

Social Supports Questionnaire

Child ID: _____

Please check time of interview: Intake _____ 6mo. ___ 12mo. ___ 18mo. ___ 24mo. ___ 30 mo. ___ 36mo. ___

ADULT INTERVIEW

1. Next, we are interested in the help and support that you received from people in the past 6 months. We are talking about help that is not paid for. When you have had a problem, have friends or family helped you out with the following:

Responses are:

1 = no one has

2 = some family member or friend helped maybe once or twice

3 = some family member or friend does this often

NA=Not Applicable

	1.	2.	3.	
	1. No one has	2. Family/ friend once or twice	3. Family/ friend does this often	N/A

Help with baby sitting or child care

Help when a child is sick

Help with advice about raising children

Other advice, encouragement, moral or emotional support

Spending time together for fun (sports, hobbies, relaxing)

Help with transportation

Help with repairs to home or car

Help with other kinds of work around the house

Lending you money for a short time

Buying food or other items for you and your family

Giving you outgrown used clothing for your children

A temporary place to live if needed

Other help in an emergency

Other: (please specify below)

Over >>

2. You've just told me about the different kinds of *help* you have received. Now I'd like to ask you more specifically about the different kinds of *people* who have helped you in the past 6 months. I won't be asking you for their names, just categories of people.

- a. Who has helped you in the past 6 months? Respond Yes or No or Not Applicable AND
 - b. Overall, how much support were these people? (1 = not at all supportive to 5 = very supportive).
- NA=Not Applicable

	a.	b.		
	Yes	No	N/A	
				How Supportive? (1-5)
People in your neighborhood				_____
People you work with				_____
People you go to school with				_____
People you know from church				_____
People you know from other organizations you are involved with				_____
Parents of your child's friends or of other children				_____
Other friends				_____
Your parents/stepparents				_____
Your sisters or brothers/stepsisters or stepbrothers				_____
Your older children/stepchildren				_____
Other relatives (aunts, uncles, cousins, grandparents, in-laws, etc.)				_____
Other (please specify below):				_____

I. YOUTH INTERVIEW

Child ID: _____

Please check time of interview: Intake _____ 6mo. ___ 12mo. ___ 18mo. ___ 24mo. ___ 30 mo. ___ 36mo. ___

1. Next, we are interested in the help and support that you received from other people in the past 6 months. When you have had a problem, have friends or family helped you out with the following:

Responses are:

1 = no one has helped

2 = family member or friend has once or twice

3 = family member or friend often does this

NA=Not Applicable

	1.	2.	3.	
	1.	family/	family/	
	no one	friend	friend	N/A
	has	once/	often	
		twice	does	

Buy clothes for you

Comfort you if you are upset

Encourage you to do something difficult

Give you a ride if you need one

Help you figure out what you want to do

Help you with schoolwork

Lend you money

Listen to you talk about your feelings

Pay for a meal or something to drink

Show they care about you

Spend time together for fun (sports, hobbies, relaxing)

Show you how to do something new

Talk to other people to arrange something for you

Other: (please specify below)

Over >>

2. You've just told me about the different kinds of *help* you have received. Now I'd like to ask you more specifically about the different kinds of *people* who have provided the help. I won't be asking you for their names, just categories of people.

a. If you had a problem, who have you relied on for help in the past 6 months? Respond Yes or No or Not Applicable AND

b. Overall, how much support have these people been in the past 6 months?

(1 = not at all supportive to 5 = very supportive).

N/A = Not Applicable

	a.			b.
	Yes	No	N/A	How Supportive? (1-5)
Your best friend				_____
Other friends				_____
The parents of your friends				_____
People in your neighborhood				_____
People you know from your job				_____
People you know from school				_____
People you know from church				_____
People you know from other organizations you are involved with				_____
People you know who are friends of your parents				_____
Your mother/stepmother				_____
Your father/stepfather				_____
Your sisters or brothers/sisters or stepbrothers				_____
Your older children/stepchildren				_____
Other relatives (aunts, uncles, cousins, grandparents, in-laws, etc.)				_____
Other (please specify below):				_____

Thank You !