

## FAMILY STRENGTHS AND NEEDS SURVEY (FSNS): SHORT FORM

### Interview Form

Case or Client ID: \_\_\_\_\_ Interviewer ID: \_\_\_\_\_ Program: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Program Entry Date: \_\_\_\_\_

*NOTE TO INTERVIEWER: To identify the individuals the participant considers to be part of her or his family, the "family data capture sheet" should be filled out before beginning this interview. To make this interview easier, in automated applications, the header section of this FSNS Short Form will display the first names and relationships to the respondent of each family member. If the process is not automated at your site, you may wish to add this information by hand to the header rows of each page of this form before beginning the interview.*

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

### **Read**

**to Client:** As you know, substance use affects the entire family. We want to be sure that you and your family have as much support as possible during your recovery. You have already provided some basic information about yourself and each member of your family. Now, I would like to ask you a few more questions about your family to identify the ways we can support you to meet their needs. Your answers may result in recommendations for more in-depth assessment to determine the best way to help a member of your family, or in immediate referrals to services to strengthen your family. If you are open to it, we may talk some more about your family in the future, or touch base again to see how the members of your family are doing. Do you have any questions so far?

The information you provide will remain confidential—which means we won't share it with anyone that is not directly involved with providing services to you or to your family members. Your privacy and their privacy is very important to the court. 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.

Do you have any other questions before we begin?

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What do you usually say when people ask about your family? (optional)

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Every family has strengths. Family members can have strengths at school, at work, in sports, at making or working on things, or personality traits. Tell me about some of your family's strengths. (optional)

## BASIC NEEDS and EMPLOYMENT

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

### 1) What is your employment status? [Check all that apply]

- ☐ 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 Employed, but I could do better (underemployed)
 ☐ ⑥ Student
 ☐ ⑦ Homemaker
 ☐ ⑧ Disabled

☐ Other, Please specify:

### 2) Does your family run out of money for basic expenses before the end of the month?

- ☐ ① No
 ☐ ② Once in a while
 ☐ ③ Fairly often
 ☐ ④ Every month

### 3) What kind of assistance is needed to meet your family's basic needs? [Check all that apply]

- ☐ ① Rent (Shelter/Housing)
 ☐ ② Food or household supplies
 ☐ ③ Clothing
 ☐ ④ Gas or Bus money (Transportation)  
☐ ⑤ Medications
 ☐ ⑥ School supplies
 ☐ ⑦ Water, electricity or other utility bills
 ☐ ⑧ Other (please describe)

### 4) What resources or services would assist you to find employment or a better job?

- ☐ 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  
☐ ⑥ Other, Please specify:

### 5) Do any of your other family members need employment services? If so, who?

☐ ①
 ☐ ②
 ☐ ③
 ☐ ④
 ☐ ⑤
 ☐ ⑥
 ☐ ⑦
 ☐ ⑧

**Basic Needs, Financial Status, Employment Notes:**

## MEDICAL and DENTAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.</i>	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
<b>1) Do you have any worries or concerns regarding medical problems or issues for any of your family members?</b> <i>(Note: Identify family members with medical issues at right)</i>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
<b>2) Do any of your children or other family members need a physical exam or medical checkup? If so, who?</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
<b>3) Sometimes it's difficult to keep track of this, but do you happen to know whether all of your children are up to date on immunizations? Who might be behind schedule?</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No children <input type="radio"/> Not sure
<b>4) Are there any dental problems or issues for any of your family members? (Identify family members with dental issues including need for dental exams at right)</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
<b>5) Do you think that you or any of your family members were exposed to alcohol or other drugs before birth and may benefit from assessment or services related to this exposure? If so, which family members may have been exposed to alcohol or other drugs before birth?</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No <input type="radio"/> Not sure

### Medical and Dental Issues

Notes:

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## CHILD CARE and PARENTING

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<p><i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program. If the participant has no children, please mark the bubble below and skip to the next section.</i></p> <p><input type="radio"/> No children</p>	<p><i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i></p>
<p>1) Do any of your children have open dependency cases? Do you need any help or support at this time to resolve these issues?</p>	<p style="text-align: center;"> <input type="radio"/> 1   <input type="radio"/> 2   <input type="radio"/> 3   <input type="radio"/> 4   <input type="radio"/> 5   <input type="radio"/> 6   <input type="radio"/> 7   <input type="radio"/> 8  <input type="radio"/> No         </p>
<p>2) Have you lost custody of any of your children? If this is an issue that worries or concerns you right now, what kind of help or support do you need to deal with your loss of parental rights?</p>	<p style="text-align: center;"> <input type="radio"/> 1   <input type="radio"/> 2   <input type="radio"/> 3   <input type="radio"/> 4   <input type="radio"/> 5   <input type="radio"/> 6   <input type="radio"/> 7   <input type="radio"/> 8  <input type="radio"/> No         </p>
<p>3) Do you have any worries about child care? For which of your children is child care needed, or is child care a problem? Please describe concerns below.</p>	<p style="text-align: center;"> <input type="radio"/> 1   <input type="radio"/> 2   <input type="radio"/> 3   <input type="radio"/> 4   <input type="radio"/> 5   <input type="radio"/> 6   <input type="radio"/> 7   <input type="radio"/> 8  <input type="radio"/> No         </p>
<p>4) Would you, or would any members of your family that care for children benefit from parenting skills training? Please describe any issues regarding caregivers' parenting skills below.</p>	<p style="text-align: center;"> <input type="radio"/> 1   <input type="radio"/> 2   <input type="radio"/> 3   <input type="radio"/> 4   <input type="radio"/> 5   <input type="radio"/> 6   <input type="radio"/> 7   <input type="radio"/> 8  <input type="radio"/> No         </p>

### Child Care and Parenting

Notes:

## EDUCATION

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

*For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.*

*For Interviewer: If the question asks to specify a family member, please bubble in the appropriate number.*

1) How is your child (or how are your children) doing in school? Do you or have concerns or have others (including teachers or other school personnel) expressed concerns that need to be addressed about any of your other children's ability to learn? Please explain these concerns below.

① ② ③ ④ ⑤ ⑥ ⑦ ⑧  
☐ No ☐ No children

2) Are there any problems with your child or children's school attendance? Please explain below.

① ② ③ ④ ⑤ ⑥ ⑦ ⑧  
☐ No ☐ No children

3) Do you have plans to continue *your own* education, or would you like to explore the possibility of receiving further education or training?

① No                      ② Yes

\_\_\_\_\_  
 If so, what are your plans, or what information do you need?

4) Do any other adults in your family have issues or problems or need information related to education? Indicate below the kind of support this person needs to obtain this information or resolve the issue or problem.

① ② ③ ④ ⑤ ⑥ ⑦ ⑧  
☐ No

**Education  
Notes:**

## SOCIAL/EMOTIONAL/BEHAVIORAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.</i>	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
<b>1) Does anyone in your family need help getting along with others, balancing their emotions or with their mental health? Who are you concerned about? Please describe concerns below.</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
<b>2) Is anyone in your family behaving in a way that makes you think they're having problems or that they're headed for trouble? Who are you concerned about? Please describe the issues below.</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
<b>3) Do you have any concerns about your children's growth or development? Please describe these issues below.</b>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No <input type="radio"/> No children

**Social/Emotional/Behavioral**

**Notes:**

## FAMILY SUPPORT AND WELL-BEING

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

*For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.*

*For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.*

1) During your recovery, who is stable, sober and available to rely on for emotional support? *(Note family members at right and—if not included as family members—darken bubbles associated with appropriate categories below)*

- ☐ 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) Do you think you have the support you need to get through the next month or so?

- ☐ 1 No     
 ☐ 2 Yes

*If not, what kind of help would assist you to find the emotional support you need? (indicate below)*

3) Have you experienced any serious conflict for more than a week or so? *(Note: Indicate family members with whom participant has experienced conflict 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  
☐ No

4) 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  
☐ No

5) Who did the hurting, hitting or threatening? Are you concerned that this may happen again? (indicate below)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

6) Does anyone in your family have a *current* issue with substance abuse? If so, who?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8  
☐ No

Is there anything else you'd like to say about issues or concerns of any kind you have about family members?

Family  
Notes: