

## Family Questionnaire

Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Family Name: \_\_\_\_\_

The following questions can help a caregiver, home visitor or other service provider find out more information about a family so they can better support each child through a strength-based approach. The questions can either be filled out by a family member(s) or the provider can ask the questions during a phone call or visit.

### Family Information, Resources, and Supports

1. Who is in the family/home?
2. What are your family's strengths?
3. What are (if any) the current stressors for the child/family?
4. Who can you turn to if you need support?
5. What does your family like to do together?
6. Tell me about your home language and who speaks what language(s) in your home. What language(s) would you prefer your child to hear and speak in our program? If your home language is not the language spoken in the program, are there key words or phrases you would like to teach us?

### Child Strengths, Preferences, and Development

7. What are your child's strengths and abilities?
8. What are your child's likes and preferences (activities, foods, toys, and people)?
9. What is your child like at home? Mood? Behavior?
10. What's a good day with your child?
11. What is the hardest part of the day?
12. What are you most proud of about your child?
13. What is your child's favorite place to play?
14. What roles does your child frequently engage in during play?

15. What activities do you most like to share with your child?
16. How do you see your child compared to other children?
17. Does your child have any fears or worries we should be aware of?

### Caregiving Practices

18. What does your child do when upset, and how is your child best comforted?
19. How does your child let you know he/she is hungry? Tell me more about feeding: time of day, how and what you feed your child, and how you know when your child is full.
20. Tell me about your child's sleeping patterns. When does he/she sleep (times of day)? For how long? Do you do anything special during sleeping routines such as singing songs, reading books, etc? Does your child have a favorite item he/she uses for comfort?
21. Tell me about your child's elimination patterns. How does your child indicate his/her bathroom needs? If your child is in diapers, do you use cloth or disposable diapers? Is your child toilet trained? If not, what are your goals and views about when and how to begin?
22. Tell me about your views on discipline. For older children, how do you teach your child about getting along with others or learning new behaviors?

### Developmental History/Medical Issues

23. Was your child born prematurely?
24. What developmental milestones has your child reached (in communication, gross motor, fine motor, social, emotional, and problem-solving domains)?
25. Any medical concerns?
26. What do you hope for your child to be doing in the next 6 months, 9 months, 12 months?

### Other Information

27. How would you like me to communicate with you about your child's day? By passing along information in a notebook? Through e-mail? Through phone calls?