**FAMILY STRENGTHS AND NEEDS SURVEY (FSNS)**

***Interview Form***

Case or Client ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Entry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NOTE TO INTERVIEWER: Consistent with a motivational interviewing approach, using an empathic and gentle style of counseling encourages the participant to begin speaking in a conversational style (versus providing yes/no answers). The best results will be obtained by establishing rapport.*

*The family data capture sheet should be completed with the participant before beginning this interview. To facilitate the interview, in automated applications, the header section of this interview form will be pre-populated with the first names and relationships to the respondent of her or his family members. If the process is not automated at your site, you may wish to add this information by hand before beginning.*

*It may be worthwhile to keep the family data capture sheet available during this interview to supplement or update it as information becomes available during this interview.*

***Read to Client***: As you know, substance use impacts the entire family. We want to make sure that you and your family have as much support as possible during your recovery. I would like to ask you a few questions about your family and their strengths. This will help to identify the ways we can support you to meet your family’s needs.

The information you provide will remain confidential. However, I need to make you aware of some limits to confidentiality. It is my legal responsibility to report suspected abuse or neglect of a child, elderly person or a disabled person or if I believe you are in danger of harming yourself or another person. If you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities. However, I am not directly seeking this type of information in this interview.

May I answer any questions? Are you ready to begin now?

Please tell me about your family:

What do you see as the greatest strengths of your family?

What do you appreciate or like most about each of your children?

What do you like about being a parent?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1) What is your employment status?**

|  |  |  |  |
| --- | --- | --- | --- |
| ① Employed Full Time (30hrs/ week or more)  | ② Employed less than 30hrs  | ③ Unemployed *looking* for work  | ④ Unemployed, *not looking* for work |
| ⑤ Student | ⑥ Homemaker | ⑦ Disabled |  |

 |
| ⃝ Other, Please specify: |
| **2) What is your significant other’s employment status?**

|  |  |  |  |
| --- | --- | --- | --- |
| ① Employed Full Time (30hrs/ week or more)  | ② Employed less than 30hrs  | ③ Unemployed *looking* for work  | ④ Unemployed, *not looking* for work |
| ⑤ Student | ⑥ Homemaker | ⑦ Disabled | ⑧ Not Applicable |

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| ⃝ Other, Please specify: |
| **3) What resources or services would assist you to find employment?**

|  |  |  |  |
| --- | --- | --- | --- |
| ① Clothing for job interviews | ② Transportation to job interviews | ③ Resume building/ job interview skills  | ④ Computer access for job search |
| ⑤ Not Applicable  |  |  |  |
| ⃝ Other, Please specify: |

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| **4) Does your family’s income make it difficult to meet any basic needs? If so, which basic needs are not being met? (Bubble multiple answers if needed)**

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| --- | --- | --- | --- |
| ① Shelter/Housing  | ② Food/Nutrition | ③ Clothing  |  |
| ⃝ Other, Please specify: |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Not at All | Slightly | Moderately | Considerably | Extremely | Not Applicable |
| 5) How concerned are you about the effect your drug or alcohol use has had on your employment? |  |  |  |  |  |  |
| 6) How worried are you about your employment status? |  |  |  |  |  |  |
| 7) Have others expressed concern about your employment status? If so, how concerned are they? |  |  |  |  |  |  |
| 8) Have others expressed concern about the employment status of your spouse/significant other? |  |  |  |  |  |  |
| 9) Please explain any worries or issues you may have or others have expressed about your employment or financial status or your significant other’s employment or financial status: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at All | Slightly | Moderately | Considerably | Extremely | Not Applicable |
| 11) How worried are you about meeting your family’s basic needs? (Basic needs include food, clothing, and shelter) |  |  |  |  |  |  |
| 12) Have others expressed concerned about your family’s basic needs? If so, how concerned are they? |
| 13) Please explain any concerns you may have or others have expressed about meeting your family’s basic needs: |
| 14) What strengths do you and other family members presently have to help you deal with employment issues or meeting basic needs? |
| 15) What contacts and community resources are available to you or other family members to help you deal with these issues? What ideas do you have that may improve the problems or issues you described? |

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| --- | --- |
| 10) Do any of your other family members have issues related to employment? If so, who? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| Please describe the issues or concerns regarding family members’ employment: |

**Basic Needs, Financial Status, Employment**

**Notes:**

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| *For Interviewer: These are open ended questions intended to engage the client and to elicit conversation.* | *For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.* |
| 1) Are there issues, or do you have concerns regarding medical problems or issues for any of your family members? (*Note: Identify family members with medical issues at right*) Please describe your concerns: | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 3) Do any of your children or other family members require a physical exam or medical checkup? If so, who? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 4) Are all of your children up to date on immunizations? If not, who is behind schedule?  | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧⃝ No children |
| 5) Are there any dental problems or issues for any of your family members? (*Identify family members with dental issues at right*) Please describe your concerns, including any need for dental exams. | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 6) Did your mother, or the mother of any of your family members drink alcohol during pregnancy? If so, which family members may have been exposed to alcohol before birth? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Not at All | Slightly | Moderately | Considerably | Extremely | Not Applicable |
| 7) How concerned are *you* about your family members’ *physical* health? |  |  |  |  |  |  |
| 8) Have *others* expressed concern about your family members’ *physical* health? If so, how concerned are they? |  |  |  |  |  |  |
| 9) Please explain any concerns you may have or others have expressed about your family’s physical health or dental issues. |
| 10) What strengths in your family may help you to deal with these issues? |
| 11) What contacts in the community or other resources are available to your family to help you to deal with these physical health or dental issues? What steps can you or others in your family take to solve these problems? |

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| *For Interviewer: These are open ended questions intended to engage the client and elicit conversation.**If the participant has no children, please mark the bubble below and skip to the next section.*⃝ No children  | *For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.* |
| 1) Are any of your children in someone else’s care during the day while you are away from home? If so, which children? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 2) Is this care provided by another family member (*Note: listed at right*)? If so, who?If not, indicate primary child care provider below. | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 3) Who do you consider to be your *primary* child care provider?

|  |  |  |
| --- | --- | --- |
| ① Child’s Grandparents  | ② Licensed Day Care Facility  | ③ Baby Sitter or Nanny |
| ④ Friend | ⑤ Neighbor |  |
| ⃝ Other Caregiver (Please describe) |

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| 4) For which of your children is child care needed, or is child care a problem? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Not at All | Slightly | Moderately | Considerably | Extremely | Not Applicable |
| 5) Do you have any worries about your current child care arrangements? |  |  |  |  |  |  |
| 6) Have *others* expressed concern about your current child care arrangements? If so, how concerned are they? |  |  |  |  |  |  |
| 7) Please explain any issues you may have, or that others may have expressed about current child care arrangements. |
| 8) How concerned are *you* about your own parenting skills? |  |  |  |  |  |  |
| 9) Have *others* expressed concerns about your parenting skills? If so, how concerned are they? |  |  |  |  |  |  |
| 10) How concerned are *you* about the parenting skills of your spouse or significant other? |  |  |  |  |  |  |
| 11) Have *others* expressed concerns about the parenting skills of your spouse or significant other? If so, how concerned are they? |  |  |  |  |  |  |
| 12) Please explain any worries you may have, or that others may have expressed about your parenting skills, or the parenting skills of your spouse or significant other. |

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| **13) If any of your children have open dependency cases, or if you have lost custody of any of your children, what can be done to resolve these issues?** |
| **14) What family strengths will help you to deal with these issues?** |
| **15) What contacts or community resources are available to your family to help you to deal with these child care or parenting issues? How can you use these resources or contacts?** |

**Child Care and Parenting**

**Notes:**

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| *For Interviewer: These are open ended questions intended to engage the client and elicit conversation.* | *For Interviewer: If the question asks to specify a family member, please bubble in the appropriate number.* |
| 1) Are any of your child(ren) currently receiving special education services? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧⃝ No children  |
| 2) Do you believe that any of your children may require a special education assessment? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧⃝ No children  |
| 3) Do you have plans to continue *your own* education? If so, what are your plans? What steps do you intend to take, and what kind of support do you need to pursue these plans? |
| 4) Does your spouse, significant other or any other adult in your family plan to continue his or hereducation? If so, what are his or her plans? What kind of support do you think this person needs to pursue these plans? |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Not at All | Slightly | Moderately | Considerably | Extremely | Not Applicable |
| 5) How concerned are *you* about your child(ren)’s ability to learn? |  |  |  |  |  |  |
| 6) Have *others* (including teachers or other school personnel) expressed concern about your child(ren)’s ability to learn? If so, how concerned are they? |  |  |  |  |  |  |
| 7) Please explain any issues or worries you may have or others may have expressed about your child’s ability to learn: |
| 8) How concerned are *you* about your child(ren) missing school? |  |  |  |  |  |  |
| 9) Have *others* (including teachers or other school personnel) expressed concern about your child(ren) missing school? If so, how concerned are they? |  |  |  |  |  |  |
| 10) Please explain any concerns you may have or others may have expressed about your child’s absence from school: |

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| **11) What family strengths may help you to deal with issues related to your education or your child(ren)’s ability to learn, education or absences from school?** |
| **12) What contacts or resources do you or other family members have in the community that may help you to deal with issues related to your own or to your children’s education? How can you use these contacts or resources?** |

**Education**

**Notes:**

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| *For Interviewer: These are open ended questions intended to engage the client and to elicit conversation.* | *For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.* |
| 1) Are there any issues on your mind regarding your family members’ social and emotional well-being or mental health? Who are you concerned about? Please describe your concerns: | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 2) Are you worried at all about family members’ behavior? Who are you concerned about? Please describe the issues: | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 3) Do you have any concerns about your children’s growth or development? Please describe these issues:  | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧⃝ No children  |
| 4) Are any of your family members *currently* *receiving* services for social, emotional, mental health and/or behavioral issues? If so, who? What kind of services are they receiving? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 5) Have any of your family members *ever* *received* services for social, emotional, mental health and/or behavioral issues in the past? If so, who? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
|  | **Not at All** | **Slightly** | **Moderately** | **Considerably** | **Extremely** | **Not Applicable** |
| 6) How concerned are *you* about your family members’ *social and emotional well-being, behavior or mental health?* |  |  |  |  |  |  |
| 7) Have others expressed concern about your family members’ *social and emotional well-being, behavior or mental health?* If so, how concerned are they? |  |  |  |  |  |  |
| 8) Please explain anything that worries you, or concerns that others may have expressed about family members’ social and emotional well being or mental health. |

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| --- | --- | --- | --- | --- | --- | --- |
| 9) How concerned are *you* about your children’s growth or development*?* |  |  |  |  |  |  |
| 10) Have *others* expressed concern about your children’s growth or development*?* If so, how concerned are they? |  |  |  |  |  |  |
| 11) Please explain any issues that you may have, or that others may have expressed about your children’s growth and development. |
| 12) What strengths do you or other family members presently have to help you deal with issues around your children’s growth or development? |
| 13) What contacts in the community or community resources do you or other family members have to help you in these areas? How will you use these contacts or resources to improve family members’ well being, behavior and mental health and/or your children’s growth or development? |

**Social/Emotional/Behavioral**

**Notes:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1) Who do you rely on for emotional support? (*Note family members at right and—if not included as family members—darken bubbles associated with appropriate categories below*)

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| --- | --- | --- |
| ① Your parent(s)  | ② Your grandparent(s)  | ③ Your sibling(s)  |
| ④ Friends  | ⑤ Self Help Group  | ⃝ Others (Please describe): |
|  |  |  |

 | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 2) Which members of your immediate family have been affected by your alcohol and/or drug use? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 3) Other than family members, who else has been affected by your alcohol and/or drug use? (Please describe) |
| 4) Have others expressed concern about the effect your alcohol and/or drug use is having/ has had on your family? (*If so, Note affected family members at right*) On others? (*If others have expressed concern about effects of AOD use on persons not included as family members—please describe affected others below*) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 5) With who have you experienced serious conflict for more than a week or so? *(Note: family members at right and—if not included as family members—please describe others with whom participant has experienced serious conflict below*) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 6) Have others expressed concern about serious conflict(s) you’ve experienced with family members? (*Note the family members involved in this conflict at right*) About conflict with others? (*If others have expressed concern about serious conflicts with persons not included as family members—please describe the persons involved in conflicts with the participant below*) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 7) Has anyone in your family been hurt, hit or threatened by another family member? Who was hurt, hit or threatened? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 8) Who did the hurting, hitting or threatening? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 9) Does anyone in your family have a *current* issue with substance abuse? If so, who? | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| 10) Does anyone in your family have a *past* issue with substance abuse? If so, who?  | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |

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| --- |
| **11) Does anyone outside your family that you currently spend time with have a *current* issue with substance abuse? If so, who?** |
| **12) Does anyone outside your family that you currently spend time with have a *past* issue with substance abuse? If so, who?** |
| **Please explain any issues or worries you may have or that others have expressed about:**  |
| **13) The social and emotional support you need.**  |
| **14) The effect of your alcohol and/or drug use on others.**  |
| **15) Serious conflicts that you and/or family members have experienced.**  |
| **16) A family member hurting, hitting or threatening another family member.** |
| **17) Spending time with others that have had or currently have issues with substance abuse.** |
| **18) What strengths within your family may help you to deal with these issues?** |
| **19) What contacts in the community or other community resources are available to you or to other family members to deal with these issues? How can you use these resources or contacts to help your family?** |

**Family**

**Notes:**

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| --- | --- |
| *For Interviewer: These are open ended questions intended to engage the client and elicit conversation.* | *For Interviewer: If the question asks to specify a family member, please bubble in the appropriate number.* |
| **1) Have you or a member of your family experienced, or witnessed or been confronted with a traumatic event? (Traumatic events can include witnessing or experiencing physical or sexual abuse, violence in families and communities, loss of a loved one, refugee and war experiences, living with a family member whose caregiving ability is impaired, and having a life-threatening injury or illness.) If so, please describe the event and who was affected.** | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| **2) Were your children present at the time you or a member of the household they were living in was arrested? If so, who saw or heard this happening? How do you think this event affected them?** | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧⃝ No children  |
| **3) Have you or any family members that you know of been bothered by things that may have resulted from a traumatic event? For example, some people who have experienced or been exposed to a traumatic event have memories of the event or nightmares about it that keep coming back, they avoid activities or thoughts or feelings associated with the event, or they feel jumpy, easily startled or always watchful or on guard. If so, who has been bothered by symptoms like this?** | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| **4) Have you, or has any member of your family ever experienced a serious fall, an accident in a vehicle, a blow or a penetrating injury above the shoulders, been vigorously or violently shaken, or exposed to a blast or explosion? If so, please indicate who, and describe the event that family member experienced.** | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| **5) Did you or that family member lose consciousness (were you or the family member “knocked out”) or become dazed, confused or “see stars” immediately after the event? Were you or the family member unable to remember the event right afterward? Did you or the family member suffer from a concussion or head injury as a result of the event? If any of these apply, please indicate the person who experienced the symptom.** | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |
| **6) Did any of the following problems begin or get worse after the event? Memory problems or lapses? Problems with balance or dizziness? Sensitivity to bright light? Irritability? Headaches? Problems sleeping?****If so, please indicate the person who experienced this problem or for whom the problem got worse after the event.** | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ |

**7) Please share anything else you would like to add about your exposure, or family members’ exposure to traumatic events or the type of events we just discussed:**

**8) What family strengths may help you deal with these issues?**

**9) What community contacts, or other resources in the community are available to help you to deal with issues related to trauma? How can you use these contacts or resources ?**