

FRIENDSHIP AND FAMILY RELATIONSHIPS QUESTIONNAIRE  
MOBILE CLINIC

Locality \_\_\_\_\_

Name \_\_\_\_\_ Id number \_\_\_\_\_ Date \_\_\_\_\_  
Postal address \_\_\_\_\_  
Street address \_\_\_\_\_

The following questions relate to your friends and family. Answer each question by ticking off the alternative you consider to be closest to the truth (note - tick off only one alternative). Please answer as honestly as you can. Your replies will remain strictly confidential.

1. How many close friends do you have at present?  
(Don't count members of the family living in the same household)

Approximate number of friends

2. Are you satisfied with the number of friends you have?

1. I am satisfied  1  
2. Too few friends  2  
3. Too many friends  3  
4. Can't say  4

3. Do you have children under 15 living at home?

No ( to question 6)  0  
Yes  1

4. Do you have any worries or problems relating to bringing up your children?

1. No  0  
2. Some worries or problems  1  
3. Many worries or problems  2

5. Do you feel you would like to consult an expert (family guidance counsellor, psychologist, physician) on worries or problems concerning the upbringing of your children?

0. No  0  
1. It might be a good idea  1  
2. I definitely feel the need for it  2

6. Are you married or cohabiting at present?

No (go to question 10)

0

Yes

1

7. How do you feel that you manage the duties imposed on you by family life?

1. Well

1

2. Fairly well

2

3. Mediocrely

3

4. Rather badly

4

5. Badly

5

8. Do you quarrel with your spouse (or the person you cohabit with)?

1. We quarrel very rarely

1

2. We have quarrels occasionally, but I don't consider them serious

2

3. We quarrel frequently or have serious quarrels

3

9. Do you feel the need to consult an expert because of difficulties in your marriage (or cohabitation) (e.g. a marriage guidance counsellor, family guidance centre, psychologist or physician)?

0. No

0

1. It might be a good idea

1

2. I definitely feel the need

2

10. Satisfaction with friendships and family relations: How do you feel about the following aspects of your life?

	Very satisfied	Fairly satisfied	Rather dis-satisfied	Very dis-satisfied
1. Closeness of friendships and mutual confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Your marriage (or cohabitation) in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Closeness of relations between you and your spouse (or person you cohabit with) and mutual confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Sex life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

COMMENTS OR FURTHER INFORMATION:

THANK YOU FOR THE TROUBLE YOU'VE TAKEN!

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS.