

## New Parent Support Program (NPSP) Family Information Form

SPONSOR INFORMATION				NPSP CASE ID: 20__ - 0__			
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER (SSN)					
DATE OF BIRTH	ETHNICITY	EXPECTED DUE DATE					
GRADE/RANK	BRANCH OF SERVICE	UNIT/ORGANIZATION					
BASE ASSIGNED	DATE ARRIVED ON STATION	TELEPHONE (WORK)					
TELEPHONE (HOME)	ADDRESS (HOME) INCLUDE CITY, STATE AND ZIP CODE						
SPONSOR IS: <input type="checkbox"/> MOTHER OF BABY <input type="checkbox"/> FATHER OF BABY <input type="checkbox"/> NEITHER							
				SPONSOR IS	<input type="checkbox"/> REMOTE	<input type="checkbox"/> DEPLOYED	
				SPONSOR IS ACTIVE DUTY STUDENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				SPONSOR IS IN THE PERSONNEL RELIABILITY PROGRAM (PRP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				SPONSOR IS FIRST TIME PARENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				SPONSOR IS PREVIOUS NPSP CLIENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTNER/FAMILY MEMBER INFORMATION							
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER (SSN)					
DATE OF BIRTH	ETHNICITY	EXPECTED DUE DATE					
GRADE/RANK (if active duty)	BRANCH OF SERVICE (if active duty)	UNIT/ORGANIZATION (if active duty)					
BASE ASSIGNED (if active duty)	DATE ARRIVED ON STATION	TELEPHONE (WORK)					
TELEPHONE (HOME)	ADDRESS (HOME) INCLUDE CITY, STATE AND ZIP CODE						
PARTNER/FAMILY MEMBER IS: <input type="checkbox"/> MOTHER OF BABY <input type="checkbox"/> FATHER OF BABY <input type="checkbox"/> NEITHER							
RELATIONSHIP TO SPONSOR: <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER: _____							
				PARTNER IS	<input type="checkbox"/> REMOTE	<input type="checkbox"/> DEPLOYED	
				PARTNER IS ACTIVE DUTY STUDENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				PARTNER IS IN THE PERSONNEL RELIABILITY PROGRAM (PRP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				PARTNER IS FIRST TIME PARENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				PARTNER IS PREVIOUS NPSP CLIENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CHILDREN IN THE HOUSEHOLD							
NAME	GENDER	BIRTHDATE	NAME	GENDER	BIRTHDATE		
DISCLAIMER							
<small>I understand that the information in this package will be used to contact me and offer a family service plan to meet my family's needs. The information will be maintained and secured by the New Parent Support Program (NPSP) personnel using a combination of two locking devices to reduce the chance of unauthorized access. The information may also be used by medical personnel to evaluate the quality of NPSP. The information accessed through this system is FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act of 1974, the Health Insurance and Portability and Accountability Act, and AFI 33-332. It is obtained under legal authority of Executive Order 9397</small>							
SIGNATURE					DATE		

DATE \_\_\_/\_\_\_/\_\_\_  
BASE \_\_\_\_\_

NPSP ID#: \_\_\_\_\_

## U.S.A.F. Family Advocacy New Parent Support Program Family Needs Screener

1. What is your military status? (**PLEASE CIRCLE**)

- ❶ Active Duty Member
- ❷ Family Member, Spouse
- ❸ Retired Military
- ❹ Family Member, Daughter
- ❺ Other (**SPECIFY**): \_\_\_\_\_

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2. What is the sponsor's military status? (**PLEASE CIRCLE**)

- ❶ Active Duty
- ❷ Retired Military
- ❸ Other (**SPECIFY**): \_\_\_\_\_

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3. What is your marital status? (**PLEASE CIRCLE**)

- ❶ Single
- ❷ Married
- ❸ Divorced
- ❹ Separated
- ❺ Widowed

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4. What is your current living situation? Are you: (**PLEASE CIRCLE**)

- ❶ Living together with your partner/spouse
- ❷ Living alone (or with children only)
- ❸ Living with your parents (or other adults)
- ❹ Other living situation (**SPECIFY**): \_\_\_\_\_

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5. How long have you been living together: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Not Applicable

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6. Are you currently pregnant or in the process of adoption? (**PLEASE CIRCLE**)

- ❶ Yes
- ❷ No (**GO TO QUESTION 7**)

(a) No. of Weeks Pregnant \_\_\_\_\_

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7. Did you have or adopt a baby over the last 12 months? (**PLEASE CIRCLE**)

- ❶ Yes
- ❷ No

➔ **GO TO NEXT PAGE**

DATE \_\_\_ / \_\_\_ / \_\_\_

NPSP ID#: \_\_\_\_\_

8. How many children are living with you? (SPECIFY): \_\_\_\_\_

9. Do you have any children living with you who are from a prior relationship? (either yours or your partner's) (PLEASE CIRCLE)

① Yes

② No

10. What is your age? \_\_\_\_\_

11. What is your partner's age? \_\_\_\_\_ (SKIP IF NOT APPLICABLE)

### Ethnic Group

12. Which of these ethnic groups do you and your partner consider yourself? (PLEASE CIRCLE)

1. YOU	2. YOUR PARTNER
① Pacific Islander	① Pacific Islander
② Asian	② Asian
③ Native Amer. Or Alaskan Native	③ Native Amer. Or Alaskan Native
④ White but not Latino	④ White but not Latino
⑤ Black but not Hispanic	⑤ Black but not Hispanic
⑥ Latino or Hispanic	⑥ Latino or Hispanic
⑦ Multi-racial	⑦ Multi-racial
⑧ Some other group (SPECIFY): _____	⑧ Some other group (SPECIFY): _____

### Education

13. What is the last year of school that you and your partner completed? (PLEASE CIRCLE)

1. YOU	2. YOUR PARTNER
① 7 <sup>th</sup> Grade or Less	① 7 <sup>th</sup> Grade or Less
② 8 <sup>th</sup> Grade	② 8 <sup>th</sup> Grade
③ Some High School/GED	③ Some High School/GED
④ High School Graduate	④ High School Graduate
⑤ Some College	⑤ Some College
⑥ College Graduate	⑥ College Graduate
⑦ Post-B.A. Training	⑦ Post-B.A. Training
⑧ Advanced Degree	⑧ Advanced Degree

➔ GO TO NEXT PAGE

**INSTRUCTIONS: FOR EACH QUESTION, PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THE BEST RESPONSE**

**GO TO QUESTION 17 IF YOU ARE NOT CURRENTLY PREGNANT**

	Strongly Disagree	Disagree	Agree	Strongly Agree
14. My partner is very supportive of this pregnancy.	1	2	3	4
15. This is an unplanned pregnancy.	1	2	3	4
16. This is not a good time for me to have a baby.	1	2	3	4

**GO TO QUESTION 21 IF YOU ARE NOT CURRENTLY IN A RELATIONSHIP**

17. My partner treats me well.	1	2	3	4
18. My partner and I have a very good relationship.	1	2	3	4
19. I wish my partner and I got along better.	1	2	3	4
20. I have thought seriously about ending my relationship with my partner.	1	2	3	4
21. This is a very stressful time for me.	1	2	3	4
22. At times I feel out of control, like I'm losing it.	1	2	3	4
23. Uncontrolled anger can be a problem in my family.	1	2	3	4
24. I only have a few friends/family to help with the baby (my children).	1	2	3	4
25. I feel very isolated.	1	2	3	4
26. I sometimes drink enough to feel really high or drunk.	1	2	3	4
27. I sometimes drink five or more drinks of alcohol at a time, but mostly on weekends.	1	2	3	4

**GO TO QUESTION 29 IF YOU ARE NOT CURRENTLY IN A RELATIONSHIP**

28. My partner sometimes drinks five or more drinks at a time, but mostly on weekends.	1	2	3	4
29. It is sometimes necessary to discipline a child with a good, hard spanking.	1	2	3	4
30. I can think of a situation when I would approve of a wife slapping a husband's face.	1	2	3	4
31. I can think of a situation when I would approve of a husband slapping a wife's face.	1	2	3	4
32. It is sometimes necessary for parents to slap a teen who talks back or is getting into trouble.	1	2	3	4
33. When I was a child I was spanked or hit a lot by my mother or father.	1	2	3	4

➔ GO TO NEXT PAGE

DATE \_\_\_/\_\_\_/\_\_\_

NPSP ID#: \_\_\_\_\_

**INSTRUCTIONS: FOR EACH QUESTION, PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THE BEST RESPONSE**

	Strongly Disagree	Disagree	Agree	Strongly Agree
34. When I was a teenager, I was hit a lot by my mother or father.	①	②	③	④
35. When I was growing up, I saw my mother or father hit or throw something at their partner.	①	②	③	④
36. My parents helped me when I had problems.	①	②	③	④
37. I have unhappy memories of my childhood.	①	②	③	④
38. My parents did not comfort me when I was upset.	①	②	③	④
39. My income is often inadequate for basic needs (rent, food, clothing, transportation, etc.).	①	②	③	④
40. I feel that I have a number of good qualities.	①	②	③	④
41. I feel that I am a person of worth, at least on an equal basis with others.	①	②	③	④
42. I frequently feel as if I am not as good as others.	①	②	③	④
43. I feel I do not have much to be proud of.	①	②	③	④
44. All in all, I am inclined to feel that I am a failure.	①	②	③	④
45. Someone I'm close to makes me feel confident in myself.	①	②	③	④
46. There is someone I can talk to openly about anything.	①	②	③	④
47. There is someone I can talk to about problems in my relationship.	①	②	③	④
48. I have someone to borrow money from in an emergency.	①	②	③	④
49. I have someone to take care of my child/children for several hours if needed.	①	②	③	④
50. I have someone who helps me around the house.	①	②	③	④
51. I have someone I can count on in times of need.	①	②	③	④
52. I usually wake up feeling pretty good.	①	②	③	④
53. I think good things will happen to me in the future.	①	②	③	④
54. There are times when I feel life is not worth living.	①	②	③	④
55. I feel sad quite often.	①	②	③	④
	<b>YES</b>		<b>NO</b>	
56. Have you or your partner been involved in a suspected or verified case of child abuse or neglect?	①		②	
57. Have you or your partner been involved in a suspected or verified case of spouse abuse?	①		②	

**END OF QUESTIONNAIRE**  
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**THANK YOU**

## How Can We Help Form - Mother

### Pregnancy Issues

- Bottle Feeding Info
- Car Seat Selection
- Father's Role
- Labor and Delivery
- Nutrition
- Prenatal Bonding
- Referral to WIC/Medicaid/Food Stamps

- Breast Feeding Info
- Emotional Changes
- Fetal Growth and Dev
- Newborn Care Education
- Pregnancy and Health
- Preparation for Baby

Other:

### Child Rearing Issues

- Calming Baby
- Child Development
- Feeding
- Infant Communications
- Infant Personality
- Parent and Child Support
- Play and Activities
- Sleep Patterns
- Sudden Infant Death (SIDS)
- Toilet Training
- Sibling Rivalry
- Finding Infant Daycare

- Child Health Issues
- Discipline
- Groups
- Infant Massage
- Infant/Toddler Care
- Parenting Education
- Safety and Child Proofing
- Spoiling Baby
- Temper Tantrums
- Toy Selection
- Behavioral Problems

Other:

### Personal / Relationship Issues

- Sex / Intimacy Concerns
- Financial Management
- Loneliness
- Relationship Concerns
- Lack of Family Support
- Parenting Concerns
- TDY / Deployment / Remote
- Stress Management

- Divorce / Separation
- Grief
- Past Childhood Experiences
- Self-Esteem Issues
- Single Parenting
- Fathers Role and Involvement
- Military Lifestyle
- Immigration Issues

Other:

Signature : \_\_\_\_\_