

Using the Family Well-Being Checklist 1/25/2010

The Family Well Being Checklist was developed to assess how families who are receiving early intervention change in their ability to participate in typical family activities. Behavioral Dimensions has developed and tested the checklist with families receiving in-home Early Intensive Behavioral Intervention. Although our data shows that the checklist is internally consistent, it is still under development and has not been correlated with other measures. Currently, we have no data using the measure with 'typical' families to know what normative levels of family well being are, so the checklist is intended as a way to measure change within a family, rather than a way to compare between families.

Our goal was to develop a measure that would complement commercially available measures of parent stress by specifically describing behaviors we hope to change during intervention, rather than creating another measure of family stress or dysfunction. We are distributing the checklist free of charge in the hopes that it will help children with autism and their families. Please read the Guidelines below before you use the checklist.

Guidelines for use

1. We ask that you send us a de-identified (no identifiable client information) file with your results so we can continue to examine and refine the checklist. Please email the file to: jhoch@behavioraldimensions.com
A sample data entry spreadsheet is available at www.behavioraldimensions.com
2. The Family Well Being checklist is for use in clinical, educational and research settings only. Permission to reprint the checklist or for other uses should be obtained from jhoch@behavioraldimensions.com
3. Do not remove the copyright or author information from the bottom of the checklist. If you wish to distribute the checklist to other service providers, please distribute it with the guidelines attached. If you publish a study that has used the checklist or an adaptation of the checklis, please cite the source.

We look forward to incorporating your feedback and data into future versions of the checklist. We will try to keep you informed of any changes to the checklist via our website at: www.behavioraldimensions.com

Sincerely,

John D. Hoch, PhD
Research Director
Behavioral Dimensions
Minneapolis, MN

Family Well-Being Checklist

Introduction:

We are committed to supporting you and your family’s overall well-being. In an effort to better understand the impact that parenting a child with autism has had on your family’s life, we would like you to fill out the following questionnaire.

Please rate the following items according to how your family experience has changed in the last 12 months due to changes in the behaviors and abilities of the child or children who receive services.

Family activities survey:

For each item below, please place a mark along the line that best fits your experience in the past year. You may mark anywhere along the line. If you did not do this activity in the past year or do not know, circle N/A for the question.

“My/My family’s participation in the following activities has changed in the last 12 months due to parenting a child with autism:”

Community events outside the home

1. Attending sporting events.

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

2. Grocery shopping

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

3. Clothes shopping

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

4. Hardware/electronics/home stores shopping

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

5. Religious activities- services and other religious functions outside the home

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

6. Travel/vacation activities

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

7. Cultural activities/celebrations

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

8. Other out of home activities—Museums, water parks, etc.

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

At home family events

1. Mealtimes at table together

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

2. Child/family bedtime routines

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

3. Movie/TV viewing together

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

4. Games

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

5. Outdoor activities—BBQ, outdoor play activities

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

6. Siblings' relationships with each other

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

Social Events

1. Social occasions with relatives **outside** your home

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

2. Social occasions with relatives **inside** your home

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

3. Social occasions with friends **outside** your home

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

4. Social occasions with friends **inside** your home

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

Parent well-being activities

1. Exercise

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

2. Personal appointments (doctor, other professional appointments)

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

3. Dates/going out

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

4. Recreational activities/hobbies (book clubs, woodworking etc.)

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

5. Alone time, time to yourself

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

6. Your sleep

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

7. School activities: volunteering in the school, attending extra curricular activities, PTA/PTO activities

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

Parent (your) relationships with others

1. With your parents

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

2. With your siblings

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

3. With your spouse/significant other

1	2	3	4	5	N/A
Cannot do	Can do with difficulty	No change	Some improvement	Greatly improved	

Family members living in household:

To find out if changes in family structure can influence family dynamics, we would like to know if there have been any changes in your household in the last 12 months that could influence your family’s well being. Please fill in the chart below with any changes in your household in the last 12 months. Please include anyone who was absent or part of the household for longer than 2 months including work related absences.

Relationship to child served by BDI (Mother, Father, Brother, Grandmother, etc.)	Change in home status in last six months. (circle one)	Type of change (circle one)
	(Added to household) (Left household)	(Temporary) (Permanent)
	(Added to household) (Left household)	(Temporary) (Permanent)
	(Added to household) (Left household)	(Temporary) (Permanent)
	(Added to household) (Left household)	(Temporary) (Permanent)
	(Added to household) (Left household)	(Temporary) (Permanent)
	(Added to household) (Left household)	(Temporary) (Permanent)
	(Added to household) (Left household)	(Temporary) (Permanent)

Other/Comments

To help us with the future development of this questionnaire, please give us your comments on the questionnaire or any areas of family activity you feel we have overlooked.

A large, empty rectangular box with a thin black border, intended for the respondent to provide their comments or feedback on the questionnaire.

Thank you for your time and for completing this survey. If you have any questions about the survey, or how we intend to use the results, please contact: