

FAMILY QUALITY OF LIFE SURVEY

*Developed by the Beach Center on Disability
University of Kansas
in partnership with families, service providers and researchers*

For information, contact:
Jean Ann Summers, Ph.D.
Research Director, Beach Center on Disability
jsummers@ku.edu

Suggested reference for reports utilizing this instrument:

Hoffman, L., Marquis, J., Poston, D., Summers, J. A., & Turnbull, A. (2006).
Assessing family outcomes: Psychometric evaluation of the beach center
family quality of life scale. *Journal of Marriage and Family*, 68(4), 1069-1083.

Beach Center on Disability

Making a Sustainable Difference in Quality of Life

SURVEY INFORMATION AND INSTRUCTIONS

All the information you give us is confidential. Your name will not be attached to any of the information you give us. It is important that you answer as many questions as you can, but please feel free to skip those questions that make you feel uncomfortable.

Answering questions: Please use a pencil to check your answers. Use a check Mark or “X” – please do NOT shade in the whole box. If you change any answers, please completely erase any previous answers or any extra pencil marks on the page. Please do not make any stray marks, including comments, on the form. If you have comments to share, you may e-mail them to Jean Ann Summers (jsummers@ku.edu).

Thank you so much for sharing your opinion with us!

By completing this survey, you indicate that you have been informed of the important aspects of this study.

FAMILY QUALITY OF LIFE

Thank you for agreeing to complete this survey. The survey is about how you feel about your life together as a family. We will use what we learn from families to inform policy makers and service providers for children and families.

Your “family” may include many people – mother, father, partners, children, aunts, uncles, grandparents, etc.

For this survey, please consider your family as those people

- ✓ Who think of themselves as part of your family (even though they may or may not be related by blood or marriage), and
- ✓ Who support and care for each other **on a regular basis.**

For this survey, please DO NOT think about relatives (extended family) who are only involved with your family every once in a while. Please think about your family life over the past 12 months.

The items below are things that hundreds of families have said are important for a good family quality of life. We want to know how **Satisfied** you are with these things in your family. Please check the boxes on the following pages that reflect your level of satisfaction with each item.

- ✓ Checking the **first** square means you are **very dissatisfied.**
- ✓ Checking the **fifth** square means you are **very satisfied.**

Thank you so much for sharing your opinion with us!

FAMILY QUALITY OF LIFE (cont.)

How <u>satisfied</u> am I that...	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
1. My family enjoys spending time together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My family members help the children learn to be independent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My family has the support we need to relieve stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My family members have friends or others who provide support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My family members help the children with schoolwork and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My family members have transportation to get to the places they need to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My family members talk openly with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My family members teach the children how to get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My family members have some time to pursue our own interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Our family solves problems together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My family members support each other to accomplish goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My family members show that they love and care for each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My family has outside help available to us to take care of special needs of all family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Adults in our family teach the children to make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My family gets medical care when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY QUALITY OF LIFE (cont.)

How <u>satisfied</u> am I that...	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
16. My family has a way to take care of our expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Adults in my family know other people in the children's lives (friends, teachers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My family is able to handle life's ups and downs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Adults in my family have time to take care of the individual needs of every child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My family gets dental care when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My family feels safe at home, work, school, and in our neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My family member with a disability has support to accomplish goals at school or at workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My family member with a disability has support to accomplish goals at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My family member with a disability has support to make friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My family has good relationships with the service providers who provide services and support to our family member with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you! You have finished completing this survey. Please make sure you erase any extra marks and have answered all the questions.

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Beach Center on Disability
 University of Kansas
 1200 Sunnyside Avenue, 3134 Haworth Hall
 Lawrence, Kansas 66045
 Telephone: 785.864.7600
www.beachcenter.org
beachcenter@ku.edu

