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**Family Social Form**

**Visit Date**:

**Child’s Name**:

**Caregiver’s Name**:

**Home Country**:

1. Where is the family from, the country or city?
2. What area of the country is this in (please give name of region and/or indicate north, west, etc.)?
3. What city do they live closest to?
4. If applicable, what is the altitude where the child lives?
5. If applicable, what people group or tribe are they?
6. What are the family’s living conditions like? (i.e. do they have indoor plumbing, running water)?
7. What do the father and mother do for a living? If biological parents are absent, what does the guardian do for a living?
8. How many family members live together?
9. What are the names and ages of any siblings?
10. What are the child’s favorite foods and drinks?
11. What language does the family speak?
12. Can the child speak English?Can the caregiver speak English?
13. What is their level of ability? Beginner, [ ]  Intermediate [ ] , Fluent [ ]
14. What activities does the child enjoy?
15. What toys does the child play with? (i.e. games, books)
16. What hobbies or special interests does the mother have? (i.e. knitting, crocheting, reading, gardening)
17. What activities is the child unable to do due to the heart defect, that would normally be age-appropriate for them? (i.e., walking, talking)
18. What is the family’s religion?
19. If hospitalized, please indicate for what condition (ie., pneumonia, heart failure, failure to thrive, nutritional)