

## Appendix B: Assessment Scales

### Family Functioning Style Scale<sup>1</sup>

Angela G. Deal, Carol M. Trivette, & Carl J. Dunst

Respondent \_\_\_\_\_ Date \_\_\_\_\_ Recorder \_\_\_\_\_

#### DIRECTIONS

The scoring profile process is designed to facilitate accurate summation of responses on The Family Functioning Style Scale. The scoring sheet includes spaces for individual item scores, subscale scores, and category scores. The recorder should first enter the item score on the scoring sheet and then sum them to obtain the subscale score. The subscale and category scores from the scoring sheets are transferred to the profile form by simply circling the number corresponding to the scores. The circled numbers are then corrected by pencil or pen to depict a family's profile of strengths.

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<sup>1</sup> Source: C. J. Dunst, C. M. Trivette, and A. G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books. May be reproduced.

## SCORING SHEET

Item	Commitment	Appreciation	Time	Sense of Purpose	Congruence	Communication	Role Expectations	Coping (I)	Coping (II)	Problem Solving	Positivism	Flexibility	Balance	
1	<input type="checkbox"/>													
2							<input type="checkbox"/>							
3														
4		<input type="checkbox"/>												
5						<input type="checkbox"/>								
6				<input type="checkbox"/>										
7													<input type="checkbox"/>	
8					<input type="checkbox"/>									
9												<input type="checkbox"/>		
10								<input type="checkbox"/>						
11											<input type="checkbox"/>			
12			<input type="checkbox"/>											
13							<input type="checkbox"/>							
14									<input type="checkbox"/>					
15										<input type="checkbox"/>				
16			<input type="checkbox"/>											
17								<input type="checkbox"/>						
18						<input type="checkbox"/>								
19					<input type="checkbox"/>									
20									<input type="checkbox"/>					
21										<input type="checkbox"/>				
22				<input type="checkbox"/>										
23	<input type="checkbox"/>													
24												<input type="checkbox"/>		
25		<input type="checkbox"/>												
26													<input type="checkbox"/>	
<b>Subscale Score</b>														
<b>Family Identity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= .....								<input type="checkbox"/>
<b>Information Sharing</b>	<input type="checkbox"/> + <input type="checkbox"/> = .....													<input type="checkbox"/>
<b>Coping/Resource Mobilization</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C A T E G O R Y S C O R E

# FAMILY FUNCTIONING STYLE SCALE

## PROFILE FORM

<b>Family Identity</b>	<b>Commitment.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Appreciation.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Time.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Sense of Purpose..</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Congruence.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Information Sharing</b>	<b>Communications...</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Role Expectations.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Coping/Resource Mobilization</b>	<b>Coping I.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Coping II.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Problem Solving....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Positivism.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Flexibility.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Balance.....</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

<b>Identity</b>	<b>0</b>	<b>.....10</b>	<b>.....20</b>	<b>.....30</b>	<b>.....40</b>
<b>Information Sharing</b>	<b>0</b>	<b>. . . 4</b>	<b>. . . 8</b>	<b>. . . 12</b>	<b>. . . 16</b>
<b>Coping/Resource Mobilization</b>	<b>0</b>	<b>.....12</b>	<b>.....24</b>	<b>.....36</b>	<b>.....48</b>

**FAMILY FUNCTIONING STYLE SCALE**

Listed below are 26 statements about families. Please read each statement and indicate the extent to which it is true for your family. There are no right or wrong answers. Please give your honest opinion and feelings. Remember that no one family will be like all the statements given.

To what extent is each of the following statements like your family:	Not at All Like My Family	A Little Like My Family	Sometimes Like My Family	Generally Like My Family	Almost Always Like My Family
1. It is worth making personal sacrifices if it benefits our family	0	1	2	3	4
2. We generally agree about how family members are expected to behave	0	1	2	3	4
3. We believe that something good comes out of the worst situations	0	1	2	3	4
4. We take pride in even the smallest accomplishments of family members	0	1	2	3	4
5. We are able to share our concerns and feelings in productive ways	0	1	2	3	4
6. No matter how difficult things get, our family sticks together	0	1	2	3	4
7. We generally ask for help from persons outside our family if we cannot do things ourselves	0	1	2	3	4
8. We generally agree about the things that are important to our family	0	1	2	3	4
9. In our family we are always willing to “pitch in” and help one another	0	1	2	3	4
10. If something beyond our control is constantly upsetting to our family, we find things to do that keep our minds off our worries	0	1	2	3	4
11. No matter what happens in our family, we try to look “at the bright side of things”	0	1	2	3	4
12. Even in our busy schedules, we find time to be together	0	1	2	3	4
13. Everyone in our family understands the rules about acceptable ways to act	0	1	2	3	4
14. Friends and relatives are always willing to help whenever we have a problem or crisis	0	1	2	3	4
15. When we have a problem or concern, we are able to make decisions about what to do	0	1	2	3	4
16. We enjoy time together even if it is just doing household chores	0	1	2	3	4

Listed below are 26 statements about families. Please read each statement and indicate the extent to which it is true for your family. There are no right or wrong answers. Please give your honest opinion and feelings. Remember that no one family will be like all the statements given.

To what extent is each of the following statements like your family:	Not at All Like My Family	A Little Like My Family	Sometimes Like My Family	Generally Like My Family	Almost Always Like My Family
17. If we have a problem or concern that seems overwhelming, we try to forget it for awhile	0	1	2	3	4
18. Whenever we have disagreements, family members listen to "both sides of the story"	0	1	2	3	4
19. In our family, we make time to get things done that we all agree are important	0	1	2	3	4
20. In our family, we can depend upon the support of one another whenever something goes wrong	0	1	2	3	4
21. We generally talk about the different ways we deal with problems or concerns	0	1	2	3	4
22. In our family, our relationships will outlast our material possessions	0	1	2	3	4
23. Decisions like moving or changing jobs are based upon what is best for all family members	0	1	2	3	4
24. We can depend upon one another to help out when something unexpected comes up	0	1	2	3	4
25. In our family, we try not to take one another for granted	0	1	2	3	4
26. We try to solve our problems first before asking others to help	0	1	2	3	4

Please write down all things that you consider being the major strengths of your family. Don't overlook the little things that occur every day, which we often take for granted (e.g., sharing the responsibility of getting your child fed and to school).

SOURCE: C. J. Dunst, C. M. Trivette, and A. G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.  
 May be reproduced.

## Family Needs Scale<sup>2</sup>

Respondent \_\_\_\_\_

Date \_\_\_\_\_

**This scale asks you to indicate if you have a need for any type of help or assistance in 41 different areas. Please circle the response that best describes how you feel about needing help in those areas.**

To what extent do you feel the need for any of the following types of help or assistance?	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Having money to buy necessities & pay bills	NA	1	2	3	4	5
2. Budgeting money	NA	1	2	3	4	5
3. Paying for special needs of my child	NA	1	2	3	4	5
4. Saving money for the future	NA	1	2	3	4	5
5. Having clean water to drink	NA	1	2	3	4	5
6. Having food for two meals for my family	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family	NA	1	2	3	4	5
8. Feeding my child	NA	1	2	3	4	5
9. Getting a place to live	NA	1	2	3	4	5
10. Having plumbing, lighting, heat	NA	1	2	3	4	5
11. Getting furniture, clothes, toys	NA	1	2	3	4	5
12. Completing chores, repairs, home improvements	NA	1	2	3	4	5
13. Adapting my house for my child	NA	1	2	3	4	5
14. Getting a job	NA	1	2	3	4	5
15. Having a satisfying job	NA	1	2	3	4	5
16. Planning for future job of my child	NA	1	2	3	4	5
17. Getting where I need to go	NA	1	2	3	4	5

<sup>2</sup> Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books. May be reproduced.

This scale asks you to indicate if you have a need for any type of help or assistance in 41 different areas. Please circle the response that best describes how you feel about needing help in those areas.

To what extent do you feel the need for any of the following types of help or assistance?	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
18. Getting in touch with people I need to talk to	NA	1	2	3	4	5
19. Transporting my child	NA	1	2	3	4	5
20. Having special travel equipment for my child	NA	1	2	3	4	5
21. Finding someone to talk to about my child	NA	1	2	3	4	5
22. Having someone to talk to	NA	1	2	3	4	5
23. Having medical and dental care for my family	NA	1	2	3	4	5
24. Having time to take care of myself	NA	1	2	3	4	5
25. Having emergency health care	NA	1	2	3	4	5
26. Finding special dental and medical care for my child	NA	1	2	3	4	5
27. Planning for future health needs	NA	1	2	3	4	5
28. Managing the daily needs of my child at home	NA	1	2	3	4	5
29. Caring for my child during work hours	NA	1	2	3	4	5
30. Having emergency child care	NA	1	2	3	4	5
31. Getting respite care for my child	NA	1	2	3	4	5
32. Finding care for my child in the future	NA	1	2	3	4	5
33. Finding a school placement for my child	NA	1	2	3	4	5
34. Getting equipment/therapy for my child	NA	1	2	3	4	5
35. Having time to take my child to appointments	NA	1	2	3	4	5
36. Exploring future educational options for my child	NA	1	2	3	4	5
37. Expanding my education, skills, and interests	NA	1	2	3	4	5
38. Doing things that I enjoy	NA	1	2	3	4	5
39. Doing things with my family	NA	1	2	3	4	5

This scale asks you to indicate if you have a need for any type of help or assistance in 41 different areas. Please circle the response that best describes how you feel about needing help in those areas.

To what extent do you feel the need for any of the following types of help or assistance?	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
40. Participation in parent groups/clubs	NA	1	2	3	4	5
41. Traveling/vacationing with my child	NA	1	2	3	4	5

**Family Resource Scale<sup>3</sup>**  
Hope E. Leet & Carl J. Dunst

Respondent \_\_\_\_\_

Date \_\_\_\_\_

This scale is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family as a whole as well as the needs of individual family members.

For each item, please circle the response that best describes how well the need is met on a consistent basis in your family (that is, month in and month out).

To what extent are the following resources adequate for your family?	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Often Adequate	Almost Always Adequate
1. Food for two meals a day	NA	1	2	3	4	5
2. House or apartment	NA	1	2	3	4	5
3. Money to buy necessities	NA	1	2	3	4	5
4. Enough clothes for your family	NA	1	2	3	4	5
5. Heat for your house or apartment	NA	1	2	3	4	5
6. Indoor plumbing/water	NA	1	2	3	4	5
7. Money to pay monthly bills	NA	1	2	3	4	5
8. Good job for yourself or spouse/partner	NA	1	2	3	4	5
9. Medical care for your family	NA	1	2	3	4	5
10. Public assistance (SSI, TANF, Medicaid, etc.)	NA	1	2	3	4	5
11. Dependable transportation (own car or provided by others)	NA	1	2	3	4	5

<sup>3</sup> Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books. May be reproduced.

**This scale is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family as a whole as well as the needs of individual family members.**

**For each item, please circle the response that best describes how well the need is met on a consistent basis in your family (that is, month in and month out).**

To what extent are the following resources adequate for your family?	Does Not Apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Often Adequate	Almost Always Adequate
12. Time to get enough sleep/rest	NA	1	2	3	4	5
13. Furniture for your home or apartment	NA	1	2	3	4	5
14. Time to be by yourself	NA	1	2	3	4	5
15. Time for family to be together	NA	1	2	3	4	5
16. Time to be with your child(ren)	NA	1	2	3	4	5
17. Time to be with spouse or partner	NA	1	2	3	4	5
18. Time to be with close friends	NA	1	2	3	4	5
19. Telephone or access to a phone	NA	1	2	3	4	5
20. Baby sitting for your child(ren)	NA	1	2	3	4	5
21. Child care/day care for your child(ren)	NA	1	2	3	4	5
22. Money to buy special equipment/supplies for child(ren)	NA	1	2	3	4	5
23. Dental care for your family	NA	1	2	3	4	5
24. Someone to talk to	NA	1	2	3	4	5
25. Time to socialize	NA	1	2	3	4	5
26. Time to keep in shape and look nice	NA	1	2	3	4	5
27. Toys for your child(ren)	NA	1	2	3	4	5
28. Money to buy things for yourself	NA	1	2	3	4	5
29. Money for family entertainment	NA	1	2	3	4	5
30. Money to save	NA	1	2	3	4	5
31. Time and money for travel/vacation	NA	1	2	3	4	5



## Family Support Scale<sup>4</sup>

Carl J. Dunst, Vicki Jenkins, & Carol M. Trivette

Respondent \_\_\_\_\_

Date \_\_\_\_\_

Listed below are people and groups that often times are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to your family.

**Please circle the response the best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, circle the NA (Not Available) response.**

How helpful has each of the following been to you in terms of raising your children?	Not Available	Not at All Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
1. My parents	NA	1	2	3	4	5
2. My spouse or partner's parents	NA	1	2	3	4	5
3. My relatives/kin	NA	1	2	3	4	5
4. My spouse or partner's relatives/kin	NA	1	2	3	4	5
5. Spouse or partner	NA	1	2	3	4	5
6. My friends	NA	1	2	3	4	5
7. My spouse or partner's friends	NA	1	2	3	4	5
8. My own children	NA	1	2	3	4	5
9. Other parents	NA	1	2	3	4	5
10. Co-workers	NA	1	2	3	4	5
11. Parent groups	NA	1	2	3	4	5
12. Social groups/clubs	NA	1	2	3	4	5
13. Church members/minister	NA	1	2	3	4	5
14. My family or child's physician	NA	1	2	3	4	5
15. Early childhood intervention program	NA	1	2	3	4	5

<sup>4</sup> Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA. Brookline Books. May be reproduced.

Listed below are people and groups that often times are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to your family.

Please circle the response the best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, circle the NA (Not Available) response.

How helpful has each of the following been to you in terms of raising your children?	Not Available	Not at All Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
16. School/day-care center	NA	1	2	3	4	5
17. Professional helpers (social workers, therapists, teachers, etc.)	NA	1	2	3	4	5
18. Professional agencies (public health, social services, mental health, etc.)	NA	1	2	3	4	5
19. (if there are others, write in here)	NA	1	2	3	4	5
20. (if there are others, write in here)	NA	1	2	3	4	5

## Personal Network Matrix<sup>5</sup>

(Version 1)

Carol M. Trivette & Carl J. Dunst

Case Number \_\_\_\_\_

Date \_\_\_\_\_

This questionnaire asks about people and groups that may provide you help and assistance.

Listed below are different individuals and groups that people often have contact with face to face, in a group, or by telephone. Please indicate for each source listed how often you have been in contact with each person or group during the past month. Please indicate any person or group with whom you have had contact not included on our list.

How frequently have you had contact with each of the following during the past month?	Not at All	1 - 3 Times	4 - 10 Times	11 - 20 Times	Almost Every Day (21 or over)
1. Spouse or partner	1	2	3	4	5
2. My children	1	2	3	4	5
3. My parents	1	2	3	4	5
4. Spouse or partner's parents	1	2	3	4	5
5. My sister/brother	1	2	3	4	5
6. My spouse or partner's sister/brother	1	2	3	4	5
7. Other relatives	1	2	3	4	5
8. Friends	1	2	3	4	5
9. Neighbors	1	2	3	4	5
10. Church members	1	2	3	4	5
11. Minister, priest or rabbi	1	2	3	4	5
12. Co-workers	1	2	3	4	5
13. Baby sitter	1	2	3	4	5
14. Day care or school	1	2	3	4	5
15. Private therapist for child	1	2	3	4	5
16. Child/family doctors	1	2	3	4	5

<sup>5</sup> Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA. Brookline Books. May be reproduced.

Listed below are different individuals and groups that people often have contact with face to face, in a group, or by telephone. Please indicate for each source listed how often you have been in contact with each person or group during the past month. Please indicate any person or group with whom you have had contact not included on our list.

How frequently have you had contact with each of the following during the past month?	Not at All	1 – 3 Times	4 - 10 Times	11 - 20 Times	Almost Every Day (21 or over)
18. Hospital/special clinics	1	2	3	4	5
19. Health department	1	2	3	4	5
20. Social service department	1	2	3	4	5
21. Other agencies	1	2	3	4	5
22.	1	2	3	4	5
23.	1	2	3	4	5

**Support Functions Scale<sup>6</sup>**  
 Carol M. Trivette & Carl J. Dunst

Respondent \_\_\_\_\_

Date \_\_\_\_\_

Listed below are 20 different types of assistance which people sometimes find helpful. This questionnaire asks you to indicate how much you need help in these areas. Please circle the response that best describes your needs. Please answer all questions.

To what extent do you feel a need for any of the following types of assistance?	Never	Once in a While	Sometimes	Often	Quite Often
1. Someone to talk to about things that worry you	1	2	3	4	5
2. Someone to provide money for food, clothes, and other things	1	2	3	4	5
3. Someone to care for your child on a regular basis	1	2	3	4	5
4. Someone to talk to about problems with raising your child	1	2	3	4	5
5. Someone to help you get services for your child	1	2	3	4	5
6. Someone to encourage you when you are down	1	2	3	4	5
7. Someone to fix things around the house	1	2	3	4	5
8. Someone to talk to who has had similar experiences	1	2	3	4	5
9. Someone to do things with your child	1	2	3	4	5
10. Someone whom you can depend upon	1	2	3	4	5
11. Someone to hassle with agencies or businesses when you can't	1	2	3	4	5
12. Someone to lend you money	1	2	3	4	5
13. Someone who accepts your child regardless of how (s)he acts	1	2	3	4	5
14. Someone to relax or joke with	1	2	3	4	5
15. Someone to help with household chores	1	2	3	4	5
16. Someone who keeps you going when things seem hard	1	2	3	4	5
17. Someone to care for your child in emergencies or when you must go out	1	2	3	4	5

<sup>6</sup> Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA. Brookline Books. May be reproduced.

Listed below are 20 different types of assistance which people sometimes find helpful. This questionnaire asks you to indicate how much you need help in these areas. Please circle the response that best describes your needs. Please answer all questions.

To what extent do you feel a need for any of the following types of assistance?	Never	Once in a While	Sometimes	Often	Quite Often
18. Someone to talk to when you need advice	1	2	3	4	5
19. Someone to provide you or your child transportation	1	2	3	4	5
20. Someone who tells you about services for your child or family	1	2	3	4	5

NOTE: The scales in this packet may be used as part of an assessment of family needs and strengths. Items that indicate problems or need may then be the focus of intervention. Items that indicate strength may be emphasized to help a family cope with needs or problems.