



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.

1. 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. 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
3. Did you attend a **support group** like Alcoholics Anonymous? YES 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**? YES NO
 If YES, please rate this group very helpful somewhat helpful not helpful
 If NO, do you need this kind of group now? YES NO
5. Did your child receive **services for developmental delays**? YES NO
 If YES, please rate this service very helpful somewhat helpful not helpful
 If NO, do you need this service now? YES NO
6. Did your **child receive counseling or therapy**? YES 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 disciplining your child**? 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. 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 regarding a **violent relationship** with a spouse or partner? YES 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 Assistance** 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 |
| 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 |
| 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 |
| 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: