Date: _____/_____/_____ Client STARS ID: | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

FAMILY SURVEY Survey Type: ☐ Initial or ☐ Interval GAF Score: _____ (optional)

Please complete the following questions:

1. Is your child currently in school (includes pre-school and head start)? Check all that apply

☐ Yes, attend all classes regularly, unless illness or other circumstance out of my control

☐ Yes, attends most classes during the week, skip/unexcused 1-2 times a week

☐ Attend some classes during the week, skip/unexcused 3-5 times a week

☐ Attend few classes, skip/unexcused 5 or more times a week

☐ Dropped out of school

☐ Home school

☐ Head Start

☐ Other (Specify)

☐ Don't Know

1a. Please circle the current or the highest education level completed by your child:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12 None Self-contained Special Ed class (no grade)

2. Is your child currently employed? (Check all that apply)

☐ Employed full time (35+ hours per week)

☐ Employed part time

☐ Unemployed, Looking for work

☐ Unemployed, Disabled

☐ Unemployed, Volunteer work

☐ Unemployed, Not looking for work

☐ Other (Specify) _____

☐ Don't know

2a. If your child is employed,

	Yes	No	Don't Know
Is your child paid at or above the minimum wage?	☐	☐	☐
Are your child's wages paid directly to your child by your employer?	☐	☐	☐
Could anyone have applied for this job?	☐	☐	☐

3. Is your child currently enrolled in any extracurricular activities or after school programs?

☐ No, do not participate in any extracurricular activities

☐ Athletics

☐ Arts/Music

☐ Student government

☐ Religious or spiritual

☐ After school program

☐ Other _____

4. Describe your child's current living situation. (Mark all that apply)

☐ Private residence

☐ Institutional setting

☐ Residential care

☐ Jail/Correction facility

☐ Foster parents/family

☐ Homeless

☐ Crisis residence

☐ Other (Please describe)_____

	Number of Times	Don't Know
5. In the past 30 days how many times has your child been arrested?	____	☐

Medicaid: | _ | _ | _ | _ | _ | _ | _ | _ | _ | Health Home Client ☐

CID: | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

6. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your child's feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your mental health provider(s).)	Response Options						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
a. My child is happy with the quality of his/her friendships.	☐	☐	☐	☐	☐	☐	☐
b. My child has people with whom he/she can do fun things	☐	☐	☐	☐	☐	☐	☐
c. My child feels he/she fits in with his/her peers.	☐	☐	☐	☐	☐	☐	☐
d. In a crisis, our family would have the support we need from family or friends.	☐	☐	☐	☐	☐	☐	☐
e. Our family is able to manage our family life	☐	☐	☐	☐	☐	☐	☐
f. Our family relationships are improving.	☐	☐	☐	☐	☐	☐	☐
g. My child is improving in school and/or work.	☐	☐	☐	☐	☐	☐	☐
h. My child feels safe in his/her home.	☐	☐	☐	☐	☐	☐	☐
i. I feel my child can manage daily situations more effectively.	☐	☐	☐	☐	☐	☐	☐
j. My child's home is stable.	☐	☐	☐	☐	☐	☐	☐

STOP HERE AND DO NOT COMPLETE QUESTION 7 IF THIS IS AN INITIAL/INTAKE VISIT

7. Please indicate your level of agreement or disagreement with each sentence selecting the choice that best represents your opinion over the past 30 days. If the question is about something you have not experienced, please select "not applicable" in the last column.	Response Options						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
a. I feel that staff here believe my child has the ability to grow, change and improve.	☐	☐	☐	☐	☐	☐	☐
b. As a parent/guardian, I felt free and able to voice concern.	☐	☐	☐	☐	☐	☐	☐
c. Staff encouraged my child to take responsibility for things he/she does.	☐	☐	☐	☐	☐	☐	☐
d. Staff are sensitive to my child's cultural diversity (race, spirituality, religion, language, etc.)	☐	☐	☐	☐	☐	☐	☐
e. Staff provided my family with, and helped us obtain information and available resources.	☐	☐	☐	☐	☐	☐	☐
f. I felt comfortable asking questions about my child's treatment and/or medication.	☐	☐	☐	☐	☐	☐	☐
g. We as a family decided my child's treatment goals.	☐	☐	☐	☐	☐	☐	☐
h. I like the services my child has received here.	☐	☐	☐	☐	☐	☐	☐
i. If we had other options, our family would still get services from this agency.	☐	☐	☐	☐	☐	☐	☐
j. I would recommend this agency to a friend or family member.	☐	☐	☐	☐	☐	☐	☐
k. Services were flexible and convenient for our family.	☐	☐	☐	☐	☐	☐	☐
l. We were able to get the services our family thought our child needed.	☐	☐	☐	☐	☐	☐	☐

Question #6 Statements	Domain
a-d	Perception of Social Connectedness
e-i	Perception of Outcomes of Services

Question #7 Statements	Domain
a-e	Perception of Quality and Appropriateness
f-g	Perception of Participation in Treatment Planning
h-j	General Satisfaction
k-l	Perception of Access