

## Supplemental Questions

### Medical & Assist Devices

When was your last medical appointment?

Where was your last medical appointment?

What was the outcome of the appointment positive (were you in good health)?

Do you wear glasses or contacts?

How often do you wear them?

Do you wear any hearing aids?

When did you begin wearing a hearing aid(s)?

Do you require assistance with walking?

What type of assistance do you require?

Do you have any other special needs that I did not ask about?

If so, what type of need(s) do you have?

As a child, did you have chronic illnesses?

What was the diagnoses or cause of the illness(es)?

### Disability

Do you have a disability?

If so, what is it?

Is the disability hereditary or a result of something else?

When were you diagnosed?

Who diagnosed your disability?

What is needed to respond to your diagnoses? (Medication, therapy, special assistance, etc.)

Please list your medications and how often you take them.

How often are you required to take your medications?

How often do you see a doctor or other professional that helps you with your disability?

### Educational issues (low grades, drop-out, retention, etc.)

What was the last school you attended?

What was the last grade you completed?

Have you ever received any special education services?

If so, for what?

## Supplemental Questions

How long did you receive services?

Have you ever been retained in a grade?

If yes, what grade and why?

Have you ever dropped out of school for a period of time?

If so, what happened?

Are you a graduate of a college/university/vocational training group?

If so, what was your degree/certificate?

Are you enrolled in a school, college, university, or in vocational training?

If so, where?

What are you hoping to achieve?

Have you ever received any certificates for completing a training?

What was it and who provided it to you?

What are your interests?

What motivates you to learn?

Who is a good support for you to learn and go to school?

### **Exposed to drugs/alcohol/gambling**

Are you or did you grow up in a household where there were drugs and/or alcohol in the home?

If so, what types of drugs/alcohol?

Who used drugs/alcohol?

How often did they use drugs/alcohol?

Are they still using drugs/alcohol?

What are your personal experiences or thoughts about alcohol/drug use?

Have you ever used drugs and/or alcohol?

If so, how often did you or do you use drugs/alcohol?

At what age did you try drugs/alcohol?

How did you access drugs/alcohol?

What can you do if you believe you have a problem with drugs/alcohol?

Do you smoke cigarettes or use e-cigarettes or any other form of tobacco?

How often?

## Supplemental Questions

Do you or someone you know gamble?

Has gambling ever got you or someone you know in trouble (financial, relationships, employment, or law)?

If so, what kind of trouble and is it still happening?

### **Truant (chronic absenteeism)**

What do you understand about truancy in your community?

Have you ever been told you or your children missed too many days of school?

If yes, what happened?

What are the local laws in your community as it relates to truancy?

What are reasons that a child should be able to miss school?

What are ways to avoid truancy?

### **Emotional and Physical Challenges**

Have you ever been told you have an emotional problem?

If so, who told you and what was your reaction?

What are reasons that you might be sad, angry, or frustrated?

What do you do if you are sad, angry, or frustrated?

Do you have any emotional challenges?

If so, do you take medications and/or talk to someone about it?

While growing up, was there anyone in your household that had emotional challenges?

If so, who?

While growing up, was there anyone in your household that had a physical challenge/disability?

If so, who?

### **Bullying**

Have you ever been bullied?

If so, how did you handle it?

How old were you when you were bullied?

Where did the bullying happen?

### **Discipline**

While growing up, how were you disciplined?

## Supplemental Questions

Who disciplined you?

What are reasons you were disciplined?

How do you feel about discipline?

Do you discipline your child/ren?

How did you learn to discipline?

What are ways you discipline (time out, raise your voice, take away privileges, spank, etc.)?

### **Domestic violence**

Have you ever been a witness to domestic violence?

If so, what happened?

What do you know about domestic violence in your community?

Have you ever been a victim of domestic violence?

What agencies/programs help with domestic violence?

Do you think domestic violence is a problem in your household and community?

Have you ever talked to someone about domestic violence?

When you were a child, did you ever witness domestic violence?

Who was fighting?

How old were you?

What did you do during times of violence?

Is people's reaction to domestic violence different now from back when you were a child?

If so, how?

Did you ever try and stop a fight at home?

### **Family isolation**

Have you ever thought you and your family were not a part of the community?

If so, in what ways?

Do you keep yourself from participating in community activities or meetings?

If so, why?

Have you ever felt as if the community or some of its members judge you and/or your family?

If so, what led you to believe this?

## Supplemental Questions

Has your family ever been involved in child protective services or other agencies (now or as a child)?

If so, what agencies and why?

How do you feel about child protective services and other agencies that work with families in your community?

### **Parent-child relationships**

How would you describe your relationship with your child/ren?

Has your relationship with your child/ren changed in the last 6 to 12 months?

If so, how?

Who do you believe influences your relationship between you and your child/ren?

Do you believe your children respond to you in a positive way?

If not, why?

What are some positive things you do with your child/ren?

What are some things you could do better?

Do you believe that your child/ren learn their habits from you or others?

Explain.

Does your child/ren know they can talk to you about anything?

If so, how do they know this?

Do you show your child/ren affection?

How often?

What do you do that shows affection to your child/ren?

Do your children show affection to you?

How often?

What do they do that is affectionate towards you?

### **Parenting stress**

What are some common stressors you have in your life?

How do you handle stress?

### **Marital history**

Are you married?

## Supplemental Questions

When were you married?

At what age were you married?

Are you separated or divorced?

If so, what date were you separated or divorced?

Who initiated the separation or divorce?

What were reasons for the separation/divorce?

What is your relationship like with your spouse or former spouse?

If separated/divorced, is your former spouse married again?

### **Generational influences**

What type of relationship did you have with your parents or caregivers while growing up?

Was your relationship with your parents/caregivers different from what you saw with other people your age?

Were your parents married, living together, or divorced by the time you were 18?

How many brother and/or sisters do you have?

What is your birth order (oldest, youngest, middle, etc.)?

Did your parents/caregivers work?

If so, what was their primary occupation?

Who raised you or taught you important things about life?

Do you think your parents/caregivers knew how to be a parent when they had children?

What is the most positive memorable moment you have about your parents/caregiver and you?

### **Incarceration**

Have you or anyone in your household been incarcerated in the last 12 months?

If so, who was incarcerated and why?

How long was the incarceration?

Are you or the person on probation and/or parole?

Have you ever been court ordered to perform any community services, participate in community services, or pay restitution for the crime?

If so, what was it and what is the status?

## Supplemental Questions

### Family History

Please take a sheet of paper and draw your family tree including your parents, grandparents, brothers, sisters, aunts (their spouse and children), uncles (their spouse and children), cousins, your children and partner.

### Housing

Please list everyone that lives in your home.

Who is the head of household?

How are they related to you?

Do you have any housing needs at this time?

If yes, what are they?

Do you live in an apartment or house or other?

Please list the addresses and cities/towns/reservations you have lived at in the last 5 years?

Do you pay rent, mortgage, or something else in place of staying at your location?

What utilities do you pay?

How often?

Do you feel safe in your home?

If not, why?

### Transportation

Do you have access to transportation for you and your family?

Do you own that transportation?

If not, who provides the transportation?

Are there rules or limits to how often you can access transportation?

If so, what are they?

How do they effect you?