

**HEALTHY START ~ HEALTHY FAMILY  
Kempe Family Stress Inventory**

Baby's Name: \_\_\_\_\_ I D: \_\_\_\_\_ Date: \_\_\_\_\_

MOB Name: \_\_\_\_\_ FOB/SO Name: \_\_\_\_\_

**I. Persons Present at Interview**

MOB     FOB     BA     MGM     PGM     Friend     Other  \_\_\_\_\_

**II. Parent/Family Strengths:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Family Assessment Interview Information (please see Rating Scale)**

MOB    FOB/SO

\_\_\_\_\_    \_\_\_\_\_    **1. Childhood History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    **2. Substance Abuse, Mental illness, or Criminal History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    **3. Previous or Current DHS Child Welfare Involvement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    **4. Self-esteem, Available Lifelines (possible depression):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    **5. Stress/Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    **6. Potential for Violence:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    **7. Expectations for Infant's Milestones/Behavior:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 8. Discipline of Infant/Toddler/Child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 9. Perception of New Infant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 10. Bonding/Attachment Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Scores (Score Parents Separately)**

**MOB    FOB**  
\_\_\_\_\_

**IV.    Referrals Made:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V.    Follow-up/Initial Approach:**  
\_\_\_\_\_  
\_\_\_\_\_

**VI.    Additional Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HV Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_