of them but don't use them.
2. Yes, I know of them but only sometimes use them.
3. Yes, I use them as needed.

BSI/RSE

First Name: _____
Date: _____

Family ID: _____
Interview: 1 2 3 4

Below is a list of problems people sometimes have. Please read each one carefully, and circle the number to the right that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each item and do not skip any.

During the past week, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Trouble remembering things.	0	1	2	3	4
2. Feeling easily annoyed or irritated.	0	1	2	3	4
3. Feeling lonely even when you are with people.	0	1	2	3	4
4. Feeling blocked in getting things done.	0	1	2	3	4
5. Feeling blue.	0	1	2	3	4
6. Feeling no interest in things.	0	1	2	3	4
7. Your feelings being easily hurt.	0	1	2	3	4
8. Feeling that you are watched or talked about by others.					
9. Feeling lonely.					
10. Feeling very self-conscious with others.					
11. Feeling uneasy in crowds.					
12. Never feeling close to another person.					

RSE - used w/ permission from Morris Rosenberg

Please circle the number under the appropriate answer for whether you Strongly Agree (SA), Agree (A), Disagree (D), or Strongly Disagree (SD).

	SA	A	D	SD
1. On the whole, I am satisfied with myself.	1	?	3	4
2. At times I think I am no good at all.			3	4
3. I feel that I have a number of good qualities.			3	4
4. I am able to do things as well as other people.			3	4
5. I feel I do not have much to be proud of.			3	4
6. I certainly feel useless at times.			3	4
7. I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. All in all, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude toward myself.	1	2	3	4

*BSI - L. Derogatis
Leonard?*

**FAMILY FUNCTIONING RESEARCH PROJECT
AAPI**

Family ID: _____
First Name: _____

Date: _____
Interview: 1 2 3 4

Using the following scale, please indicate how you feel about each of the statements below. Write the number of your answer in the blank before each statement.

- 1 = Strongly agree
2 = Agree
3 = Uncertain
4 = Disagree
5 = Strongly disagree

- ___ 1. Young children should be expected to comfort their mother when she is feeling blue.
- ___ 2. Parents should teach their children right from wrong by sometimes using physical punishment.
- ___ 3. Children should be the main source of comfort and care for their parents.
- ___ 4. Young children should be expected to hug their mother when she is sad.
- ___ 5. Parents will spoil their children by picking them up and comforting them when they cry.
- ___ 6. Children should be expected to verbally express themselves before the age of one year.
- ___ 7. A good child will comfort both of his/her parents after the parents have argued.
- ___ 8. Children learn good behavior through the use of physical punishment.
- ___ 9. Children develop good, strong characters through very strict discipline.
- ___ 10. Parents should expect their children who are under three years to begin taking care of themselves.
- ___ 11. Young children should be aware of ways to comfort their parents after a hard day's work.
- ___ 12. Parents should slap their child when she/he has done something wrong.
- ___ 13. Children should always be spanked when they misbehave.
- ___ 14. Young children should be responsible for much of the happiness of their parents.
- ___ 15. Parents have a responsibility to spank their child when she/he misbehaves.

- 16. Parents should expect children to feed themselves by twelve months.
- 17. Parents should expect their children to grow physically at about the same rate.
- 18. Young children who feel secure often grow up expecting too much.
- 19. Children should always "pay the price" for misbehaving.
- 20. Children should be expected at an early age to feed, bathe, and clothe themselves.
- 21. Parents who are sensitive to their children's feelings and moods often spoil their children.
- 22. Children deserve more discipline than they get.
- 23. Children whose needs are left unattended will often grow up to be more independent.
- 24. Parents who encourage communication with their children only end up listening to complaints.
- 25. Children are more likely to learn appropriate behavior when they are spanked for misbehaving.
- 26. Children will quit crying faster if they are ignored.
- 27. Children five months of age ought to be capable of sensing what their parents expect.
- 28. Children who are given too much love by their parents will grow up to be stubborn and spoiled.
- 29. Children should be forced to respect parental authority.
- 30. Young children should try to make their parent's life more pleasurable.
- 31. Young children who are hugged and kissed often will grow up to be "sissies."
- 32. Young children should be expected to comfort their father when he is upset.

Used with permission from S.J. Bavolek

**FAMILY FUNCTIONING RESEARCH PROJECT
SELF-REPORT FAMILY INVENTORY: VERSION II**

Family ID: _____

Date: _____

First Name: _____

Coding Period:

_____ First Interview

_____ Second Interview

_____ Third Interview

_____ Fourth Interview

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.

	YES: Fits our family very well		SOME: Fits our family some		NO: Does not fit our family
	1	2	3	4	5
1. Our family would rather do things together than with other people.	1	2	3	4	5
2. We all have a say in family plans.	1	2	3	4	5
3. There is closeness in my family but each person is allowed to be special and different.	1	2	3	4	5
4. In our home, we feel loved.	1	2	3	4	5
5. We argue a lot and never solve problems.	1	2	3	4	5
6. Our happiest times are at home.	1	2	3	4	5
7. The future looks good to our family.	1	2	3	4	5
8. We usually blame one person in our family when things aren't going right.	1	2	3	4	5
9. Family members go their own way most of the time.	1	2	3	4	5
10. Our family is proud of being close.	1	2	3	4	5
11. Our family is good at solving problems together.	1	2	3	4	5
12. When things go wrong we blame each other.	1	2	3	4	5
13. Our family members would rather do things with other people than together.	1	2	3	4	5
14. Family members pay attention to each other and listen to what is said.	1	2	3	4	5
15. My family is happy most of the time.	1	2	3	4	5

If there is only one adult in the family, please answer 16a instead of 16, and circle NA for 17.

	YES: Fits our family very well	SOME: Fits our family some	NO: Does not fit our family
16. The grownups in this family are strong leaders.	1	2	3 4 5
16a. The grownup in this family is a strong leader.	1	2	3 4 5
17. The grownups in this family understand and agree on family decisions.	NA 1	2	3 4 5

18. On a scale of 1 to 5, I would rate my family as:

1	2	3	4	5
My family functions very well together.				My family does not function well together at all. We really need help.

19. On a scale of 1 to 5, I would rate the independence in my family as:

1	2	3	4	5
(No one is independent. There are no open arguments. Family members rely on each other for satisfaction rather than on outsiders.)		(Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside the family.)		(Family members usually go their own way. Disagreements are open. Family members look outside the family for satisfaction.)

**FAMILY FUNCTIONING RESEARCH PROJECT
PARENTING ACTIVITIES QUESTIONNAIRE: 0 TO 12 MONTHS**

CASE ID #: _____
DATE: _____
FIRST NAME: _____

CODING PERIOD
_____ First interview
_____ Second interview
_____ Third interview
_____ Fourth interview

Instructions: Please read each statement and circle the number that indicates how often you perform the activity. Circle 0 if you never perform the activity, circle 1 if you rarely do it, circle 2 if you do it a few times a month, circle 3 if you do it a few times a week, and circle 4 if you do it every day or almost every day.

I do the following with _____:
(child's name)

	Never	Rarely	A few times a month	A few times a week	Almost every day
1. I hug, cuddle or kiss him/her.	0	1	2	3	4
2. I wash and bathe him/her.	0	1	2	3	4
3. I dress him/her or change his/her clothes.	0	1	2	3	4
4. I change her/his diapers.	0	1	2	3	4
5. I am involved in her/his personal care, such as cutting toenails and fingernails, combing hair, cleaning ears, etc.	0	1	2	3	4

6. In doing the above personal care activities, I feel: (Circle one.)

<u>Very Comfortable</u>	<u>Comfortable</u>	<u>Uncomfortable</u>	<u>Very Uncomfortable</u>
1	2	3	4

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
7. I feed him/her.	0	1	2	3	4
8. I play with him/her and generally take care of him/her when he/she is awake.	0	1	2	3	4
9. I put her/him to bed.	0	1	2	3	4
10. I take care of him/her when she/he can not get to sleep or is cranky.	0	1	2	3	4

Please circle the number which indicates how often you do the following:

	<u>Always</u>	<u>Frequently</u>	<u>Sometimes</u>	<u>Never</u>
11. When she/he is sick, I care for her/him or sit up with her/him.	1	2	3	4
12. When needed, I take him/her to the doctor or for other medical care.	1	2	3	4

**FAMILY FUNCTIONING RESEARCH PROJECT
PARENTING ACTIVITIES QUESTIONNAIRE: 13 MONTHS TO 3 YEARS**

CASE ID #: _____
 DATE: _____
 FIRST NAME: _____

CODING PERIOD
 _____ First interview
 _____ Second interview
 _____ Third interview
 _____ Fourth interview

Instructions: Please read each statement and circle the number that indicates how often you perform the activity. Circle 0 if you never perform the activity, circle 1 if you rarely do it, circle 2 if you do it a few times a month, circle 3 if you do it a few times a week, and circle 4 if you do it every day or almost every day.

I do the following with _____:
 (child's name)

	Never	Rarely	A few times a month	A few times a week	Almost every day
1. I hug, cuddle or kiss him/her.	0	1	2	3	4
2. I am involved in washing and bathing him/her.	0	1	2	3	4
3. I am involved in his/her personal care, such as cutting toenails or combing hair.	0	1	2	3	4
4. I help to toilet-train him/her.	0	1	2	3	4
5. I am involved in changing his/her clothes.	0	1	2	3	4

6. In doing the above personal care activities, I feel: (Circle one.)

<u>Very Comfortable</u>	<u>Comfortable</u>	<u>Uncomfortable</u>	<u>Very Uncomfortable</u>
1	2	3	4

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
7. I am involved in feeding this child.	0	1	2	3	4
8. I put this child to bed.	0	1	2	3	4
9. I play with him/her and generally take care of him/her during waking times.	0	1	2	3	4
10. I care for him/her when s/he cries or is "cranky".	0	1	2	3	4
11. I take care of him/her when s/he can not get to sleep or when s/he cries or is upset in the middle of the night.	0	1	2	3	4
12. I take him/her on a regular basis to somewhere else, such as day-care or a relative.	0	1	2	3	4
13. I take him/her out for walks or to play.	0	1	2	3	4

Please circle the number which indicates how often you do the following:

	<u>Always</u>	<u>Frequently</u>	<u>Sometimes</u>	<u>Never</u>
14. When she/he is sick, I care for her/him or sit up with her/him.	1	2	3	4
15. When needed, I take him/her to the doctor or for other medical care.	1	2	3	4

**FAMILY FUNCTIONING RESEARCH PROJECT
PARENTING ACTIVITIES QUESTIONNAIRE: AGES 4 AND 5**

CASE ID #: _____
 DATE: _____
 FIRST NAME: _____

CODING PERIOD
 _____ First interview
 _____ Second interview
 _____ Third interview
 _____ Fourth interview

Instructions: Please read each statement and circle the number that indicates how often you perform the activity. Circle 0 if you never perform the activity, circle 1 if you rarely do it, circle 2 if you do it a few times a month, circle 3 if you do it a few times a week, and circle 4 if you do it every day or almost every day.

I do the following with _____:
 (child's name)

	Never	Rarely	A few times a month	A few times a week	Almost every day
1. I hug, hold or kiss him/her.	0	1	2	3	4
2. I help him/her with personal care, such as cutting fingernails, combing hair, etc.	0	1	2	3	4
3. I help or supervise him/her in washing and bathing.	0	1	2	3	4
4. I help him/her with toileting.	0	1	2	3	4
5. I help dress him/her or change his/her clothes.	0	1	2	3	4

6. In doing the above personal care activities, I feel: (Circle one.)

<u>Very Comfortable</u>	<u>Comfortable</u>	<u>Uncomfortable</u>	<u>Very Uncomfortable</u>
1	2	3	4

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
7. I get him/her up in the morning to get ready for the day.	0	1	2	3	4
8. I read books to him/her or tell him/her stories.	0	1	2	3	4
9. I teach him/her how to do things like make cut-outs, draw pictures, do puzzles or play games.	0	1	2	3	4
10. I watch over him/her while s/he plays.	0	1	2	3	4
11. I care for him/her when s/he can not get to sleep or when s/he has night terrors or crying.	0	1	2	3	4
12. I care for him/her when s/he cries, is "cranky", or troubled.	0	1	2	3	4
13. I take him/her on a regular basis to somewhere else, such as day care.	0	1	2	3	4

Please circle the number which indicates how often you do the following:

	<u>Always</u>	<u>Frequently</u>	<u>Sometimes</u>	<u>Never</u>
14. When needed, I take him/her for dental or medical care.	1	2	3	4
15. When s/he is sick, I care for or sit up with him/her.	1	2	3	4

**FAMILY FUNCTIONING RESEARCH PROJECT
PARENTING ACTIVITIES QUESTIONNAIRE: AGES 6 THROUGH 9**

CASE ID #: _____
DATE: _____
FIRST NAME: _____

CODING PERIOD
_____ First interview
_____ Second interview
_____ Third interview
_____ Fourth interview

Instructions: Please read each statement and circle the number that indicates how often you perform the activity. Circle 0 if you never perform the activity, circle 1 if you rarely do it, circle 2 if you do it a few times a month, circle 3 if you do it a few times a week, and circle 4 if you do it every day or almost every day.

I do the following with _____:
(child's name)

	Never	Rarely	A few times a month	A few times a week	Almost every day
1. I hug, hold or kiss him/her.	0	1	2	3	4
2. I help him/her in washing and bathing.	0	1	2	3	4
3. I help him/her with dressing.	0	1	2	3	4
4. I supervise in his/her care, such as cutting fingernails, combing hair, etc.	0	1	2	3	4

5. In doing the above personal care activities, I feel: (Circle one.)

<u>Very Comfortable</u>	<u>Comfortable</u>	<u>Uncomfortable</u>	<u>Very Uncomfortable</u>
1	2	3	4

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
6. I get him/her up in the morning to get ready for school.	0	1	2	3	4
7. I help him/her with his/her homework.	0	1	2	3	4
8. I help him/her with projects and hobbies.	0	1	2	3	4
9. I care for him/her when s/he cries, is "cranky", unhappy or troubled.	0	1	2	3	4
10. I take him/her and his/her friends out for meals or entertainment.	0	1	2	3	4
11. I take him/her elsewhere on a regular basis, such as to school, to clubs, lessons or sports.	0	1	2	3	4

Circle the number which indicates how often you do the following:

	<u>Always</u>	<u>Frequently</u>	<u>Sometimes</u>	<u>Never</u>
12. I go to his or her school for teacher conferences or to discuss problems.	1	2	3	4
13. I care for and sit up with him/her when s/he is sick or when s/he cannot get to sleep or when s/he has night terrors.	1	2	3	4
14. When needed, I take him/her for dental or medical care.	1	2	3	4

**FAMILY FUNCTIONING RESEARCH PROJECT
PARENTING ACTIVITIES QUESTIONNAIRE: AGES 10 AND UP**

CASE ID #: _____
 DATE: _____
 FIRST NAME: _____

CODING PERIOD
 _____ First interview
 _____ Second interview
 _____ Third interview
 _____ Fourth interview

Instructions: Please read each statement and circle the number that indicates how often you perform the activity. Circle 0 if you never perform the activity, circle 1 if you rarely do it, circle 2 if you do it a few times a month, circle 3 if you do it a few times a week, and circle 4 if you do it every day or almost every day.

I do the following with _____:
 (child's name)

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
1. I hug, hold or kiss him/her.	0	1	2	3	4

2. In doing the above, I feel: (Circle one.)

<u>Very Comfortable</u>	<u>Comfortable</u>	<u>Uncomfortable</u>	<u>Very Uncomfortable</u>
1	2	3	4

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
3. I get him/her up in the morning to get ready for school.	0	1	2	3	4
4. I help him/her with his/her homework.	0	1	2	3	4
5. I help him/her with projects and hobbies.	0	1	2	3	4
6. I talk to him/her when s/he is unhappy or troubled.	0	1	2	3	4

	<u>Never</u>	<u>Rarely</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Almost every day</u>
7. I take him/her and his/ her friends out for meals or entertainment.	0	1	2	3	4
8. I take him/her elsewhere on a regular basis, such as to school, to clubs, lessons or sports.	0	1	2	3	4

Please circle the number which indicates how often you do the following:

	<u>Always</u>	<u>Frequently</u>	<u>Sometimes</u>	<u>Never</u>
9. I go to his or her school for teacher conferences or to discuss problems.	1	2	3	4
10. When needed, I take him/ her for medical or dental care.	1	2	3	4

APPENDIX A-7

SELF-REPORT MEASURES: CHILDREN

**FAMILY FUNCTIONING RESEARCH PROJECT
SELF-REPORT FAMILY INVENTORY: VERSION II**

Family ID: _____

Date: _____

First Name: _____

Coding Period:

_____ First Interview

_____ Second Interview

_____ Third Interview

_____ Fourth Interview

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.

	YES: Fits our family very well		SOME: Fits our family some		NO: Does not fit our family
1. Our family would rather do things together than with other people.	1	2	3	4	5
2. We all have a say in family plans.	1	2	3	4	5
3. There is closeness in my family but each person is allowed to be special and different.	1	2	3	4	5
4. In our home, we feel loved.	1	2	3	4	5
5. We argue a lot and never solve problems.	1	2	3	4	5
6. Our happiest times are at home.	1	2	3	4	5
7. The future looks good to our family.	1	2	3	4	5
8. We usually blame one person in our family when things aren't going right.	1	2	3	4	5
9. Family members go their own way most of the time.	1	2	3	4	5
10. Our family is proud of being close.	1	2	3	4	5
11. Our family is good at solving problems together.	1	2	3	4	5
12. When things go wrong we blame each other.	1	2	3	4	5
13. Our family members would rather do things with other people than together.	1	2	3	4	5
14. Family members pay attention to each other and listen to what is said.	1	2	3	4	5
15. My family is happy most of the time.	1	2	3	4	5

If there is only one adult in the family, please answer 16a instead of 16, and circle NA for 17.

	YES: Fits our family very well	SOME: Fits our family some	NO: Does not fit our family
16. The grownups in this family are strong leaders.	1	2	3 4 5
16a. The grownup in this family is a strong leader.	1	2	3 4 5
17. The grownups in this family understand and agree on family decisions.	NA 1	2	3 4 5

18. On a scale of 1 to 5, I would rate my family as:

1	2	3	4	5
My family functions very well together.				My family does not function well together at all. We really need help.

19. On a scale of 1 to 5, I would rate the independence in my family as:

1	2	3	4	5
(No one is independent. There are no open arguments. Family members rely on each other for satisfaction rather than on outsiders.)		(Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside the family.)		(Family members usually go their own way. Disagreements are open. Family members look outside the family for satisfaction.)

RSE

Family ID: _____
 First Name: _____

Date: _____
 Interview: 1 2 3 4

Please circle the appropriate answer for each item, depending on whether you Strongly Agree, Agree, Disagree, or Strongly Disagree with the statement.

Example: I like the color of my hair. If you were very happy with the color of your hair, you would circle #1, "Strongly Agree," like this:

<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
①	2	3	4

Now do the same for the following statements, circling the numbers 1, 2, 3, or 4, depending on whether you:

<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
-----------------------	--------------	-----------------	--------------------------

1. On the whole, I am satisfied with myself.

1	2	3	4
---	---	---	---

2. At times I think I am no good at all.

1	2	3	4
---	---	---	---

3. I feel that I have a number of good qualities.

1	2	3	4
---	---	---	---

4. I am able to do things as well as other people.

1	2	3	4
---	---	---	---

5. I feel I do not have much to be proud of.

1	2	3	4
---	---	---	---

6. I certainly feel useless at times.

1	2	3	4
---	---	---	---

7. I feel that I'm a person of worth, at least on an equal plane with others.

1	2	3	4
---	---	---	---

8. I wish I could have more respect for myself.

1	2	3	4
---	---	---	---

9. All in all, I am inclined to feel that I am a failure.

1	2	3	4
---	---	---	---

10. I take a positive attitude toward myself.

1	2	3	4
---	---	---	---

DRUG AND ALCOHOL QUESTIONNAIRE
AGES 8 AND UP *

Family ID: _____
First Name: _____

Date: _____
Interview: 1 2 3 4

We are interested in knowing about any experience you may have had with different kinds of drugs and alcohol. Please be honest. Remember that your answers will be kept confidential.

On the next few pages there is a list of different substances that you may or may not have used. After each item, tell us if you have ever used it by circling a '1' for "YES" or a '0' for "NO". If you answer "YES", write in how old you were the very first time you used it. If you have used the substance in the last year, indicate how often you used it. If you have never used the substance before, circle '0' for "NO", and go on to the next item.

Your choices for "How often in the last year?" are:

- | | |
|--|--|
| 0 = Never | 3 = 1-2 times per week in the last year. |
| 1 = Experimented once or twice in the last year. | 4 = 3 or more times per week in the last year. |
| 2 = 1-3 times per month in the last year. | |
-

Example:

Have you ever tried...

E1) strawberries?

0) NO ① YES

IF YES:

How old were you the first time you tried strawberries? 9

How often have you eaten strawberries in the last year?

Never	Experimented once or twice	1-3 times per month	1-2 times per week	3 or more times a week
0	1	②	3	4

We can see that this person has tried strawberries before, that he or she was 9 years old the first time he or she tried strawberries, and that he or she has eaten strawberries about 1 to 3 times a month for the last year.

Now, follow the same directions for numbers 1 to 13. If you don't know what a word means, or if you are not sure how to answer, ask the interviewer to help you. If you have never used the substance, circle '0' for "NO", and go on to the next item.

* Used with permission from Rand D. Conger

Have you ever used...

1. Cigarettes, cigars, pipe?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried smoking? _____

b) How often have you smoked cigarettes, cigars or pipes in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

2. Smokeless tobacco, snuff, or chewing tobacco?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried this? _____

b) How often have you used this in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

3. Beer?

0) NO 1) YES

IF YES:

a) How old were you the first time you drank beer? _____

b) How often have you drunk beer during the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

4. Wine or wine coolers (not at church)?

0) NO 1) YES

IF YES:

a) How old were you the first time you drank wine or wine coolers? _____

b) How often have you drunk wine or wine coolers in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

Have you ever used...

5. Hard liquor (like bourbon, whiskey, vodka, or gin)?

0) NO 1) YES

IF YES:

a) How old were you the first time you drank hard liquor? _____

b) How often have you drunk hard liquor during the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

6. Non-prescription drugs (like Vivarin, No Doz, or diet pills)?

0) NO 1) YES

IF YES:

a) How old were you when you first used any of these? _____

b) How often have you used non-prescription drugs in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

7. Marijuana, pot, grass, weed, hashish, etc.?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried marijuana? _____

b) How often have you used marijuana (pot, grass, etc.) in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

8. Gasoline, glue, or other inhalants ("rush", solvents, etc.)?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried any of these? _____

b) How often have you used these in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

Have you ever used...

9. Hallucinogens (LSD, acid, mescaline, PCP, mushrooms, "shrooms", peyote, etc.)?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried any hallucinogen? _____

b) How often have you used hallucinogens in the past year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

10. Barbiturates (downers, quaaludes, sopors, reds, etc.) or tranquilizers (librium, valium, etc.)?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried any barbiturates or tranquilizers? _____

b) How often have you used barbiturates or tranquilizers in the past year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

11. Amphetamines (speed, black cadillacs, white cross, crystal)?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried amphetamines? _____

b) How often have you used amphetamines in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

12. Cocaine, crack, etc?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried cocaine or crack? _____

b) How often have you used cocaine or crack in the last year?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
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Have you ever used...

13. Prescription drugs without a doctor's prescription?

0) NO 1) YES

IF YES:

a) How old were you the first time you tried this? _____

b) How often in the last year have you taken prescription drugs without a doctor's prescription?

Never	Experimented once or twice	1-3 times a month	1-2 times a week	3 or more times a week
0	1	2	3	4

IF YOU HAVE NEVER USED ANY OF THE SUBSTANCES WE HAVE MENTIONED, DO NOT ANSWER QUESTION 14. IF YOU HAVE, PLEASE ANSWER QUESTION 14.

14. When using alcohol or any drug, how often has each of the following things happened to you? (Do not include times when you were not using alcohol or some kind of drug.)

	<u>Never</u>	<u>Once</u>	<u>2 or 3 times</u>	<u>More than 3 times</u>
a) You got drunk.	0	1	2	3
b) You got "high" on drugs.	0	1	2	3
c) You could not remember later what you had done.	0	1	2	3
d) You got sick or passed out.	0	1	2	3
e) You became unhappy or cried.	0	1	2	3
f) You got into a fight.	0	1	2	3
g) You got into trouble with your parents.	0	1	2	3
h) Your friends got mad at you.	0	1	2	3
i) You got into trouble at school.	0	1	2	3
j) You got picked up by the police.	0	1	2	3
k) You had other difficulties.	0	1	2	3

APPENDIX A-8

ADDENDUM TO INTERVIEW

Interviewer Severity Ratings (In Addendum to Interview)

All ratings are based on responses to the objective and subjective questions within each area. Although it is recognized that the interviewer's opinions are important, they introduce a nonsystemic source of variation, lowering the overall utility of the scale. To reduce this variation, the interviewer must develop a systematic method for estimating severity of each problem. The common use of this standard method will increase the reliability of the severity estimates.

We have established a two-step method for estimating severity. In the first step, the interviewer considers only the objective data from the problem area with particular attention to those critical items in each problem area that are generally most relevant to a valid estimate of severity (see table 7). Using the objective data the interviewer makes a preliminary rating of the respondent's problem severity (need for treatment) based only upon these objective data.

In the second step, the respondent's subjective reports are considered, and the interviewer can modify the preliminary rating accordingly. For example, if the respondent suggests that a particular problem is especially severe, and that treatment is "Extremely important," then the interviewer may increase the preliminary rating of severity. Similarly, when the respondent convincingly reduces the apparent objective severity of a problem area, the interviewer may reduce the initial rating. If a particularly pertinent bit of information that is not systematically collected figures into the derivation of a severity rating, it must be recorded in the "Comments" section.

For the purposes of this interview, severity is defined as need for additional treatment and is based upon reports of amount, duration, and intensity of symptoms within a problem area, as follows:

- 0 - 1 No real problem, treatment not indicated
- 2 - 3 Slight problem, treatment probably not necessary
- 4 - 5 Moderate problem, some treatment indicated
- 6 - 7 Considerable problem, treatment necessary
- 8 - 9 Extreme problem, treatment absolutely necessary

These ratings are not intended as estimates of the respondent's potential benefit from treatment, but rather as indicators of the extent to which some form of effective intervention is needed, regardless of whether that treatment is available or even in existence. For example, a respondent with terminal cancer would warrant a medical severity rating of 9, indicating that treatment is absolutely necessary for this life-threatening condition. A high severity rating is recorded in this case even though no effective treatment is currently available. Respondents presenting few problem symptoms or controlled symptom levels should be assigned a low level of problem severity. As amount, duration, and/or intensity of symptoms increase, so should the severity rating. Very high severity ratings should indicate dangerously high levels of problem symptoms (to the respondent or others) and a correspondingly high need for treatment.

Table 7. Critical objective items by section

<u>Section</u>	<u>Item</u>	<u>Description</u>
Medical	19 21	Lifetime hospitalizations Chronic problems
Psychiatric	26 27: 1-8	Lifetime hospitalizations Present and lifetime symptoms
Drug/Alcohol	36: 1 - 11 38-39 40 41	Substance use history Abstinence OD's, DT's Lifetime treatment
Legal	50: 1 - 12 51 58-59 61	Major charges Convictions Current charges Current criminal involvement

Severity Rating Derivation Procedures (In Addendum to Interview)

Step 1: Derive a 2 - 3 point severity range (from the 10 - point scale) that describes the respondent's need for treatment based only on the objective items within the problem area.

To do this:

1. Review just the objective (verifiable) data within the problem area.
2. Pay particular attention to the critical items (Table 7).
3. Using just this information, decide upon a 2 - 3 point severity range.

Step 2: Decide on a single point within the 2 - 3 point range, using only the respondent's subjective reports of problem severity.

To do this:

1. Consider the respondent's responses to questions regarding perception of the severity of the problem and feelings regarding the need for treatment.
2. If the respondent considers the problem to be considerable and feels treatment is important, select the higher point within the range.
3. If the respondent considers the problem to be less serious and the need for treatment less important, select the middle or lower rating.

While it is recognized that the criteria for establishing the degree of severity for any problem varies from situation to situation, we have found the above derivation procedures to produce standardized ratings.

Exceptions: In cases where the respondent obviously needs treatment and reports no such need, the rating should reflect a need for treatment. The obvious nature of this need must be stressed. Avoid large inferences. Clarify through probes where necessary.

If the respondent has reported no recent or current problems and does report a need for

treatment, clarify the basis of this rating. The severity rating should reflect no need for treatment, but a note explaining the respondent's rating should be included.

Confidence Ratings by the Interviewer

The judgement of the interviewer is important in deciding the veracity of the respondent's statements and his or her ability to understand the nature and intent of the interview. If the respondent's demeanor clearly suggests that the individual is not responding truthfully (e.g., by constant or rapid denial of problems) or if there are discrepancies in the data caused by conflicting reports that the respondent cannot justify, then the interviewer should indicate a lack of confidence in the information. The confidence ratings are intended to portray the interviewer's judgement on the validity of the information. For example:

Is the above information significantly distorted by:

Respondent's misrepresentation?	No = 0	Yes = 1
Respondent's inability to understand?	No = 0	Yes = 1

Whenever a "Yes" response is coded, the interviewer should record a brief explanation in the "Comments" section.

Difficult or Inappropriate Situations

Previous incarceration or inpatient treatment. Several questions within the ASI require judgements about the previous 30 days or the previous year. When the respondent has been incarcerated or an inpatient for those periods it is difficult to develop a representative profile. Nevertheless, our policy has been to restrict the period of evaluation to the previous 30 days regardless of the respondent's status. This procedure represents the respondent accurately at the time of treatment or followup, although it may not give a fully representative account of the general pattern of behavior.

Respondent Misrepresentation. We have found that some respondents try to present a particular image to the interviewer. This generally results in inconsistent or inappropriate responses, which become apparent during the course of the interview. When this occurs, the interviewer should attempt to assure the respondent of the confidentiality of the data, re-explain the purpose of the interview, probe for more representative answers, and clarify previous responses of questionable validity. If the nature of the responses does not improve, the interviewer should simply discard all data that seem questionable by entering "X" where appropriate on the form. In extreme cases, the interview should be terminated.

Poor understanding. Interviewers may find respondents who are simply unable to grasp the basic concepts of the interview or to concentrate on the specific questions. When this becomes apparent, this part of the interview should be terminated.

ADDENDUM TO INTERVIEW

(Questions for Interviewer)

Family ID: _____

Date: _____
Interview: 1 2 3 4

Person being rated: (Circle one.)

1. Primary caretaker (First name) _____

2. Other adult (First name) _____

1. How would you rate the intellectual functioning of the respondent?

1. Far below average
2. Below average
3. Average
4. Above average
5. Far above average

2. Could the respondent read?

0. No
1. Yes
2. Uncertain

3. Were other persons, besides respondent, present during the interview?

0. No
1. Yes, other adults
2. Yes, children
3. Yes, both adults and children

4. If you observed interaction between respondent and children, how would you characterize it?

0. No observed interaction
1. Positive
2. Indifferent
3. Negative
4. Both positive and negative

5. What accounts for this rating?

6. In general, how would you characterize the cooperation of the respondent in answering the interview questions?

1. Very uncooperative
2. Somewhat uncooperative
3. Neutral
4. Somewhat cooperative
5. Very cooperative

7. What accounts for this rating?

8. Do you have any other observations about this person or the interview that you think are important for the researchers to be aware of?

ADDICTION SEVERITY INDEX

Interviewer Severity Ratings

- 0 - 1 No real problem, treatment not indicated
- 2 - 3 Slight problem, treatment probably not necessary
- 4 - 5 Moderate problem, some treatment indicated
- 6 - 7 Considerable problem, treatment necessary
- 8 - 9 Extreme problem, treatment absolutely necessary

I. Medical Status:

How would you rate the respondent's need for medical treatment? _____

Is the medical information distorted by:

	<u>No</u>	<u>Yes</u>
Misrepresentation?	0	1
Ability to understand?	0	1

II. Psychiatric Status:

How would you rate the respondent's need for psychiatric/psychological treatment? _____

At the time of this interview is respondent:

	<u>No</u>	<u>Yes</u>
Obviously depressed/withdrawn?	0	1
Obviously hostile?	0	1
Obviously anxious/nervous?	0	1
Having trouble with reality testing, thought disorders, paranoid thinking?	0	1
Having trouble comprehending, concentrating, remembering?	0	1
Having suicidal thoughts?	0	1

Is the psychiatric information significantly distorted by:

	<u>No</u>	<u>Yes</u>
Misrepresentation?	0	1
Inability to understand?	0	1

III. Drug and Alcohol Use:

How would you rate the respondent's need for treatment for:

Alcohol abuse _____

Drug abuse _____

Is the drug/alcohol information significantly distorted by:

	<u>No</u>	<u>Yes</u>
Misrepresentation?	0	1
Inability to understand?	0	1

COMMENTS:

**FAMILY FUNCTIONING RESEARCH PROJECT
HOME OBSERVATION**

Family ID: _____
Observer: _____

Date: _____
Interview: 1 2 3 4

Note whether any of the following personal hygiene items were observed:

	<u>YES</u>	<u>NO</u>
1. Child's hair is very matted or tangled (obviously not combed for days) and visibly dirty.	1	0
2. Child emits bad body odor or mouth odor (beyond a dirty diaper).	1	0
3. Child's skin is visibly dirty (beyond food around the mouth).	1	0
4. Child's clothes are filthy beyond the normal expectations of an infant or toddler and/or emit an offensive odor.	1	0
5. Child is inappropriately dressed for the weather (e.g., skimpy clothing in winter).	1	0
6. Child is inappropriately <u>and</u> potentially dangerously dressed (e.g., extremely large shoes; clothes held up/on by pins--not diaper pins).	1	0

Note whether any of the following household sanitation items were observed:

7. Trash and junk are piled in the corners of rooms.	1	0
8. Garbage not in a receptacle, and strewn around the house.	1	0
9. Dirty dishes encrusted with old food (not in sink).	1	0
10. Perishable foods are spoiling.	1	0
11. Roaches are seen in the home.	1	0
12. Rats and/or mice are seen in the home.	1	0
13. Human and/or animal excrement is found on floors or walls.	1	0
14. Foul odor, apparently from unsanitary conditions.	1	0

Note whether any of the following housing hazards items were observed:

	<u>YES</u>	<u>NO</u>	<u>NA</u>
15. Leaking gas from stove or heating unit.	1	0	8
16. Recent fire in the home.	1	0	
17. Radiators, or other sources of heat, which child could be burned on (hot water/steam leaks, missing covers so that pipes are exposed.)	1	0	8
18. Dangerous substances (household cleaning agents, insect and rodent poisons, medications, anything that could cause serious harm if swallowed) within view.	1	0	

List what was seen:

19. Dangerous objects (guns or knives) within view.	1	0	
20. No guards on open windows.	1	0	8
21. Broken or missing windows with nothing in place.	1	0	
22. Broken glass (e.g., windows, broken bottles).	1	0	
23. Falling ceiling.	1	0	
24. Inadequate heat in winter (too cold for children).	1	0	8
25. Unguarded stairs (> 4 steps) with any child in the home who is mobile.	1	0	8
26. Unlit, dangerous stairs (i.e., in the home, not in the apartment hallway.)	1	0	8
27. Paint and/or plaster that is peeling and extremely likely to fall off or be within the children's reach.	1	0	
28. Drug paraphernalia in view.	1	0	
29. Nothing electrical on in the home.	1	0	

	<u>YES</u>	<u>NO</u>	<u>NA</u>
30. Frayed electrical wires within the children's reach.	1	0	
31. Space heaters which the child could get burned on.	1	0	8
32. Unguarded fans.	1	0	8
33. Appliances with exposed wires.	1	0	
34. Lamp plugged in without a bulb in place.	1	0	
35. No electrical socket plates in place.	1	0	
36. Small appliance which gets hot (toaster, iron, hot plate, toaster oven, electric frying pan, etc.) plugged in and within children's reach.	1	0	
37. Screws or nails sticking out of furniture.	1	0	
38. Children were home alone.	1	0	

39. List any other potentially dangerous situations in the home:

40. Note which rooms were observed:

	<u>YES</u>	<u>NO</u>
a) Living room	1	0
b) Hallway/entranceway	1	0
c) Dining room	1	0
d) Kitchen	1	0
e) Bathroom	1	0
f) Bedroom(s)	1	0

41. Conditions in the home were such that a referral was made to Protective Services

	1	0
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SUMMARY OF PROBLEMS

Family ID: _____

addendum

Date: _____

Interview: 1 2 3 4

Write a 1 in the blank next to each problem identified during this interview.

- _____ a. physical abuse
- _____ b. sexual abuse
- _____ c. emotional abuse
- _____ d. chronic neglect
- _____ e. neglect
- _____ f. delinquency
- _____ g. status offender
- _____ h. chronic mental illness of adult
- _____ i. drug or alcohol abuse by adult
- _____ j. adult criminal offenses
- _____ k. drug or alcohol abuse by child
- _____ l. domestic violence
- _____ m. marital or other problems between adults
- _____ n. desertion or unresolved divorce or separation
- _____ o. parent/child conflict
- _____ p. other dysfunctional family interaction
- _____ q. social isolation
- _____ r. adult depression or emotional problems
- _____ s. health problems, physical or developmental disability (mental retardation) of adult
- _____ t. child behavior problems
- _____ u. chronic mental illness of child
- _____ v. health problems, physical or developmental disability (mental retardation) of child
- _____ w. child depression or emotional problems
- _____ x. child relationship problems with peers or siblings
- _____ y. school problems other than truancy
- _____ z. teenage pregnancy or marriage
- _____ aa. death of a family member
- _____ bb. adoption
- _____ cc. inadequate housing
- _____ dd. unemployment/underemployment
- _____ ee. poverty/financial need
- _____ ff. homelessness
- _____ gg. other (specify: _____)

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