

N I D A - C F S - 0 0 0 8		ASSESSMENT DATE: ____ / ____ / ____ (mm/dd/yyyy)	
NODE: 0 7	PHASE: <input type="radio"/> Baseline <input type="radio"/> Post Randomization		
SITE ID: 0 1 - 0 0	SEGMENT: [][]	SEQUENCE: 0 1	
PARTICIPANT ID: [][][][]	FORM COMPLETED BY: [][][][][]		
RELATION: [][] - [][]	FORM COMPLETION LANGUAGE: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Both		
<input type="checkbox"/> FORM COMPLETION STATUS	1=Form completed as required 4=Not enough time at the visit 2=Participant refused 5=Participant did not attend visit 3=Responsible person did not complete 6=Other (specify: _____)		

Write the initials of all the people you would go to if you needed support or help during a stressful time in your life. Check the appropriate column that describes your relationship with each person. You do not have to fill out this list in any order. You do not have to use all the spaces available. *Escriba las iniciales de todas las personas a quienes acudiría si usted necesitara apoyo o ayuda durante momentos difíciles en su vida. Marque la columna apropiada que describe su relación con cada persona. No tiene que completar esta lista siguiendo ningún orden. Tampoco es necesario que llene todos los espacios proporcionados.*

Initials	Spouse or Partner	Family Member	Friend	Co-Worker	Professional Help Giver (e.g. Doctor, Lawyer, Counselor)	Religious Leader	Self-Help Group-Member (e.g. AA, Women's Support Group)	Other (Specify)
<i>Iniciales</i>	<i>Esposo/a o Compañero</i>	<i>Miembro de la Familia</i>	<i>Amigo/a</i>	<i>Colega Laboral</i>	<i>Ayuda Profesional (ejemplo: Médico, Abogado, Consejero)</i>	<i>Líder Religioso</i>	<i>Grupo de Ayuda Personal (ejemplo: Alcohólicos Anónimos, Grupo de Apoyo para Mujeres)</i>	<i>Otro (Especifique)</i>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

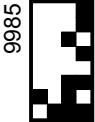
Healthy Families Program

9549

PSN

Page 2 of 2

SITE: - PART ID: RELATION: - ASSESS DATE: ___ / ___ / _____



Initials <i>Iniciales</i>	Spouse or Partner <i>Espos/a o Compañero</i>	Family Member <i>Miembro de la Familia</i>	Friend <i>Amigo/a</i>	Co-Worker <i>Colega Laboral</i>	Professional Help Giver (e.g. Doctor, Lawyer, Counselor) <i>Ayuda Profesional (ejemplo: Médico, Abogado, Consejero)</i>	Religious Leader <i>Líder Religioso</i>	Self-Help Group-Member (e.g. AA, Women's Support Group) <i>Grupo de Ayuda Personal (ejemplo: Alcohólicos Anónimos, Grupo de Apoyo para Mujeres)</i>	Other (Specify) <i>Otro (Especifique)</i>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

Comments: *Comentarios:*