

Family Stability Factors-PRE SCALE

Youth MACSIS # _____ County _____

Please indicate **YES** or **NO** for **ALL** of the following questions. If **YES**, indicate the number of occurrences.

1. Has the family experienced a parental separation or divorce in the last year?
 - a. No
 - b. Yes

How many times? _____

2. In the last year, has the child lost access to a parent because the parent was incarcerated, hospitalized, or moved away?
 - a. No
 - b. Yes

How many times? _____

3. In the last year has the child experienced the death of any close family member?
 - a. No
 - b. Yes

How many times? _____

4. Has the child changed schools (buildings/districts) in the last year?
 - a. No
 - b. Yes

How many times? _____

5. Has the child moved to a new home or neighborhood in the last year?
 - a. No
 - b. Yes

How many times? _____

6. Has a parent lost their job, was unemployed, or lost significant amount of income for more than 3 months in the past year?
 - a. No
 - b. Yes

How many times? _____

7. Have any problems with health or mental health insurance coverage developed in the past year?
 - a. No
 - b. Yes

How many times? _____

8. Have you experienced a major change in family routine or schedule in the past year?
 - a. No
 - b. Yes

How many times? _____

9. Has this child been involved in any type of out of home placement in the past year?
 - a. No
 - b. Yes

How many times? _____

10. If Yes on #9, check all issues that apply:
 - ___ Abuse/dependency/neglect
 - ___ Criminal activity
 - ___ Juvenile detention/crisis stabilization
 - ___ In-patient treatment/mental health
 - ___ In-patient treatment/AOD
 - ___ Residential school
 - ___ Relinquishment of custody in order to receive behavioral health care