



Fatherhood Well-Being Screening Tool

This is a tool used by the Responsible Fatherhood Program to help you with being a healthy, engaged, and responsible father. Your responses are voluntary.

1. Do you have health insurance? **YES** **NO**
2. Do you have a primary health care doctor? **YES** **NO**
3. When was the last time you sought medical treatment?
In the past 30 days **In the past 6 months** **In the past year** **I do not remember**
4. Where did you last receive treatment?
Doctor's Office **Emergency Room** **Other**
5. Please answer the following questions, Yes or No.

Are you currently enrolled in any type of substance use treatment?	YES NO
Are you unable to perform work or regular life activities because of your substance use?	YES NO
Have you ever considered reducing your substance use?	YES NO
Have you had past treatment for substance use?	YES NO
Are you currently in any support group for addiction? For example, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc.	YES NO

6. About how often have you felt the following in the past thirty (30) days?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Nervous	5	4	3	2	1
Hopeless	5	4	3	2	1
Stressed	5	4	3	2	1
Restless or Fidgety	5	4	3	2	1
Depressed	5	4	3	2	1
Alone	5	4	3	2	1
Worthless	5	4	3	2	1
Angry	5	4	3	2	1
Other. Please explain.					

Have you sought help for these feelings? **YES** **NO**

What do you do to help you with these feelings? For example, what are your hobbies?



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Have you been in mental health treatment at any time in the past? **YES** **NO**

Are you currently seeking mental health treatment? **YES** **NO**

Family <i>For example, significant other, children, etc.</i>	Friends <i>For example, work friends, neighbors, etc.</i>	Sports Team <i>For example, basketball, football, golf, etc.</i>	Place of Worship <i>For example, synagogue, church, etc.</i>	Other <i>(please explain)</i>
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Do you have a support system to address your mental, spiritual, and physical well-being? *Check all that apply.*

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