

Inc = Included  
Inc

N-Inc = Not included

Mother  
Inc N-Inc  
Father  
Inc N-

	Inc	N-Inc	Inc	N-
<b>I. Childhood Experiences</b>				
1. Who raised MOB/FOB? Did MOB/FOB feel loved and nurtured? Detail.	1_	___	1_	___
2. <b>Can MOB/FOB recall a happy moment in their childhood? Detail.</b>	2_	___	2_	___
3. How was MOB/FOB disciplined? Perception of parents' discipline methods.	3_	___	3_	___
4. If MOB/FOB received physical discipline	4a	___	4a_	___
a. Were implements used?	4b	___	4b_	___
b. Did physical discipline result in marks or bruising?	4c	___	4c_	___
c. How often?	4d	___	4d	___
d. What behaviors necessitated their use of physical methods?	4e	___	4e_	___
e. MOB/FOB's perception of use of physical discipline methods?	5_	___	5_	___
5. Impacted by lifestyle of their parents (i.e. alcohol, drugs, violence, etc.)	6_	___	6_	___
6. Experience with DSS or family courts (CPS, Foster Care, PINS, etc.)				

Comments

<b>II. Lifestyle Behaviors and Mental Health</b>				
1. <u>History</u>				
a. Drug or alcohol use or concerns	1a_	___	1a_	___
b. Legal matters or concerns	1b_	___	1b_	___
c. Mental health issues or concerns	1c_	___	1c_	___
d. <b>Success and/or attempts parent made to address concerns</b>	1d_	___	1d_	___
2. <u>Current</u>				
a. Drug or alcohol use or concerns	2a_	___	2a_	___
b. Legal issues or concerns	2b_	___	2b_	___
c. Mental health issues or concerns	2c_	___	2c_	___
d. <b>Success and/or attempts parent made to address concerns</b>	2d_	___	2d_	___
3. If MOB/FOB discloses <u>substance use</u>				
a. What substance(s) used	3a_	___	3a_	___
b. If MOB discloses past or recent use; prenatal use?	3b_	___		
c. How often used	3c_	___	3c_	___
d. How long used	3d_	___	3d_	___
e. Was/Is use perceived as a problem	3e_	___	3e_	___
f. Rehabilitation or Counseling (Effective or ineffective? Detail)	3f_	___	3f_	___
4. If MOB/FOB discloses <u>mental health issues</u>				
a. Counseling	4a_	___	4a_	___
b. Medication	4b_	___	4b_	___
c. Depression	4c_	___	4c_	___
5. If MOB/FOB discloses <u>legal issues</u>				
a. How long ago	5a_	___	5a_	___
b. How often	5b_	___	5b_	___
c. Detail encounter(s)	5c_	___	5c_	___

Comments:

<b>III. Parenting Experience</b>				
1. <b>When did/does parent feel successful as a parent or caregiver? Why?</b>	1_	___	1_	___
2. Were MOB/FOB ever suspected of CAN or maltreatment	2_	___	2_	___
3. If MOB/FOB discloses suspected of CAN or maltreatment:				
a. Was a CPS referral made (indicated or unfounded case)	3a_	___	3a_	___
b. Detail encounter(s)	3b_	___	3b_	___

Comments

--	--	--	--	--

<b>IV. Coping Skills and Support System</b>				
1. Isolation				
a. Lifelines (family/friends/relatives)	1a_	___	1a_	___
b. Transportation	1b_	___	1b_	___
c. Phone	1c_	___	1c_	___
2. Coping				
a. Prenatal Care	2a_	___	2a_	___
b. Prenatal/postpartum depression	2b_	___	2b_	___
c. Educational history ( <b>Experiences, challenges &amp; successes</b> )	2c_	___	2c_	___
d. Employment history ( <b>Experiences, challenges &amp; successes</b> )	2d_	___	2d_	___

Comments

<b>V. Current Stressors</b>				
1. Relationships				
a. Between MOB and FOB	1a_	___	1a_	___
b. How do parents socialize	1b_	___	1b_	___
2. Housing Situation				
3. Financial Situation				
4. How does MOB/FOB handle stress?				
5. MOB/FOB was asked about <u>other concerns</u>				
	2_	___	2_	___
	3_	___	3_	___
	4_	___	4_	___
	5_	___	5_	___

Comments

<b>VI. Anger Management Skills</b>				
1. How does MOB/FOB handle anger?				
	1_	___	1_	___
2. Does MOB/FOB have concerns about partner's display of anger?				
	2_	___	2_	___

Comments

<b>VII. Expectations of Infant's Developmental Milestones and Behaviors</b>				
1. MOB/FOB was asked expectations regarding:				
a. Walking	1a_	___	1a_	___
b. Toilet training	1b_	___	1b_	___
2. If expectations are unrealistic, are parents rigid?				
3. When will MOB/FOB start to worry if milestone is not achieved?				
4. How will MOB/FOB handle the <u>crying baby</u> ?				
5. Will a crying baby be disturbing to MOB/FOB?				
6. Is the potential for <u>spoiling baby</u> of concern to MOB/FOB?				
	2_	___	2_	___
	3_	___	3_	___
	4_	___	4_	___
	5_	___	5_	___
	6_	___	6_	___

Comments

<b>VIII. Plans for Discipline (Scenarios)</b>				
1. Mobile infant (3 to 12 months)				
	1_	___	1_	___
2. Toddler (12 to 36 months)				
	2_	___	2_	___
3. Child (3 to 5 years)				
	3_	___	3_	___

Comments

<b>IX. Perception of New Infant</b>				
1. Parents view of baby's behavior				
	1_	___	1_	___

Comments

<b>X. Bonding and Attachment</b>				
1. MOB's/FOB's feeling about pregnancy				
	1_	___	1_	___
2. If MOB/FOB was unhappy/concerned with pregnancy, feelings now?				
	2_	___	2_	___
3. Was abortion or adoption considered with this pregnancy				
	3_	___	3_	___
4. Any characteristic that TC must have for MOB/FOB to love him/her?				
	4_	___	4_	___

Comments

**NOTE: The highlighted lines within the content areas were added (effective 12/03) to guide the FAW in assisting parents in the self-identification of individual and family strengths. It is expected that the FAW will incorporate these, as well as other “strengths-identifying” questions, into their assessment discussions with parents.**

---