

Family ID number: _____

Today's date: ____ (D) ____ (M) ____ (Y)

SFE/FSD-EN (SFE Family Sociodemographics Module)



The English Version of the SFE Family Sociodemographics Module (SFE/FSD-EN)

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Instructions for completing the questionnaire

Using this SFE Family Sociodemographics Module, we will ask you to provide **current information about your family, its makeup, characteristics and so on**. In the eight items beginning from the next page, please write your responses in the blank areas marked by an underline. For multiple-choice questions, circle one of the most relevant (or closest) item or figure. (Please circle only one.) Please answer all eight items based on your first impression, without considering what response should be more desirable or without devoting much thought.

In this survey, **“your family” applies to individuals who you regard as members of your family, including yourself**. For example, these might include your parents, your spouse by marriage or partners (including cohabitation, common-law marriage, and de facto marriage), any children, and so on. (Family members can include those who live together with you and those who live apart.) However, those who have passed away, unborn babies and pets should not be counted as family members. “Children” apply to all family members under the age of 18 (for example, biological children, adopted children, grandchildren, great-grandchildren, etc.).

1. Please tell us about **the composition of your family (their relationship to you, their current age, sex, and whether or not you are living together*)** and **the state of their health (including yourself)**. In cases where a disease/illness or physical handicap has been diagnosed, please write in all of them, using the name of the disease or handicap.

Relationship from your perspective	Age	Sex	Living together or separately	State of health (name of disease/ illness or handicap)
About you yourself	_____ years	Male / Female		Good / Average / Poor (Name of ailment : _____ _____)
	_____ years	Male / Female	Living together / Living separately	Good / Average / Poor (Name of ailment : _____ _____)
	_____ years	Male / Female	Living together / Living separately	Good / Average / Poor (Name of ailment : _____ _____)
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	_____ years	Male / Female	Living together / Living separately	Good / Average / Poor (Name of ailment : _____ _____)
	_____ years	Male / Female	Living together / Living separately	Good / Average / Poor (Name of ailment : _____ _____)
	_____ years	Male / Female	Living together / Living separately	Good / Average / Poor (Name of ailment : _____ _____)

*Persons who are temporarily residing apart due to such reasons as short-term stays in facilities, temporary hospitalization, short-term job assignments or business trips, etc., are also regarded as "living together."

2. Please tell us if you have **a spouse by marriage or partners (including cohabitation, common-law marriage, and de facto marriage)**. (Please circle only one that applies.)

- a) Have b) No spouse/partner (including divorce, death, break-up, separation and so on)

↳ In the case of a), please write in the duration of the marriage/relationship: ____ years ____ months.

3. Please tell us **the furthest extent of your educational background**. (Please circle only one that applies.)

- a) Middle school graduate b) High school graduate c) Underwent occupational specialty training
d) Junior college graduate e) Underwent advanced occupational training
f) Four-year university graduate g) Postgraduate degree

4. Please tell us about **your current occupation**. (Please circle only one item in the list below.) If you work at more than one type of job, please indicate the one that contributes to your main source of income.

- a) No occupation (including housewife/househusband) b) Government employee
c) Employee of business concern or group d) Full-time temporary worker (including part-timer or worker dispatch firm)
e) Part-time worker f) Self-employed, freelance g) Employed by family business (including assisting the family)
h) Working from home i) Other

↳ If your response is i), please write in the contents: _____

5. Please tell us **your approximate total income over the previous calendar year (the total of tax, social insurance premium, and annual income)**. Please also include, when appropriate, social security benefits, welfare or public assistance stipends.

Your total annual income: approx. _____ dollar(s)

Total family income (including yours): approx. _____ dollar(s)

6. **Over the past two weeks**, please tell us **if your family members have undergone any changes in the health or status of livelihood of family members** (due to injury or illness, pregnancy, unaccompanied work assignment, quarrel among family members, etc.). (Please circle only one that applies.)

- a) Yes, there was b) Nothing in particular

↳ If your response is a), please write in the contents: _____

7. **Please consider your entire family** and rate the degree of family function on a scale between “1” and “5,” with “1” representing “My family does not function well at all on the whole” and “5” representing “My family functions very well on the whole.” (Please circle only one that applies.)

1	2	3	4	5
My family does not function well at all on the whole			My family functions very well on the whole	

8. **Please consider your whole family** and rate the need for outside support or assistance for family problems, issues, difficulties or distress on a scale between “1” and “5,” with “1” representing “Family as a whole does not need any support/assistance” and “5” representing “Family as a whole is in great need of support/assistance.” (Please circle only one that applies.)

1	2	3	4	5
Family as a whole does not need any support/assistance			Family as a whole is in great need of support/assistance	

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Manual: Hohashi, N., & Honda, J. (2016). *Assessment guide for Japanese version of the SFE Family Sociodemographics Module (SFE/FSD-J)*. (N. Hohashi, Ed.). Tokyo: Editex. ISBN: 978-4-903320-43-4 [In Japanese]

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