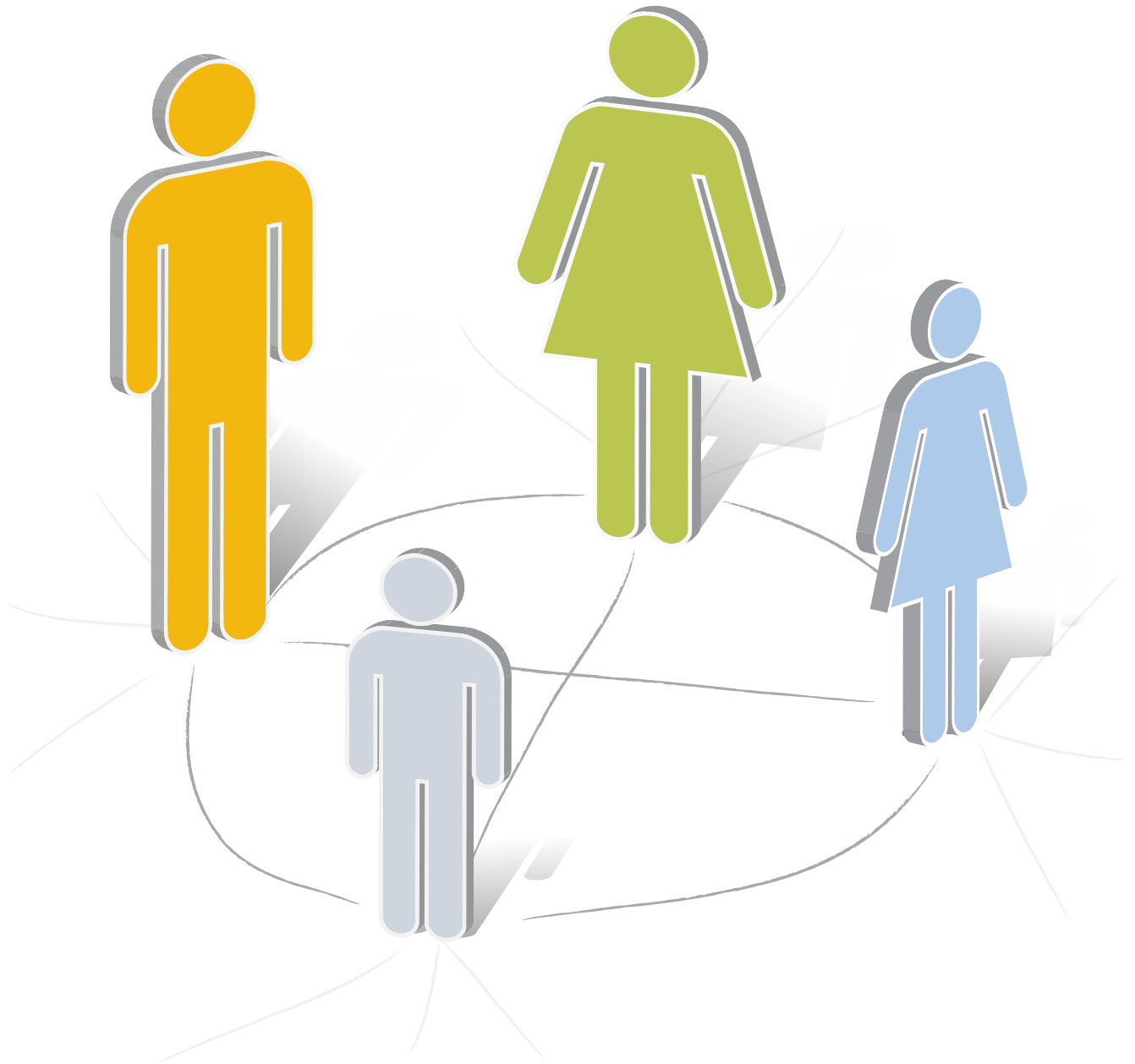


Family Connections Journal & Activities



Family Name: _____

Zip Code: _____

City, State: _____

About this Journal

Volunteer families are asked to complete the Family Connections Journal and Activities for one week. When done please call Georgette at 913-271-6664 or e-mail at georgette@georgettesullivan.com so arrangements can be made to return the materials. After the results have been reviewed, a follow-up family interview will be arranged.

All materials will be kept by the researcher until the completion of the study at which time they will be returned or destroyed. Copies of the results of the project will be provided upon request.

Family Members Information:

Please describe each member of your household

| | |
|--|--|
| <p>Name: _____</p> <p>Age: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Occupation: _____</p> <p>Activities: _____ _____ _____</p> <p>Total daily travel time: _____</p> | <p>Name: _____</p> <p>Age: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Occupation: _____</p> <p>Activities: _____ _____ _____</p> <p>Total daily travel time: _____</p> |
| <p>Name: _____</p> <p>Age: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Occupation: _____</p> <p>Activities: _____ _____ _____</p> <p>Total daily travel time: _____</p> | <p>Name: _____</p> <p>Age: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Occupation: _____</p> <p>Activities: _____ _____ _____</p> <p>Total daily travel time: _____</p> |
| <p>Name: _____</p> <p>Age: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Occupation: _____</p> <p>Activities: _____ _____ _____</p> <p>Total daily travel time: _____</p> | <p>Name: _____</p> <p>Age: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Occupation: _____</p> <p>Activities: _____ _____ _____</p> <p>Total daily travel time: _____</p> |

Questions

Please answer the following questions

Please describe family time (what do you do, how much time do you spend, how frequent, is it enough time):

When a family member is gone for a few days, how do you communicate? What happens when they return?

How do you capture and share special moments?

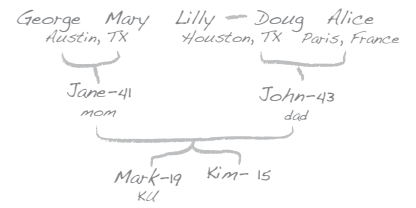
Describe the areas of your home (inside or out) that hold special significance or meaning (take a picture):

What did your family do to transform a house into a home? How do the children in the home transform their rooms into their personal space?

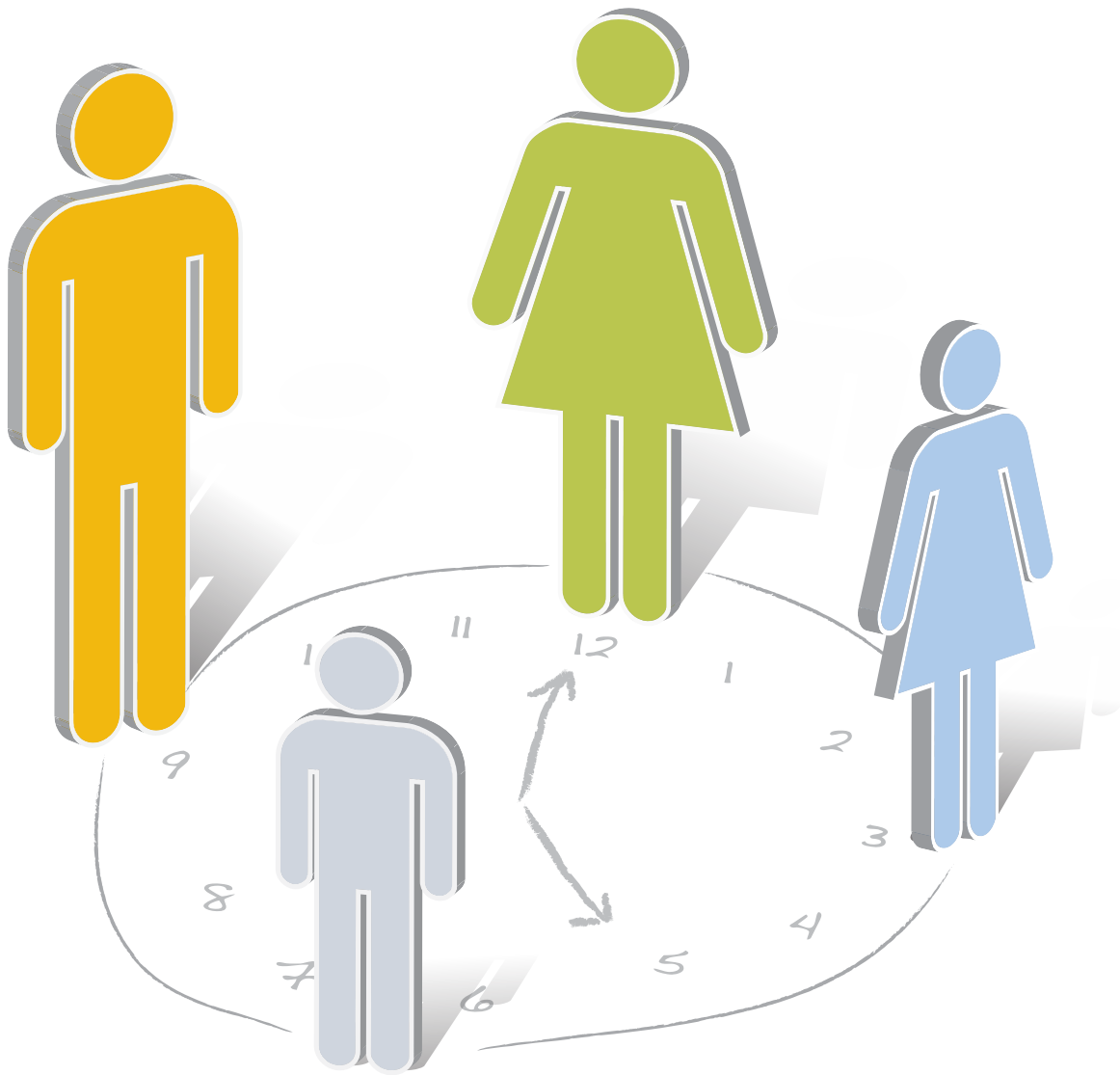
Describe a family ritual:

Family Network

Please sketch your family network include close friends and extended



Family Time Journal



Please use the following daily calendar to track the time two or more family members spend time together.

For example: Mom and Susie chat for 15 minutes in the car on the way to soccer practice. Dad and Mom watch a half hour of the evening news after the kids go to bed. The family enjoying pizza and movie on Saturday night.

Date: _____

Family Time Journal:

Please track all time two or more family members spend time together.
For example: riding in a car to soccer practice, dinner at McDonalds, family dinner, ect.

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Thank you for your support!