

Family Services

Please answer these questions about services you may have used in the past 2 months, or, now need. We are trying to find out what families with young children in our practice may need, so we can be more helpful.

| | Did you regularly use child care ? | | YES | NO | | |
|--|--|--|-----------------------------------|----------------------|--|--|
| | If YES, please rate this service | very helpful | somewhat helpful | not helpful | | |
| | If NO, do you need this service now? | | YES | NO | | |
| 2 1 | Did way attand mananting alagaes? | | VEC | NO | | |
| 2.] | Did you attend parenting classes ? | | YES | NO | | |
| | If YES, please rate the classes | very helpful | somewhat helpful | not helpful | | |
| | If NO, do you need this service now? | | YES | NO | | |
| 2 | Did you attend a gunnout group like Al | achalias Anony | mous? VEC | NO | | |
| 3. | Did you attend a support group like Al | conones Anony | illous! IES | NO | | |
| | If YES, please rate this group | very helpful | somewhat helpful | not helpful | | |
| | If NO, do you need this service now? | | YES | NO | | |
| 4. In the past 2 months, did you regularly participate in a Mom's Club or playgroup ? | | | | | | |
| 4 1 | In the past 2 months, did you regularly pa | rticinate in a M | om's Club or nlavoi | roun? | | |
| 4.] | In the past 2 months, did you regularly pa | articipate in a M | lom's Club or playgi | roup? | | |
| 4.] | In the past 2 months, did you regularly pa | articipate in a M | om's Club or playgi YES | roup? NO | | |
| 4.] | In the past 2 months, did you regularly particle. If YES, please rate this group | rticipate in a M very helpful | 2 13 | - | | |
| 4.] | | very helpful | YES | NO | | |
| 4.] | If YES, please rate this group | very helpful | YES somewhat helpful | NO not helpful | | |
| | If YES, please rate this group | very helpful ow? | YES somewhat helpful YES | NO not helpful | | |
| | If YES, please rate this group If NO, do you need this kind of group no Did your child receive services for deve | very helpful ow? elopmental dela | YES somewhat helpful YES | NO not helpful NO NO | | |
| | If YES, please rate this group If NO, do you need this kind of group no Did your child receive services for deve | very helpful ow? elopmental dela | YES somewhat helpful YES ays? YES | NO not helpful NO NO | | |

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| | If YES, please rate this service | very helpful | somewhat helpful | not helpful |
|-----|---|--------------------------------------|------------------|-------------|
| | If NO, do you need this service now? | | YES | NO |
| 7. | Did you receive counseling or therapy | for yourself? | YES | NO |
| | If YES, please rate this service | very helpful | somewhat helpful | not helpful |
| | If NO, do you need this service now? | | YES | NO |
| 8. | Did you receive guidance on disciplinin | YES | NO | |
| | If YES, please rate this guidance | very helpful | somewhat helpful | not helpful |
| | If NO, do you need such guidance now? | , | YES | NO |
| 9. | Did you receive help for a problem with | alcohol? | YES | NO |
| | If YES, please rate this service | very helpful | somewhat helpful | not helpful |
| | If NO, do you need this service now? | | YES | NO |
| 10. | 0. Did you receive help for a problem with drugs ? | | YES | NO |
| | If YES, please rate this service | very helpful | somewhat helpful | not helpful |
| | If NO, do you need this service now? | | YES | NO |
| 11 | . In the past 2 months, did you get help re partner? | it relationship with a YES | spouse or NO | |
| | If YES, please rate this service | very helpful | somewhat helpful | not helpful |
| | If NO, do you need this service now? | | YES | NO |
| 12 | . Did your child receive Medical Assista | nce or SCHIP? | YES | NO |
| | If YES, please rate this service | very helpful | somewhat helpful | not helpful |
| | If NO, do you need this service now? | | YES | NO |

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| 13. Did you receive welfare payments ? | | YES | NO | | | |
|---|--------------|------------------|-------------|--|--|--|
| If YES, please rate this service | very helpful | somewhat helpful | not helpful | | | |
| If NO, do you need this service now? | | YES | NO | | | |
| 14. Did you receive Food Stamps ? | | YES | NO | | | |
| If YES, please rate this service | very helpful | somewhat helpful | not helpful | | | |
| If NO, do you need this service now? | | YES | NO | | | |
| 15. Did you receive WIC ? | | YES | NO | | | |
| If YES, please rate this service | very helpful | somewhat helpful | not helpful | | | |
| If NO, do you need this service now? | | YES | NO | | | |
| 16. Please let us know if there are other problems where we might help. | | | | | | |
| | | | | | | |

THANK YOU FOR FILLING THIS OUT PLEASE GIVE THIS FORM TO:

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