# A Measure of Family Well-being

The four sets of instruments which measure Family Well-being are made available from the University of Georgia, Family and Consumer Services. They were adapted from the Institute for Family Support and Development of MICA, Inc.

The four sets of instruments are the following:

1. An Overall Assessment of My Family's Well-being (one page).
2. An Overall Assessment of Family Well-being–Educator Version (one page).
3. A Measure of Family Well-being–Educator Version (one page for each of the twelve areas of family functioning).
4. A Measure of My Family's Well-being (one page for each of the twelve areas of family functioning).

The first and fourth sets of instruments are to be filled out by the family member participating in the family support program. The second and third sets of instruments, labeled "educator version" are to be completed by the family support program staff person who is best able to evaluate this family.

These instruments do not provide an overall index of well-being. Rather they assess twelve areas of family functioning by reviewing several "sub-areas" in each area and then provide an overall rating for that area (on a three-point scale).

For example, the first of the twelve areas of interest is Parenting and Family Well-being. It contains seven sub areas (e.g., rule setting, knowledge of child whereabouts, behavior management, parental affect/stability). After considering the seven sub-areas, the rater (participant or program staff) assigns a rating of "doing great," "doing okay," or "struggling" on that area of family functioning.

Other areas covered by the scale include: housing, community life, food and nutrition, health and health care, education and jobs, money, transportation, children's education, children's behavior and child care. Each of these areas is of potential interest to a family support program.

This scale is comprehensive, visually appealing and easy to use. It does require a fairly detailed knowledge of the family system by the staff person making the ratings. There is both a self report and a staff report on each of the indicators of family well being. These instruments may be time consuming for staff, but they are relatively simple to use. For programs having more in-depth relationships with participants, they may be very useful instruments.

## An Overall Assessment of My Family's Well-being

Name _____ Date _____

Each of the statements below represents an important area of family life. Check the column which you think best describes how you think your family is doing. Are you "Doing great," "Doing okay," or "Having to struggle"? Some statements may not apply to you.

| Family Life Descriptions | Great | OK | Struggle | Does not apply |
|---|---|---|---|---|
| When you think about each of these things below, how are you and your family doing?<br>1. Residence and utilities | | | | |
| 2. The neighborhood where you live | | | | |
| 3. The food you eat | | | | |
| 4. Health and medical care | | | | |
| 5. Your education and job | | | | |
| 6. Your money and finances | | | | |
| 7. Your transportation and how you get where you need to go | | | | |
| 8. Your children's education | | | | |
| 9. Your family relationships | | | | |
| 10. Parenting | | | | |
| 11. Your children and how they're getting along in the world | | | | |
| 12. Day care for your children when they're not with you | | | | |

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## An Overall Assessment of Family Well-being, Educator Version

Name _____ Date _____

Educator/Observer _____

Each of the statements below represents an important area of family life. Check the column which you think best describes this family's status. Are they "Doing great," "Doing okay," or "Having to struggle"? Some statements may not apply.

| Family Life Descriptions<br>When you think about each of these things below, how is this family doing? | Great | OK | Struggle | Does not apply |
|---|---|---|---|---|
| 1. Residence and utilities | | | | |
| 2. Neighborhood | | | | |
| 3. Food and Nutrition | | | | |
| 4. Health and medical care | | | | |
| 5. Education and job | | | | |
| 6. Money and finances | | | | |
| 7. Transportation | | | | |
| 8. Children's education | | | | |
| 9. Family relationships | | | | |
| 10. Parenting | | | | |
| 11. Their children and how they're getting along in the world | | | | |
| 12. Children's day care | | | | |

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Parenting and Family Well-being

Look at the statements below which might describe this family's parenting before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

This parent

| | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. Sets rules for children and they follow the rules | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Always knows where the children are | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Is able to talk easily with the children | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Does a good job of getting the children to behave | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Can correct the children without losing control | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Seems to feel in control as a parent | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. Overall, related to parenting, this family seems to be | | | | | | | | |
| | Doing Great | | | Doing Okay | | | Struggling | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Parenting Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Housing and Family Well-being

Look at the statements below which might describe this family's housing before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

This family

| | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Has good housing | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Has enough money to pay for housing with enough left to live on | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Is able to pay for power, water, and phone each month | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Has a home or apartment which is in good shape, and they are able to make repairs when needed | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Owns its home, or will be able to buy a house soon | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Overall, related to housing, this family seems to be | | Doing Great | | | Doing Okay | | Struggling | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Housing Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Community Life and Family Well-being

Look at the statements below which might describe this family's community life before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| This parent | | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Seems to feel a part of the neighborhood where they live | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |
| 2. Knows their neighbors and seems to care about their neighborhood | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |
| 3. Sometimes participates in neighborhood activities | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |
| 4. Seems to feel safe and secure in their neighborhood | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |
| 5. Doesn't seem to have much of a problem with drugs in their neighborhood | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |
| 6. Doesn't have a problem with violence in their neighborhood | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |
| 7. Lives in a neighborhood where the children seem to be well supervised | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | | | | | | | | |

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## A Measure of Family Well-being, Educator Version

### Community Life and Family Well-being (continued)

8. Overall, related to this family's neighborhood, this family seems to be

| | Doing | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Community Life Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Food and Nutrition and Family Well-being

Look at the statements below which might describe this family's food and nutrition before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

### This family

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Can afford different foods and can get what they need; they never go hungry | | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Knows about the Food Guide Pyramid and knows how to use it to plan meals | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Knows how to cook and can make many different meals | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Often plans and makes meals | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Has good appliances and utensils to use in fixing meals | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Overall, related to their food situation, this family seems to be | | Doing | | | Doing Okay | | | Struggling | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Food and Nutrition Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Health and Health Care

Look at the statements below which might describe this family's health and health care before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| This family | | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Brushes their teeth every day and bathes regularly | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Has good health habits like exercising regularly, keeping weight in a good range, eating a health-conscious diet, and getting 6-8 hours of sleep each night | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Hardly ever drinks alcohol | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Hardly ever smokes or chews tobacco | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Has good health care insurance | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Knows where to get good medical care | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of Family Well-being, Educator Version

### Health and Health Care (continued)

Look at the statements below which might describe this family's health and health care before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| This family | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 7. Can afford to get medical care when they need it | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 8. Goes to the dentist regularly | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 9. Does not use illegal/street drugs | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 10. Overall, related to this family's health status, this family seems to be | | Doing Great | | | Doing Okay | | Struggling | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Health and Health Care Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Education and Jobs and Family Well-being

Look at the statements below which might describe this family's education and jobs before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| This head(s) of this family | | Strongly Agree | | Not Sure | | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Has a highschool diploma or GED | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Would like to learn new skills and get a better job | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Has good job skills | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Knows where jobs are and how to apply for them | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Has a steady job that he/she is satisfied with | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Goes to work every day on time | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. Is being paid the right amount for her/his training and experience | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of Family Well-being, Educator Version

### Education and Jobs and Family Well-being (continued)

Look at the statements below which might describe this family's education and jobs before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

### This head(s) of this family

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8. Makes enough money to support her/his family | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 9. Has individual health insurance benefits through her/her job | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 10. Has family health insurance through her/his job | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 11. Has a job that offers retirement benefits in addition to Social Security | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 12. Overall, related to this family's education and job status, this family seems to be | Doing Great | | | Doing Okay | | | Struggling | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Eduacation and Job Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Money and Family Well-being

Look at the statements below which might describe this family's money before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| This family | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Has enough money to meet basic family needs | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Always pays the amount due on bills by the due date | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Has a spending plan and sticks to it | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. keeps a record of what they make and spend | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Has a good credit record | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Overall, related to this family's financial situation, this family seems to be | | Doing Great | | | Doing Okay | | Struggling | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Money Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Transportation and Family Well-being

Look at the statements below which might describe this family's transportation before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| This family (parent) | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Has a car that usually works | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Has a valid drivers license | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Has a spending plan and sticks to it | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Overall, related to this family's transportation situation, this family seems to be | | Doing Great | | | Doing Okay | | Struggling | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Transportation Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Children's Education and Family Well-being

Look at the statements below which might describe this family's education before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| In this family | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. Children have good school attendance | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Children have good grades in most subjects | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Children behave well in school | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Parent(s) gets along well with children's teachers | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5.Parent(s) always attends parent-teacher conferences | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. The parent(s) seems to feel teachers care about the children | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Children's Education and Family Well-being (continued)

Look at the statements below which might describe this family's education before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

### This family (parent)

| 7. Parents often help out at school | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| 8. Overall, related to this family's education, this family seems to be | Doing Great | | | Doing Okay | | | Struggling | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Children's Education Goals

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# A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

## Family Relationships and Family Well-being

Look at the statements below which might describe this family's relationships before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

### In this family

| | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|
| 1. Individuals turn to each other for help when something is troubling them | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Individuals talk things over and share problems | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Individuals accept and support each other when they try new things | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Individuals show affection, and notice feelings, such as anger, sorrow, or love | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Individuals share time together | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Overall, related to family relationships, this family seems to be | Doing Great | | | Doing Okay | | Struggling | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Family Relations Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Children's Behavior and Family Well-being

Look at the statements below which might describe this family's children's behavior before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| In this family | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Children are happy | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Children get along well with parents | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Children get along well with their brothers and sisters | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Children have good friends | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Children have friends that parents seem to like | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Children have supervision they need | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. Children usually follow the rules set by parents | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Children's Behavior and Family Well-being (continued)

Look at the statements below which might describe this family's childrnen's behavior before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

### In this family

| 8. Overall, related to children's behavior, this family seems to be | Doing Great | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | | | | | | | | |

### Children's Behavior Goals

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## A Measure of Family Well-being, Educator Version

Family Name _____ Date _____

Educator/Observer _____

### Child Care andFamily Well-being

Look at the statements below which might describe this family's child care before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

| In this family | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Children are in good child care | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. Children's child care is reliable | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. Parent can easily get to children's child care center | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. Parent can find child care for the hours needed | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. Children's child care is affordable | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Overall, related to child care, this family seems to be | | Doing Great | | | Doing Okay | | Struggling | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Child Care Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Parenting and Family Well-being

Look at the statements below which might describe your parenting. Please think back to befre you received services from this program and tell us how much you agree or disagree with the statement. Then tell usho you rate yourself now that you have received service. Some items may not apply (N/A).

### Parenting

| | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. I think I'm a good parent | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I set rules for children and they follow the rules | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I always know where my children are | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I am able to talk easily wiht my children | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I think I do a good job of getting my children to behave | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. I can correct my children without losing control | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Parenting and Family Well-being (continued)

Look at the statements below which might describe this family's parenting before and after receiving services. Circle the number corresponding to your level of agreement with each statement. Some items may not apply (N/A).

### Parenting

7. I feel in control as a parent

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

8. When I think about my role as a parent, I feel I am

| | Doing Great | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Children's Education Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Housing and Family Well-being

Look at the statements below which might describe your housing. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Housing

| | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. Our housing is good and the kind I want | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I have enough money to pay for housing with enough left to live on. | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I am able to pay for power, water, and phone each month | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. My home or apartment is in good shape, and I am able to make repaires when needed | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I own my own home, or I feel I will be able to buy a house soon | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | Doing Great | | | Doing Okay | | | Struggling | |
|---|---|---|---|---|---|---|---|---|
| 6. Overall, related to housing issues, I feel I am | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Housing Goals

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Community Life and Family Well-being

Look at the statements below which might describe your community life. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell usho you rate yourself now that you have received service. Some items may not apply (N/A).

| Community Life | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. I feel a part of the neighborhood I live in | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I know my neighbors adn feel we care about our neighborhood | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I sometimes participate in neighborhood activities | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I feel safe and secure in my neighborhood | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. In my neighborhood we don't have much of a problem with drugs | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Violence isn't a problem in our neighborhood | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. Children in my neighborhood are well supervised | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| Afer Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Community LIfe and Family Well-being (continued)

Look at the statements below which might describe your community life. Please think back to before you received services from this program and tell us how much you agree or disagree with the statment. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Community Life

8. Overall, when I think about my neighborhood,

I feel my family is

| | Doing Great | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Community Life Goals

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Food and Nutrition and Family Well-being

Look at the statements below which might describe your food and nutrition. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell usho you rate yourself now that you have received service. Some items may not apply (N/A).

### Food and Nutrition

| | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|
| 1. I can afford different foods and can get what we need; we never go hungry | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I know about the Food Guid Pyramid and know how to use it to plan meals | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I know how to cook and can make many different meals | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I often plan and make meals for my family | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I have good appliances and utensils to use in fixing meals | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. Overall, when I think about what my family eats, I think my family is | Doing Great | | | Doing Okay | | Struggling | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Food and Nutrition Goals

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Health and Health Care and Family Well-being

Look at the statements below which might describe your health and health care. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

| Health and Health Care | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. I brush my teeth every day and bathe regularly | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I have good health habits like exercisisng regularly, keeping weight in a good range, eating a health-conscious diet, and getting 6-8 hours of sleep each night | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I hardly ever drink alcohol | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I hardly ever chew tobacco | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I have good health care insurance | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. I know where to get good medical care | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. I can afford to get medical care when I need it | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Afer Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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# A Measure of My Family's Well-being

## Health and Health Care and My Family Well-being (continued)

Look at the statements below which might describe your health and health care. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### In this family

| | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 8. I go to the dentist regularly | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 9. I do not use illegal/street drugs | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 10. My family members do not use illegal/street drugs | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 11. When I think about my health and health care, I feel I am | Doing Great | | | Doing Okay | | | Struggling | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Health and Health Care Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Education and Jobs and Family Well-being

Look at the statements below which might describe your education and jobs. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

| Education and Jobs | | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|---|
| 1. I have a highschool diploma | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I would like to learn new skills and get a better job | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I have good job skills | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I know where jobs are and how to apply for them | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I have a steady job that I am satisfied with | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. I go to work every day and am on time | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. I am being paid the right amount for my training and experience | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | Afer Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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# A Measure of My Family's Well-being

## Education and Jobs and Family Well-being (continued)

Look at the statments below which might describe your education and jobs. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourslef now that you have received service. Some items may not apply (N/A).

### Education and Jobs

| | Strongly Agree | | Not Sure | | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|
| 8. I make enough money to support my family | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 9. I have health insurance benefits through my job | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 10. My family has health insurance through my job | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 11. My job offers retirement benefits in addition to Social Security | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| 12. When I think about education and jobs, I feel I am | Doing Great | | Doing Okay | | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Education and Job Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Money and Family Well-being

Look at the statements below which might describe your finances. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Money

| | | Strongly Agree | | Not Sure | | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. I have enough money to meet basic family needs | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I always pay the amount due on bills by the due date | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I plan how I'm going to use the money I have and stick to my plan | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I write down how much I make and spend so I know where my money goes | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I have a good credit record in my own name | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | | Doing Great | | Doing Okay | | | Struggling | | |
|---|---|---|---|---|---|---|---|---|---|
| 6. When I think about money, I feel my family is | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Money Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Transportation and My Family Well-being

Look at the statements below which might describe your transportation. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Transportation

| | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. I have a car that usually works | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. I have a valid driver's license | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I am usually able to get where I need to go | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | | Doing Great | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|---|
| 4. When I think about transportation, I feel my family is | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Transportation Goals

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Children's Education and Family Well-being

Look at the statements below which might describe your children's education. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

| Children's education | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. My children have good school attendance | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. My children have good grades in most subjects | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. My children behave well in school | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I get along well with children's teachers | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. I always attend parent-teacher conferences | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. The teachers care about my children | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. I often help out at school | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| Afer Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Children's Education and Family Well-being (continued)

Look at the statements below which might describe your children's education. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Children's education

8. When I think about my children's education,

I feel they are

| | Doing Great | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Children's Education Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Family Relations and Family Well-being

Look at the statements below which might describe your family relations. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Family relations

| | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. I can turn to my family for help when something is troubling me | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. My family talks things over with me and shares problems with me | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. My family accepts and supports me when I try new things | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. My family shows affection, and notices my feelings, such as anger, sorrow, or love | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. My family and I share time together | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | Doing Great | | | Doing Okay | | | Struggling | |
|---|---|---|---|---|---|---|---|---|
| 6. When I think about our family life, I feel my family is | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Family Relations Goals

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Children's behavior and Family Well-being

Look at the statements below which might describe your children's behavior. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

| Children's behavior | | Strongly Agree | | | Not Sure | | Strongly Disagree | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. My children are happy | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. My children get along well with me | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. My children get along well with their brothers and sisters | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. My children have good friends | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. My children have friends that I like | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 6. My Children receive the supervision they need | | | | | | | | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 7. My Children usually follow the rules I have set | | Doing Great | | | Doing Okay | | Struggling | | |
| | Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| | After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

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## A Measure of My Family's Well-being

Family Name _____ Date _____

### Children's behavior and Family Well-being (continued)

Look at the statements below which might describe your children's behavior. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Children's behavior

8. When I think about how my children are doing,

I feel they are

| | Doing Great | | | Doing Okay | | Struggling | | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Children's Behavior Goals

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# A Measure of My Family's Well-being

Family Name _____ Date _____

## Day Care and Family Well-being

Look at the statements below which might describe your day care. Please think back to before you received services from this program and tell us how much you agree or disagree with the statement. Then tell us how you rate yourself now that you have received service. Some items may not apply (N/A).

### Day care

| | Strongly Agree | | | Not Sure | | | Strongly Disagree | |
|---|---|---|---|---|---|---|---|---|
| 1. My children are in a good day care | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 2. My children's day care is reliable | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 3. I can easily get to my children's day care | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 4. I can find day care for the hours I need | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 5. My children's day care is affordable | | | | | | | | |
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| 6. When I think about my children's day care, I feel my family is | Doing Great | | | Doing Okay | | | Struggling | |
|---|---|---|---|---|---|---|---|---|
| Before Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| After Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

### Day Care Goals

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