**FAMILY ASSESSMENT OF STRENGTHS TOOL (FAST)**

This tool is used to assess family strengths. You are encouraged to be as accurate as possible in your answers, but you do not need to answer questions that make you feel uncomfortable. The hope is that in completing this assessment, you and your service provider can create the best service plan to meet the needs of you and your family.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Directions: The following statements are about parenting and raising children. Please decide to what extent you agree or disagree with each statement and circle the best response.** | | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| **PARENTING QUESTIONS** | | | | | |
| P1. When it comes to raising kids, I have a lot of confidence in my abilities. | 4 | | 3 | 2 | 1 |
| P2. I worry a lot about the mistakes I may make as a parent. | 1 | | 2 | 3 | 4 |
| P3. I wish I felt more positive about being a parent. | 1 | | 2 | 3 | 4 |
| P4. I feel good about my parenting abilities. | 4 | | 3 | 2 | 1 |
| P5. I think being a parent is generally more work than pleasure. | 1 | | 2 | 3 | 4 |
| P6. Spending time with my children makes me happy. | 4 | | 3 | 2 | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Directions: The following statements are about your family’s child care situation. Please decide to what extent you agree or disagree with each statement and circle the best response. If you do not have any need for child care at this time, please skip this section.** | | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| **CHILD CARE QUESTIONS** | | | | | |
| CC1. I have concerns about the quality of child care available to my family | 1 | | 2 | 3 | 4 |
| CC2. I worry that the child care available to my family is not reliable. | 1 | | 2 | 3 | 4 |
| CC3. I have several people in my life to help with emergency or last-minute child care. | 4 | | 3 | 2 | 1 |
| CC4. I can easily find a child care arrangement that I know is safe for my children. | 4 | | 3 | 2 | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Directions: The following statements are about your social support network and neighborhood. Please decide to what extent you agree or disagree with each statement and circle the best response.** | | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly**  **Agree** |
| **SOCIAL SUPPORT QUESTIONS** | | | | | |
| SS1. There are people in my life who give me emotional support when I need it. | 4 | | 3 | 2 | 1 |
| SS2. I do not know many people who I can talk to about my problems. | 1 | | 2 | 3 | 4 |
| SS3. There are people in my life who encourage and support me in meeting my goals. | 4 | | 3 | 2 | 1 |
| SS4. There are people in my life who I can ask for help with small favors. | 4 | | 3 | 2 | 1 |
| SS5. In this neighborhood, people reach out and help each other. | 4 | | 3 | 2 | 1 |
| SS6. I feel safe in this neighborhood. | 4 | | 3 | 2 | 1 |
| SS7. I worry about my children’s safety in this neighborhood. | 1 | | 2 | 3 | 4 |
| SS8. My neighbors help look out for each other’s children. | 4 | | 3 | 2 | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about your economic situation. Please decide to what extent you agree or disagree with each statement and circle the best response.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| **ECONOMIC QUESTIONS** | | | | |
| E1. I'm usually able to save a little money from month to month. | 4 | 3 | 2 | 1 |
| E2. I can usually afford to pay my bills on time. | 4 | 3 | 2 | 1 |
| E3. I can usually afford the cost of feeding my family good, healthy meals. | 4 | 3 | 2 | 1 |
| E4. If I suddenly needed $100 for an emergency, I could come up with it. | 4 | 3 | 2 | 1 |
| E5. I feel stressed about my financial situation. | 1 | 2 | 3 | 4 |
| E6. I am making good progress with my financial situation. | 4 | 3 | 2 | 1 |
| E7. I worry about the stability of my family’s housing situation. | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Directions: The following statements are about your relationship with your spouse or romantic partner. Please decide how often you feel what each statement describes, and circle the best response. If you do not have a spouse or romantic partner, please skip this section.** | | **Never** | **Sometimes** | **Often** | **Very Often** |
| **QUESTIONS ABOUT SPOUSE OR PARTNER**  **(Skip this section if you do not have a current spouse/partner)** | | | | | |
| RL1. My spouse/partner respects me. | 4 | | 3 | 2 | 1 |
| RL2. My spouse/partner expresses affection or love for me. | 4 | | 3 | 2 | 1 |
| RL3. My spouse/partner helps me do things that are important to me. | 4 | | 3 | 2 | 1 |
| RL4. My spouse/partner listens to me when I need someone to talk to. | 4 | | 3 | 2 | 1 |
| RL5. My spouse/partner makes me feel like everything I do is wrong. | 1 | | 2 | 3 | 4 |
| RL6. My partner trusts me. | 4 | | 3 | 2 | 1 |
| RL7. My partner makes my life easier. | 4 | | 3 | 2 | 1 |
| RL8. My partner and I get along. | 4 | | 3 | 2 | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements refer to how you might feel or act on any given day. Please decide how often you feel or do what each statement describes, and circle the best response.** | **Never** | **Sometimes** | **Often** | **Very Often** |
| **MOOD QUESTIONS** | | | | |
| M1. I think through a situation carefully before I act. | 4 | 3 | 2 | 1 |
| M2. I say and do things without considering the consequences. | 1 | 2 | 3 | 4 |
| M3. I get into trouble because I don't think before I act. | 1 | 2 | 3 | 4 |
| M4. I can do just about anything I really set my mind to. | 4 | 3 | 2 | 1 |
| M5. There is really no way I can solve some of the problems I have. | 1 | 2 | 3 | 4 |
| M6. I often feel helpless in dealing with the problems in my life. | 1 | 2 | 3 | 4 |
| M7. What happens to me in the future mostly depends on me. | 4 | 3 | 2 | 1 |
| M8. In the past week, I had trouble keeping my mind on what I was doing. | 1 | 2 | 3 | 4 |
| M9. In the past week, I felt lonely. | 1 | 2 | 3 | 4 |
| M10. In the past week, I felt sad. | 1 | 2 | 3 | 4 |
| M11. In the past week, I have felt calm and in control. | 4 | 3 | 2 | 1 |
| M12. In the past week, I have been happy and content. | 4 | 3 | 2 | 1 |
| **Directions: Please indicate whether each of the following statements is true for you or not.** | **YES** | | **NO** | |
| M13. In the past 12 months, have you felt at any time that you might need treatment for a mental health problem? | 1 | | 0 | |
| M14. (If you have a spouse/partner): In the past 12 months, have you felt at any time that your spouse or partner might need treatment for a mental health problem? | 1 | | 0 | |

|  |  |  |
| --- | --- | --- |
| **Directions: Please indicate whether each of the following statements is true for you or not. “Drugs” include prescribed medications.** | **YES** | **NO** |
| **ALCOHOL AND OTHER DRUG USE QUESTIONS** | | |
| AD1. In the past month, have you spent more time drinking or using drugs than you meant to? | Y | N |
| AD2. In the past month, has a family member, a friend, or anyone else told you they objected to your alcohol or drug use? | Y | N |
| AD3. In the past month, have you found yourself thinking a lot about wanting to drink or use drugs? | Y | N |
| AD4. In the past month, have you used drugs or alcohol to relieve sadness, anger, or boredom? | Y | N |
| AD5. In the past month, have you felt at any time that you might need treatment for an alcohol or drug abuse problem? | Y | N |
| **If you do not have a spouse or partner, please skip the next two questions.** | | |
| AD6. In the past month, have you had concerns about the alcohol or drug use of a spouse or partner. | Y | N |
| AD7. In the past month, have you felt at any time that your spouse or partner might need treatment for an alcohol or drug abuse problem? | Y | N |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about your own childhood. Please decide to what extent you agree or disagree with each statement and circle the best response.** | **Strongly**  **Disagree** | **Disagree** | **Agree** | **Strongly**  **Agree** |
| **CHILDHOOD EXPERIENCES QUESTIONS** | | | | |
| CE1. Growing up, I felt that my parents (or primary caregivers) loved me and thought I was important. | 4 | 3 | 2 | 1 |
| CE2. Growing up, there was always someone there to protect me. | 4 | 3 | 2 | 1 |
| CE3. There were people in my family who looked out for each other. | 4 | 3 | 2 | 1 |
| CE4. I remember a lot of laughing in my family when I was a child. | 4 | 3 | 2 | 1 |
| CE5. As a child, there were adults in my family who were a source of strength and support for me. | 4 | 3 | 2 | 1 |