## **Caregiver Survey**

aregiver Completing the Survey:	
Name:	
Child's Name:	
ter completing this survey, please return it to:	
Program Social Worker Name:	
Address:	
Phone:	

Instructions: Please answer all the questions below for the child or adolescent named on the front page of this booklet. You can use a pencil or pen (any color). For each question, circle your answer or make an 'X' in the space provided. A few questions ask for a brief written answer.

Because this survey will be completed by many different caregivers--with many different kinds of children or adolescents in their care--sometimes the words used to describe these individuals can get complicated. For purposes of this survey any individual in care--either a young child or teen-ager--will be referred to as a "child." Also, because these children can be either boys or girls, questions will use the term "s/he" to mean "she or he."

A few of the questions asked here may be similar to those on other forms you are being asked to complete (e.g. the Child Behavior Checklist). However, these few overlapping items are used differently in each form. Finally, if you really don't know the answer to a question, leave it blank. But try as best as you can to answer all the questions.

1. What is today's date?	// Mo. Day Yr.
2. How long have you known this child?	months years
3. How long has this child been in your care?	months years check here if child is not in your care now
4. How long do you <u>expect</u> this child to remain in your casituation and DCFS plans?	permanently (until adulthood) Several years
	Less than another year Less than 6 more months Don't know
5. How long would you <u>like</u> this child to remain in your car	re?
	permanently (until adulthood) Several years Less than another year Less than 6 more months Don't know

- 6. Below are four short descriptions of how this child may relate to you. (If child is not in your care now, please answer for the time when s/he was at your home.) Circle the number next to the choice that **best** describes how s/he is with you. Choose only **one** answer.
  - 1. Child smiles, and often seeks physical contact when greeting you; having you present relaxes child; s/he is usually comfortable when alone or separated from you.
  - 2. Child appears independent, almost too independent for their age; s/he may avoid you; s/he is not upset at separation; child is as comfortable with strangers as family members
  - 3. Child is clingy and anxious with you; gets upset when separated from you and may have difficulty being alone; s/he is glad to see you, but at the same time may act angry or upset.
  - 4. Child may show a mixture of being distant and anxious; s/he can be angry and controlling or be compliant, but in an overly sweet way.

Many of the questions below are based on your recent experience with this child. We want to know about your experiences with her/him during the **past six months**. But, if you have known the child **less than six months**, then use the number of months you have known her/him when answering questions. If this child is not living with you now, use the last 6 months s/he was in your care.

**Home** -- this section asks questions about how the child behaves at your home. When answering, circle the number for the response that best fits your experience.

7. In the last 6 months, how often has this child followed reasonable rul	es
and expectations (rules, chores, routines) within the home?	

- 1 All the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never

8. In the last 6 months, how frequently has this child:	Never	Rarely	Some	Often	Very
			times		Often
a) Threatened to hurt you or another adult in the home?	1	2	3	4	5
b) Harmed or hurt you or another adult in the home?	1	2	3	4	5
c) Threatened to harm or hurt other children at home?	1	2	3	4	5
d) Harmed or hurt other children at home?	1	2	3	4	5
e) Damaged or broke things on purpose around the home?	1	2	3	4	5

- 9. How much does this child have to be watched to make sure s/he does not get into trouble or hurt anyone in the home?
- 1 Watched rarely
- 2 Watched some of the time
- 3 Watched most of the time
- 4 Watched all the time
- 10. How much does your supervision of this child interfere with your work or other things you do around the home?
- 1 Does not interfere
- 2 Rarely interferes
- 3- Sometimes interferes
- 4 Most of the time interferes
- 5 Always interferes
- 11. In the last 6 months, how many times has this child run away from home overnight or stayed out all night without permission?
  - 1 None, not run away
  - 2 Once
  - 3 Two or more times
- 12. In the last 6 months, has s/he run away for a week or longer?
- 1 No 2 Yes

**School/Daycare**-- The following section is about your knowledge of this child's experiences and behavior at school or daycare. Please answer these questions with the following time frame in mind: Think about this child's school behavior during their **most recent quarter (3 months) at school**. If answering during the summer and the child is not in school/daycare, use the final quarter of the past school year.

13. What school year and quarter are you using when answering question behavior at school or day care?	ns about this child's	
School year: Quarter:	<ol> <li>First (SeptNov.)</li> <li>Second (NovJan.)</li> <li>Third (JanMar.)</li> <li>Fourth (AprJune)</li> </ol>	
14. During the most recent school quarter (identified above), has this chi school or an educational program?  If NO, why?  1 too young 2 dropped out 3 graduated/GED 4 other, specify:	ld attended daycare, 1 - No 2 - Yes	
If child has NOT been in school/daycare at all, go to Question 20, Pa	ge 4 (Community Section)	
15. What type of school or daycare program did this child attend during the most recent school quarter? (circle all that apply) program	<ol> <li>regular program</li> <li>vocational program</li> <li>alternative program</li> <li>special education academic</li> <li>behaviorally disturbed program</li> <li>other</li> </ol>	
16. During the most recent school quarter, did s/he have problems getting to school or attending classes?	1 - No 2 - Yes	
17. During the most recent school quarter did this child:		
a) Refuse to go to school/daycare (but was not ill)	1 - No 2 - Yes 1 - No 2 - Yes	

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18. Did s/he receive any special services in school/daycare during quarter because of behavior or emotional problems?	the last 1 - No 2 - Yes
In In	o special services received special class or program at regular school a special school her, specify:
20. Is her/his behavior at school/daycare still a problem now?	1 - No 2 - Yes
21. Which best describes this child's grades? (choose one answer)	1 - failing all or most classes 2 - failing about half her/his classes 3 - grade average is lower than 'C' 4 - grade average is 'C' or above 5 - school/daycare does not use grades
Community: The following questions are about experiences or be in the community. By "community" we mean your local neighbors where this child has spent time while in your care.	
22. Has this child carried a gun or other weapon in the last 6 month	ths? 1 - No 2 - Yes
23. To the best of your knowledge, has this child ever carried a gu or other weapon?	ın 1 - No 2 - Yes
24. In the last 6 months how involved has this child been with gar	ng activities?  1 - No involvement  2 - Very little involvement  3- Some involvement  4 - A great deal of involvement
25. Has this child been accused of doing inappropriate sexual thin	ngs? 1 - No 2 - Yes
26. Has this child actually done inappropriate sexual things?	1 - No 2 - Yes
If 'Yes' to either of these 2 questions (#23, #24) on sexual behavior	or above:
What did this child do?	
Was it reported to social services or the police?	
27. Do you have concerns about other children being around this because of her/his sexual behavior?	

28. During the <b>last 6 months</b> , has this child:		
a) Had any trouble with the law (criminal justice system)?	1 - No	2 - Yes
b) Been arrested or held in custody by the police?	1 - No	2 - Yes
c) Been referred to alternative services instead of going to court?	1 - No	2 - Yes
d) Been convicted of a crime?	1 - No	2 - Yes
29. To the best of your knowledge, has this child:		
a) <b>Ever</b> had any trouble with the law (criminal justice system)? .	1 - No	2 - Yes
b) Ever been arrested or held in custody by the police?	1 - No	2 - Yes
c) Ever been referred to alternative services instead of going to court?	1 - No	
d) Ever been convicted of a crime?	1 - No	2 - Yes
30. Is this child <b>now</b> on probation or under court supervision because of breaking the law?	1 - No	2 - Yes
If Yes, please explain:	1 - 110	2 - 1 es
ii Tes, please explain.		
Other Issues		
31. In general, is this child:	1 NT-	2 V
a) too critical or blaming of her/himself?	1 - No	2 - Yes
b) too easily upset if s/he makes mistakes?	1 - No	
c) too sensitive to being corrected or criticized?	1 - No	2 - Yes
32. During the last 6 months has this child said or done anything that		
makes you think s/he may be suicidal or having suicidal thoughts?	1 - No	2 - Yes
33. Has s/he talked about committing suicide or wanting to kill her/himself?	1 - No	2 - Yes
to kin ner/ininsen.	1 110	2 105
34a. For girls: Has she ever been pregnant?	1 - No	2 - Yes
If yes, how many times?		times pregnant
34b. For boys: Has he ever gotten a young woman pregnant?	1 - No	2 - Yes
If yes, how many times?		times
35. In the past 6 months, about how often has this child had	1 - None	e, no use in past 6 months
alcohol (wine, beer, or hard liquor)?		than once a month
moonor (11 mo, 2001, or maza mq. 11 mor).		e a month
		e a week (4 times a month)
		e than once a week
	0 1,101	VIIIII GIIOO W WOOII
36. In the past 6 months, about how often has this child used other drugs	1 NT	
(marijuana, speed, crack, or other street drugs)?		e, no use in past 6 months
		than once a month
		e a month
		e a week (4 times a month)
	5 - More	e than once a week
37. In the past 6 months, has this child had a really frightening or stressful 1 - No. 2 - Yes If Yes, what happened?:	ıl experie	nce?

Thank you very much for answering these questions!.
If you have any comments, questions or concerns please write them in the space below.
Return this survey along with the other completed forms to the project social worker listed on the cover page.
Thank you!