

Family Strengths and Needs Survey Data Capture Sheet

Case or Client ID: _____ Interviewer ID: _____ Today's Date _____ Drug Court Enrollment Date _____

First Name	1 Participant	2	3	4	5	6	7	
Relationship to Participant (See Labels—Back)								
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth/ Age								
Currently Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Race (See Coding—Back)								
Latino/ Hispanic	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No	
Participant currently lives with:	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ____ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No
CPS/ Child Welfare case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Participant has parental rights for:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
In foster or relative care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Employment Status (See Coding—Back)								
Educational Attainment	____ Years	____ Years	____ Years	____ Years	____ Years	____ Years	____ Years	
Currently has medical insurance/health coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Probation or Parole	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current criminal justice case/ legal issue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receiving:	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst

Is your family currently...?			
Receiving services through the VA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving child welfare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving services through a Community-based Vet Center	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Item Coding

Relationship to Participant (Enter label)

Spouse	Participant's grandmother
Partner (boy/girlfriend)	Participant's grandfather
Participant's mother	Aunt/uncle
Participant's father	Cousin
Parent in-law	Sibling (brother/sister)
Biological child	Not-related adult
Stepchild	Not-related child
Foster child	Niece/nephew
Adopted child	Grandchild

Race/Ethnicity (Enter all numbers that apply)

1. Black or African American
2. Asian
3. Native Hawaiian or other Pacific Islander
4. Alaska Native
5. White
6. American Indian

If Hispanic or Latino, Ethnic Group (Enter number)

1. Central American
2. Cuban
3. Dominican
4. Mexican
5. Puerto Rican
6. South American
7. Other

Employment Status (Enter all numbers and descriptions that apply)

1. Employed, Full Time (35+ hours per week)
2. Employed, Part Time
3. Unemployed, looking for work
4. Unemployed, Disabled
5. Unemployed, Volunteer Work
6. Unemployed, Retired
7. Unemployed, Not looking for work
8. Other (Describe)
9. Refused
10. Don't Know
11. Not Applicable