



HCHS/SOL Visit 2 Family Cohesion

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: FCE VERSION: 1, 9/15/2014	Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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Administrative Information

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

A. Family Cohesion

The following are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is True or mostly True of your family, please respond True. If you think the statement is False or mostly False of your family, please respond False. You may feel that some of the statements are true for some family members and false for others. Respond True if the statement is true for most members. Respond False if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly. Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

False True

- | | | |
|--|----------------------------|----------------------------|
| 1. Family members really help and support one another. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. We often seem to be killing time at home. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 3. We put a lot of energy into what we do at home. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 4. There is a feeling of togetherness in our family. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 5. We rarely volunteer when something has to be done at home. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 6. Family members really back each other up. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 7. There is very little group spirit in our family. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 8. We really get along well with each other. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 9. There is plenty of time and attention for everyone in our family. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

[The Family Cohesion questions are part of the Family Environment Scale® developed by B.S. Moos and R.H. Moos used by permission of the authors as licensed by Mind Garden, Inc. No unauthorized reproduction of these materials is permitted.]

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B. Household Composition

(Note –U.S. Census definition in English and Spanish is included in the QxQ for reference if needed.)

10. Including yourself, how many people are currently (in terms of the last month) living in your household?

(If one, **END QUESTIONNAIRE**)

Could you please list each of the people who are currently living in your household. You don't need to tell me their names, just their relationship to you.

[Interviewer: For questions 10a-10i select the option that matches the relationship from the list below.]

- | | | | |
|------------|-----------|--------------------|----------|
| 1=Spouse | 6=Sibling | 10=Son-in-Law | 14=Other |
| 2=Daughter | 7=Cousin | 11=Daughter-in-Law | |
| 3=Son | 8=Niece | 12=Mother-in-Law | |
| 4=Mother | 9=Nephew | 13=Father-in-Law | |
| 5=Father | | | |

- | | | |
|--|---|-------------------------------------|
| a. Relationship 1: <input type="text"/> <input type="text"/> | a1. Age <input type="text"/> <input type="text"/> | a2. If other, please Specify: _____ |
| b. Relationship 2: <input type="text"/> <input type="text"/> | b1. Age <input type="text"/> <input type="text"/> | b2. If other, please Specify: _____ |
| c. Relationship 3: <input type="text"/> <input type="text"/> | c1. Age <input type="text"/> <input type="text"/> | c2. If other, please Specify: _____ |
| d. Relationship 4: <input type="text"/> <input type="text"/> | d1. Age <input type="text"/> <input type="text"/> | d2. If other, please Specify: _____ |
| e. Relationship 5: <input type="text"/> <input type="text"/> | e1. Age <input type="text"/> <input type="text"/> | e2. If other, please Specify: _____ |
| f. Relationship 6: <input type="text"/> <input type="text"/> | f1. Age <input type="text"/> <input type="text"/> | f2. If other, please Specify: _____ |
| g. Relationship 7: <input type="text"/> <input type="text"/> | g1. Age <input type="text"/> <input type="text"/> | g2. If other, please Specify: _____ |
| h. Relationship 8: <input type="text"/> <input type="text"/> | h1. Age <input type="text"/> <input type="text"/> | h2. If other, please Specify: _____ |
| i. Relationship 9: <input type="text"/> <input type="text"/> | i1. Age <input type="text"/> <input type="text"/> | i2. If other, please Specify: _____ |