

# Family Support Survey

Baby's Mother's Name: \_\_\_\_\_ Baby's Due Date/DOB: \_\_\_\_\_  
 Mother's Date of Birth: \_\_\_\_\_ Baby's Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Baby's Father's Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Sponsor's SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Sponsor's Command: \_\_\_\_\_  
 First time parent? \_\_\_\_\_ Branch of Service: \_\_\_\_\_

How long have you lived in San Diego area? \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 (Please check your answer) 0-3 months 3-6 months

Thank you for your cooperation in answering these questions. This information is to be used by the team of health care professional providing care to you and your family. Federal laws governing the privacy of medical records govern the collection, maintenance, use, retention, and disposal of this information.

**What is your military status?**

**What is your marital status?**

**Is your spouse on deployment?**

**Length of Deployment:** \_\_\_\_\_

**STRONGLY DISAGREE:** Mark if you feel strongly against the statement or strongly feel the statement is not true.

**DISAGREE:** Mark if you feel you cannot support statement or feel statement is not true.

**AGREE:** Mark if you support the statement or feel this statement is true some of the time.

**STRONGLY AGREE:** Mark if you strongly support the statement or feel the statement is true most or all the time.

	<b>Instructions: Please check in the appropriate box for each question.</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Score</b>
1	My Partner is very supportive of this pregnancy					
2	I wish my partner and I got along better.					
3	I have thought seriously about ending my relationship with my partner					
4	This is very stressful time for me.					
5	At times I feel out of control, like I'm losing it.					
6	Uncontrolled anger can be a problem in my family.					
7	When I do drink, I drink enough to feel really high or drunk.					
8	I sometimes drink five or more drinks of alcohol at a time.					

	<b>Instructions: Please check in the appropriate box for each question.</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Score</b>
9	My partner sometimes drinks five or more drinks at a time.					
10	I can think of situation when I would approve of a wife slapping a husband's face.					
11	When I was a teenager, I was hit a lot by my mother or father.					
12	When I was growing up, I saw my mother or father hit or throws things at their partner					
13	My parents helped when I had problems					
14	My income is often inadequate for basic needs (rent, food, clothing, transportation, etc)					
15	I frequently feel as if I am not as good as others					
16	I feel I do not have much to be proud of					
17	All in all, I am inclined to think that I am a failure					
18	Someone I'm close to makes me feel confident in myself.					
19	I have someone to take care of my child/children for several hours if needed					
20	I have someone I can count on in times of need					
21	I think good things will happen to me in the future					
22	There are times when I feel life is not worth living					
23	I feel sad quite often					
24	Have you or your partner been involved in a suspected or verified case of child abuse or neglect?					
25	Have you or your partner been involved in a suspected or verified case of spouse abuse.					
					<b>Total Score</b>	

Your answers to this survey will not be disclosed to anyone unless that release of information is in accord with the proper release of medical information. Such disclosures must often be, but are not always, proceeded by your written authorization. On some occasions, when the information you provide suggests that you or another person might foresee-ably be subjected to future serious bodily harm, healthcare professionals may be required by law to report such information to appropriate state, local, or federal officials in order to prevent such harm. Likewise, the law may also require healthcare professionals to report to these officials when they believe that spousal and/or child physical and/or emotional abuse has occurred.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_