

Healthy Families New York Parent Survey Worksheet



PC1 ID: _____

Program: _____

FRS: _____

Survey Date: _____

Introduction *(Including who was present during the survey; if one parent was not present—reason for absence; where the visit took place, if there were any interruptions during discussion—detail; etc.)*

1. PARENTS' CHILDHOOD EXPERIENCES

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: *(Might include: Parents' fond memories of their childhood; family traditions that parents may want to continue with their children; how parents may have overcome adverse childhood experiences, etc.)* _____

Raised & Nurtured: _____

Discipline Method(s): _____

Discipline of siblings: _____

Runaway Overnight: _____

Sexual Abuse: _____

CPS/ACS Involvement/Removal: *(Maternal and paternal grandparents' involvement with services.)* _____

Exposure to Alcohol/Drugs/IPV: _____

Other relevant information: _____

2. LIFESTYLE BEHAVIORS AND MENTAL HEALTH (Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: (Might include: Parents' thoughts about their ability to overcome adverse behaviors and/or situations; changes in current behaviors parents may be considering because of baby, etc.) _____

Legal Matters: _____

Drug & Alcohol Use: – Remember to Quantify and Qualify _____

Mental Health/Depression/PHQ2: – Remember to Qualify _____

3. PARENTING EXPERIENCES (Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: (Might include: Qualities and caregiving experiences parents feel they have that will help them in their parenting role; parents have attended or are planning to go to parenting classes/groups, etc.) _____

Experiences with CPS/ACS: _____

Exposing baby/child to illicit drug use: _____

Caregiving experiences and other relevant information: _____

4. COPING SKILLS AND SUPPORT SYSTEMS

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: (Might include: Positive methods/techniques parents use to control stress and de-stress, etc.) _____

Lifelines, Family, Friends & Fun: _____

Access to Transportation and Phone: _____

Education – History and Plans: _____

Employment – History, Longevity & Plans: _____

Unhealthy/Poor Behaviors – Coping with Stress: (drugs, smoking cigarettes, alcohol, violence, etc.) _____

Prenatal Care: _____

Indicators of Prenatal & Postpartum Depression: _____

5. CURRENT STRESSES

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths: (Might include: Positive methods and techniques parents feel they use to control stress and de-stress, etc.)

Relationship between baby's parents: _____

Financial Situation & Concerns – and baby’s impact on finances: _____

Housing and Moves: *(Including appropriateness and preparedness for baby)* _____

Other Stresses & Concerns: _____

6. ANGER MANAGEMENT SKILLS (Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: *(Might include: How parents may have learned to control anger with partner and/or others; changes in anger management parents have made or may be considering because of baby, etc.)* _____

Between parents/partners: _____

With others: _____

Violence during pregnancy: _____

7. EXPECTATION OF INFANT’S DEVELOPMENTAL MILESTONES AND BEHAVIORS

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: *(Might include: Parents have begun to read, watch DVDs and gather information about parenting; parents recognize the benefits of additional support for learning about their child’s developmental milestones, etc.)* _____

Walking – expect start, when to worry & what will do if worried: _____

Toilet Training – expect to start, when to worry & what will do if worried: _____

Crying baby scenario: (Including: How long before responding, what would they do if alone with baby experiencing colic, and what they would do if they've tried everything and baby still won't stop crying.) _____

Spoiling baby: (Including: What spoiling means for parents, any concern about spoiling, and views about spoiling a baby under 12 months.) _____

8. PLANS FOR DISCIPLINE

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: (Might include: How parents may want to use methods with their children different from how they were disciplined; parents recognize the benefits of additional support regarding discipline techniques, etc.) _____

Perception of childhood discipline method(s): _____

Infant: (Examples: Baby under 1 year throwing food from high chair or baby crawling toward moveable object.)

Toddler: (Examples: Toddler around 15-18 months old inserting objects in electrical outlet or misbehaving in grocery store.)

Child: (Examples: Child age 2-3 years refusing to do what parents ask or breaking loose and running toward a busy street.)

9. PERCEPTION OF NEW INFANT

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths/PFs: (Might include: Parents' ability to recognize and share attributes and thoughts about new baby or baby in utero, etc.) _____

Parent's thoughts about baby in utero: _____

Parent's behavior toward baby: _____

Parent's perception/description of the new baby's temperament: _____

10. BONDING AND ATTACHMENT

(Score & rating scale letters) **M:** _____ **D:** _____

Strengths: *(Might include: Parents are talking and reading to baby in utero; parents have plans for co-parenting, the type of relationship Mom wants Dad to have with baby, and vice versa, etc.)*

Marital Status: _____

Initial Thoughts – pregnancy & parenting: _____

Consideration of other options – abortion, adoption: _____

Current Thoughts – pregnancy & parenting: _____

Impact of pregnancy/baby on life: _____

Other relevant information: _____

TOTAL SCORES: M: _____ **D:** _____

FRS COMMENTS: *(Might include: FRS observations; parents’ responses to “Miracle/Dream Catcher” question; FRS identified strengths and/or concerns, etc.)*

FRS RECOMMENDATIONS & NEXT STEPS:

RESOURCES & REFERRALS – CURRENTLY USING, RECOMMENDED AND/OR NEEDING FOLLOW UP:

HOW MIGHT THESE PARENTS BENEFIT FROM HOME VISITING? *(Might include: Specific program activities and services that may support family’s goals, strengths and needs; areas where parents identified desire and need for additional support, etc.)*
