The bibliography is intended to provide practitioners in early intervention programs with information about self-report (by parents) measures as they relate to evaluating family outcomes. Twenty-five measures are described in terms of content, format, reliability, and validity. Sources for obtaining the measures are also identified. Instruments fall into the following four general categories: social support and resources; stress and coping; family psychosocial environment; and parental knowledge, attitudes, and expectations. An attempt was made to include only those instruments for which some reliability and validity information was available. A five-page reference list concludes the document. (DB)
Annotated Bibliography of Self-Report Measures of Family Functioning
Stacey E. Mott, Ph.D., and Glendon Casto, Ph.D.
Early Intervention Research Institute
Utah State University
1986
(Revised)

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Appreciation is extended to Bernard Waslavek for assistance in the preparation of this manuscript.

Running head: SELF-REPORT MEASURES
Abstract

Emphasis on family involvement in early intervention programs requires the identification of assessment instruments which are appropriate for evaluating family outcomes. This paper was developed in order to provide practitioners with information about one specific area of family functioning assessment: self-report measures. Twenty-five measures are described in terms of content, format, and reliability and validity. Sources for obtaining the measures are also cited.
Professionals in the field of early childhood special education have become increasingly cognizant of the effects that early intervention services for young handicapped children have on the child, and the entire family system as well. In the past, however, program evaluation procedures have emphasized child effects only; families were essentially "seen but not heard." This unidimensional approach to evaluating program outcomes has been criticized as ignoring the potential effects of intervention on transactions between children and their caregiving environments (Meisels, 1985). That is, the need to consider the effects of the intervention on the family environment as well as the effects of the family environment on the child have been largely ignored.

The birth of a handicapped child has implications for the well-being of the family system. In general, parents of children with handicaps experience increased levels of stress in comparison to parents of nonhandicapped children (Dyson & Fewell, 1986). The experience of stress, however, appears to be mediated by a number of factors, particularly the social support network which is available to the family (Dunst, 1985; Crnic, Friedrich, & Greenberg, 1983). There is also some evidence that familial stress influences the extent to which parents participate in their child's educational program (Dunst & Leet, 1986).
Evaluation of early intervention programs must take into account the extent to which these programs impact on family functioning as well as the extent to which parent and family variables mediate child outcomes. However, one difficulty in the past has been that psychometrically sound instruments which can be used to assess family functioning have been scarce, and those that have been available were relatively difficult to obtain. While some efforts have been made to review family functioning measures, as well as to provide information about how to access them (e.g., Dunst & Trivette, 1985), these efforts have not fully met the needs of the field.

The present paper was developed in order to provide practitioners with information about one specific area of assessment of family functioning: parent-report measures. While professional rating systems of family functioning as well as direct observation of parent-child interaction are useful tools for the researcher, they may not be as useful to programs which have limited professional and material resources for conducting such assessments. Parent-report measures thus provide a reasonable option to programs which would like to assess variables related to family functioning.

The scales which are described in the present paper do not represent the total population of such instruments. For example, previous reviewers (e.g., Dunst & Trivette, 1985) have included measures not only of perceived stress related to parenting a child
with handicaps, but have described instruments which have been typically used to assess clinical aspects of psychological functioning. The present authors believe, however, that assessment of the parent's psychological state is beyond the scope and expertise of the majority of professionals who serve young handicapped children, and thus such measures were not included in the present review.

The instruments which have been included fall into the following general categories:

1. **Social Support and Resources:** A large number of the measures reviewed assess the extent of the family's social support network and/or their satisfaction with available support. The extensive literature on the effects of social support on perceived stress emphasizes the importance of assessing the family on this dimension.

2. **Stress and Coping:** The measures in this category assess the reported stress perceived by the family, as well as the coping strategies which they use to deal with such stress. Instruments appropriate for adult family members, as well as siblings, are included.

3. **Family Psychosocial Environment.** Instruments in this category assess various aspects of the family environment which may influence both perceived stress and coping patterns as well as parent utilization of intervention services. Such instruments go beyond the assessment of specific resources available to the
family to describe general family characteristics and experiences which are not specifically related to raising a child with handicaps, yet which may influence the family’s ability to cope with a handicapped family member.

4. Parental Knowledge, Attitudes, and Expectations: Parental knowledge of child development, the extent to which they hold various attitudes towards child rearing, as well as general expectations regarding their child’s development, are assessed by instruments in this category. Such instruments would be of particular use to programs which expect parents to learn and implement intervention strategies with their handicapped child.

Table 1 summarizes the instruments which are described in the following section of this paper. An attempt was made to include only those instruments for which some reliability and validity information were available. This guideline reduced the pool of potential instruments considerably. However, instruments which are used to assess program effects must have adequate psychometric support. While there are a number of promising instruments being used by various researchers across the country, lack of information on their psychometric properties limits their usefulness to practitioners at this time.
While psychometric data are presented, the authors caution that such data are not exhaustive as no attempt was made to obtain all of the available data on each instrument. Therefore, additional psychometric data may exist. It is suggested that readers contact the authors of each scale for additional information. It is also important to note that the authors report only available data and undertook no critical review of the data available.

1. **Scale:** The Adult Nowicki-Strickland Internal-External Control Scale  
   **Authors:** S. Nowicki & M. P. Duke  
   **Date:** 1974  
   **Source:** Dr. Stephen Nowicki  
   Department of Psychology  
   Emory University  
   Atlanta, Georgia 30322  
   **Content:** Assesses the degree to which parents have internal versus external locus of control, i.e., the connection between one's action and its consequence.  
   **Format:** The test consists of 40 items answered yes or no. A college form and a non-college form are available.  
   **Reliability:** KR20 .69 for a male sample (n = 40), and .39 for a female sample (n = 40); test-retest reliability (6 weeks) = .83  
   **Validity:** Discriminant validity supported by lack of correlation with social desirability measures and intelligence;
construct validity supported by correlation with the Rotter I-E scale and other relevant measures.


2. Scale: Child Expectation Scale
Authors: Carl J. Dunst & Carol M. Trivette
Date: 1986
Source: Family, Infant, and Preschool Program
Western Carolina Center
Morganton, North Carolina 28655

Content: This is a modified version of the Parent Expectation Scale (Schaefer & Edgerton, 1977) which assesses parental perceptions of the future capabilities of their preschool-aged child in the areas of academic, financial, community, and social independence.

Format: The scale is an eight-item self-report questionnaire. Respondents rate each item on a scale of 1 to 5, with lower scores indicating dependent functioning, and higher scores indicating independent functioning.

Reliability: Coefficient alpha for inter-item correlations was .89; for item-total scale correlations, .94; Spearman-Brown split-half reliability was .95; Short-term test-retest coefficient for the total scale score was .96; for the individual items, .85.

Validity: Factor analysis supported the factor structure of the scale. Criterion validity supported through correlations
between the total CES score and parental, family, and child characteristics.

Reference: Dunst & Trivette (1986).

3. Scale: Child Improvement Locus of Control Scales (CILC)

Authors: Robert F. DeVellis, Dennis A. Revicki, & Marie M. Bristol

Date: 1984

Source: Dr. Robert F. DeVellis
School of Medicine
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

Content: This scale assesses parental beliefs about the factors controlling the improvement of their physically, emotionally, or developmentally impaired child. The CILC is composed of five factors representing specific sources of control: (a) chance, (b) divine intervention, (c) parental efforts, (d) professional efforts, and (e) child efforts.

Format: 27-item self-report questionnaire. Respondents rate each source of control on a scale from strongly disagree to strongly agree.

Reliability: Coefficient alpha ranged from .58 to .83 for the factors.

Validity: Factor analysis supported factor structure. Significant correlations between CILC scales and MHLC scales and a modified version of the Marlowe-Crown Social Desirability Scale support the scale’s construct validity.
Self-Report Measures


4. Scale: Concepts of Development Questionnaire
Authors: Arnold J. Sameroff & Leslie A. Feil
Date: 1982
Source: Dr. Arnold J. Sameroff
Institute for the Study of Developmental Disabilities
1640 West Roosevelt Road
Chicago, IL 60608

Content: This scale assesses parental orientation toward general child-rearing practices and child development. Four levels of parental thinking are assessed: symbiotic, categorical, compensating, and perspectivistic.

Format: 20-item self-report questionnaire. Items are rated from strongly agree to strongly disagree.

Reliability: Chronbach's alpha for the total scale was .82.

Validity: Construct validity supported by evidence that social status and culture interacted in affecting level of understanding development. Criterion-related validity supported by significant correlations between CODQ scores and both cognitive and social competence of children between birth and four years of age.


5. Scale: Coping-Health Inventory for Parents
Authors: Hamilton I. McCubbin, Marilyn A. McCubbin, Robert S. Nevin, & Elizabeth Cauble
Date: 1983

Source: University of Minnesota
Family Social Science
290 McNeal Hall
St. Paul, Minnesota

Content: This scale is designed to assess coping patterns utilized by parents of children with health problems. Three coping patterns are assessed: (1) Maintaining Family Integration, Cooperation, and an Optimistic Definition of the Situation, (2) Maintaining Social Support, Self-esteem, and Psychological Stability, and (3) Understanding the Medical Situation through Communication with other Parents and Consultation with the Medical Staff.

Format: This is a 45-item self-report scale. Respondents rate each coping behavior on a 4-point scale from Not At All Helpful to Extremely Helpful if it is a behavior they use, and indicate whether they choose not to use it or whether it is not possible to use it if they do not.

Reliability: Chronbach's alpha for the three coping patterns ranged from .71 to .79.

Validity: Factor analysis supported the factor structure of the scale. Criterion validity supported by correlations with improvements in the child's health and adaptive family characteristics.

Self-Report Measures

6. **Scale:** Family Adaptability and Cohesion Evaluation Scale (FACES III)
   **Authors:** David H. Olson, Joyce Portner, & Yoav Lavee
   **Date:** 1985
   **Source:** Family Stress & Coping Project
               290 McNeal Hall
               University of Minnesota
               St. Paul, MN 55108

   **Content:** Assesses perceived and ideal levels of family functioning. A clinical rating scale is available to classify the general functioning level of families based on adaptability and cohesion scores.

   **Format:** Self-report questionnaire with 2 scales (Perceived and Ideal) with 20 items each. Respondents rate each item from 1 (almost never) to 5 (almost always). Authors recommend administration of the scales to multiple family members.

   **Reliability:** Chronbach’s alpha: .68 for total score; .77 for cohesion; and .62 for adaptability.

   **Validity:** Construct validity supported by a low correlation between the cohesion and adaptability scales, and higher correlation of the items within each scale with the total scale.

   **References:** Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson (1985); Olson, Sprenkle, & Russell (1979); Olson, Russell, & Sprenkle (1980); Russell (1980).

7. **Scale:** Family Environment Scale
Self-Report Measures

Author: Rudolph H. Moos
Date: 1974
Source: Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306


Format: Self-report questionnaire with five forms. Form R has 90 items, Form S (short form) has 40 items, Form I is a 90 item Ideal Family Form, Form E is a 90 item Expectations Form. Respondents rate each item as either true or false.

Reliability: Form R: Kuder-Richardson 20: .64 to .79 for subscales; average item-subscale intercorrelations between .45 and .58 for subscales; Eight week test-retest reliability .68 to .86 for subscales.

Validity: Differentiates between families in treatment for clinical problems and those not in treatment.


8. Scale: Family Inventory of Life Events and Changes
Authors: Hamilton I. McCubbin, Joan M. Patterson, & Lance R. Wilson
Date: 1983
Self-Report Measures

Source: Family Stress & Coping Project
290 McNeal Hall
University of Minnesota
St. Paul, MN  55108

Content: This scale assesses life events and changes experienced by a family unit. The dimensions assessed by the FILE include: Intra-Family Strains, Marital Strains, Pregnancy and Childbearing Strains, Finance and Business Strains, Work-Family Transitions and Strains, Illness and Family "Care" Strains, Losses, Transitions "In and Out", and Legal Strains.

Format: This scale is a 71 item self-report questionnaire. Respondents indicate whether or not the specific life event described by each item has occurred within the past 12 months. A subset of the items are also scored for occurrence prior to the past 12 months.

Reliability: Chronbach’s alpha for overall scores is .81 with subscale scores varying from .30 to .73. Overall test-retest reliability is .80. Authors recommend use of the total score only.

Validity: Concurrent validity supported through correlations with the Family Environment Scale (FES). Predictive validity supported through correlations with the health status of 100 children with cystic fibrosis. Discriminant validity demonstrated for low conflict and high conflict families who have a child with cerebral palsy or myelomeningocele.

Reference: Olson et al. (1985).
9. **Scale:** Family Resource Scale  
**Authors:** Hope E. Leet & Carl J. Dunst  
**Date:** 1985  
**Source:** Dr. Carl Dunst  
Family, Infant, and Preschool Program  
Western Carolina Center  
Morganton, North Carolina 28655

**Content:** This scale measures the extent to which different types of resources are adequate in households with young children. Factors include General Resources, Time Availability, Physical Resources, and External Support.

**Format:** 30-item self-report questionnaire. Respondent indicates the adequacy of resources on a scale of 1 to 5 from Not At All Adequate to Almost Always Adequate.

**Reliability:** Coefficient alpha .94 for inter-subscale correlations; .98 for item-total score correlations.

**Validity:** Factor analysis supported factor structure. Criterion validity supported by significant correlation between FRS scores and a personal well-being measure.

**Reference:** Dunst & Leet (1985).

10. **Scale:** Family Support Scale  
**Authors:** Carl J. Dunst, Vicki Jenkins, & Carol M. Trivette  
**Date:** 1984  
**Source:** Family, Infant, and Preschool Program  
Western Carolina Center  
Morganton, North Carolina 28655
Self-Report Measures

Content: This scale assesses the availability of sources of support, as well as the degree to which different sources of support have been helpful to families rearing young children.

Format: 18-item self-report measure. Respondents indicate which of the 18 sources of support are available to them, and then rate those which are available on a five-point Likert scale.

Reliability: Coefficient alpha for inter-item correlations was .77; for item-total scale correlations, .85; Spearman-Brown split-half reliability was .75; Short-term test-retest reliability was .75 for the separate items and .91 for the total scale scores. Long-term stability coefficient was .47.

Validity: Factor analysis supported the construct validity of the FSS. Criterion-related validity supported by ability of FSS helpfulness scores and sources of support to predict personal and familial well-being, number of parent-child interactions, and child progress scores.


11. Scale: Impact on Family Scale

Authors: Ruth E.K. Stein & Catherine K. Riessman

Date: 1978
Source: Ruth E.K. Stein, M.D.
Professor of Pediatrics
Bronx Municipal Hospital Center
Jacobs Hospital
Pelham Parkway & Eastchester Road
Bronx, NY 10461

Content: This scale was designed to assess the effect of a child’s illness on producing change in the family system. Factors assessed include: Financial Impact, Social/Familial Impact, General Impact (stress), and Mastery (coping).

Format: The original version is a 33-item interview format with ratings from strongly agree to strongly disagree. A new form for children with and without chronic illness is being developed. This form has 34 items. Respondents are first asked to rate each item from strongly agree to strongly disagree. A subset of items is further queried to determine if the impact is related to the child’s health. Both forms are available in Spanish.

Reliability: Chronbach’s alpha .88 for total score; .60 -.86 for factors.

Validity: Factor analysis supported factor structure of the scale. Criterion validity supported through correlations between Impact on Family Scores and education level, income, and other parent and child characteristics.


12. Scale: Inventory of Parent Experiences

Authors: Keith Crnic, A. S. Ragozin, Mark Greenburg, & N. M. Robinson
Self-Report Measures

Date: 1981

Source: Mark Greenburg or Keith Crnic
Experimental Education Unit, WJ-10
University of Washington
Seattle, Washington 98195

Content: This scale assesses two categories of family experiences: Satisfaction with Parenting and Social Support. The Satisfaction with Parenting Scale includes two subscales: (1) Role satisfaction and (2) Pleasure with infant. The Social Support Scale contains five subscales representing different sources of social support: (1) Community, (2) Friendship, (3) Extended Family, (4) Intimate, and (5) Workplace.

Format: 54-item scale consisting of multiple choice and short answer questions.

Reliability: Chronbach’s alpha for the full standardization sample ranged from .60 to .85 for the subscales.

Validity: No information available.


13. Scale: Iowa Parent Behavior Inventory

Authors: Sedahlia Jasper Crase, Sam Clark, & Damaris Pease

Date: 1979

Source: Dr. Sedahlia Jasper Crase
Department of Child Development
Iowa State University
Ames, Iowa 50011

Content: This inventory assesses parental behavior toward a child in the following areas: Parental Involvement, Limit
Self-Report Measures

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Setting, Responsiveness, Reasoning Guidance, Free Expression, and Intimacy.

**Format:** Self-report measure including 36 items rated on a scale from 1 to 5 from Almost Never to Almost Always. Both a Mother Form and a Father Form are available.

**Reliability:** Spearman-Brown factor-total scale correlations for Mother Form, .61 to .81; for Father Form, .63 to .86.

**Validity:** No information available.

**Reference:** Crase, Clark, & Pease (1979).

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14. **Scale:** Knowledge of Behavior Principles as Applied to Children

**Authors:** Stan O'Dell, L. Tarler-Benlolo, & J. M. Flynn

**Source:** Dr. Stan L. O'Dell
Department of Psychology
University of Mississippi
University, MS 38677

**Content:** Assesses understanding of the application of basic behavioral principles with children. Covers the areas of applying principles to problem situations, basic behavioral assumptions about behavior change, principles in the use of reinforcement and punishment, schedules, shaping, counting, recording, differential attention, and extinction.

**Format:** 50-item multiple choice test. Administration requires 30-60 min.

**Reliability:** KR-20 was .94; split-half reliability coefficient was .93.
Self-Report Measures

Validity: Content validity supported by expert ratings and use of standard texts to determine item content.


15. Scale: The Mother-Child Relationship Evaluation
   Author: Robert M. Roth
   Date: 1980
   Source: Western Psychological Services
           Box 775
           Beverly Hills, CA 90213

   Content: Uses a psychodynamic approach to assess ways in which mothers relate toward their child in the following areas: Acceptance, Overindulgence, and Rejection.

   Format: This is a 48-item self-report questionnaire.

   Reliability: Split-half reliability coefficients ranged from .41 to .57 for the factors.

   Validity: Intercorrelations between the scales ranged from -.68 to .28. The mean coefficient of correlation was -.55.

   Reference: Roth (1980).

16. Scale: Parent Role Scale
   Authors: James J. Gallagher, Arthur H. Cross, & Wendy Scharfman
   Date: 1980
   Source: Carolina Institute for Research in Early Education
           for the Handicapped
           Frank Porter Graham Child Development Center
           University of North Carolina at Chapel Hill
           Chapel Hill, North Carolina 27514
Self-Report Measures

Content: This scale measures who fulfills which roles in the family and the satisfaction with this division of labor and responsibility. Scores are derived for the general family, child care, and total family roles in the areas of current role status, ideal role, and degree of current satisfaction.

Format: This is a 20 item self-report questionnaire. For each role described, the respondent is asked to indicate who currently performs the task, who they would like to have do it, and how satisfied they are with the way it is being done now.

Reliability: No information available.

Validity: Patterns of correlations between mother and father reports in families rated as successful and unsuccessful support the construct validity of the scale.


Scale: Parental Attitudes Survey Scales

Author: Carl F. Hereford

Date: 1963


Content: Assesses parental attitudes in the following areas:
(1) Confidence in the parental role, (2) Causation of the child’s behavior, (3) Acceptance of the child’s behavior and feelings, (4) Mutual understanding, and (5) Mutual trust.
Self-Report Measures

Format: 75 item self-report scale. Respondents rate each item on a 5-point scale from Strongly Agree to Strongly Disagree.

Reliability: Split-half reliability coefficients ranged from .68 to .86 for the subscales. Mean coefficient was .80.

Validity: No information available.

Reference: Hereford (1963)

18. Scale: Parental Attitudes Toward Mentally Retarded Children Scale

Author: Harold D. Love

Date: 1984

Source: Harold D. Love, Ed.D.
Special Education Department
University of Central Arkansas
Conway, AR 72032

Content: This scale assesses the attitudes of parents toward mentally retarded children.

Format: Self-report questionnaire containing 30 statements about mentally retarded children. Parents respond to each statement on a 5 point scale from Strongly Agree to Strongly Disagree.

Reliability: Split-half .91 for a sample of 62 parents; .93 for a sample of 200 parents.

Validity: No information available.


19. Scale: Parenting Stress Index
Content: This inventory assesses experienced stress and coping behavior in the parent-child system. Child factors include: adaptability, acceptability, demandingness, mood, distractibility/hyperactivity, and reinforces parent. Parent factors include: depression, attachment, restriction of role, sense of competence, social isolation, relationship to spouse, and parent health.

Format: 101 item self-report questionnaire with an optional life stress scale consisting of 19 items. Parents respond to items on a scale of 1 to 5 from Strongly Agree to Strongly Disagree. The Total Score is the sum of the Child Domain and the Parent Domain scores.

Reliability: Coefficient alpha from .62 to .70 for the subscales of the Child Domain and from .55 to .80 for the subscales of the Parent Domain. Coefficients for the two domains were .89 and .93, respectively. Total score coefficient was .95. Test-retest reliability was investigated in a number of studies reported in the manual. Average test-retest for the Child Score was .69; .75 for the Parent Domain; and .83 for the Total Score.

Validity: Content validity determined by expert opinion and similarity of items to those included in other instruments.
Factor analysis supported the factor structure. Numerous concurrent validity studies with various criterion measures are reported in the manual.


20. Scale: Perceived Social Support Scales
   Authors: Mary E. Procidano & Kenneth Heller
   Date: 1983
   Source: Mary E. Procidano
           Department of Psychology
           Fordham University
           Bronx, New York 10458
   Content: This scale assesses the extent to which an individual's perceived needs for support, information, and feedback are met by friends and family.
   Format: Self-report questionnaire with two forms: Perceived Social Support, Friends (PSS-Fr)-20 items, and Perceived Social Support, Family (PSS-Fa)-20 items. Respondents indicate Yes, No, or Don't Know to each of the declarative statements.
   Reliability: Chronbach's alpha for PSS-Fr, .88; for PSS-Fa, .90.
   Validity: No information available

21. Scale: Questionnaire on Resources and Stress
   Author: Jean Holroyd
   Date: 1974
Source: Jean Holroyd  
Neuropsychiatric Institute  
UCLA, 760 Westwood Plaza  
Los Angeles, CA 90024

Content: This questionnaire assesses the degree of burden placed on a family with a handicapped child and the emotional response of the family to that burden. Factors assessed include: Poor Health, Mood, Excessive Time Demands, Negative Attitude Toward Index Case, Overprotection/Dependency, Lack of Social Support, Overcommitment (Martyrdom), Pessimism, Lack of Family Integration, Limits on Family Opportunity, Financial Problems, Physical Incapacitation, Lack of Activities for Index Case, Occupational Limitations for Index Case, Social Obtrusiveness, and Difficult Personality Characteristics.

Format: This scale is a 285 item true/false self-report questionnaire.

Reliability: No information available.

Validity: The QRS discriminates between parents of children with autism, Down syndrome, or psychiatric outpatients; between mothers of retarded and nonretarded children; between handicapped and nonhandicapped children; between children having a neuromuscular disease and children not having a neuromuscular disease; and between children having cerebral palsy who are retarded and children with cerebral palsy who are not retarded. The QRS correlates with interview ratings of stress.

22. **Scale:** Short Form of the Questionnaire on Resources and Stress

**Author:** Jean Holroyd

**Date:** 1982

**Source:** Jean Holroyd
Neuropsychiatric Institute
UCLA, 760 Westwood Plaza
Los Angeles, CA 90024

**Content:** This questionnaire assesses the degree of stress experienced by a family containing a handicapped child. The questionnaire contains 11 scales: (1) Dependency and Management, (2) Cognitive Impairment, (2) Limits on Family Opportunity, (4) Life Span Care, (5) Family Disharmony, (6) Lack of Personal Reward, (7) Terminal Illness Stress, (8) Physical Limitations, (9) Financial Stress, (10) Preference for Institutional Care, and (10) Personal Burden for Respondent.

**Format:** This is a 66 item true/false self-report questionnaire.

**Reliability:** KR-20 coefficients for the scales ranged from .31 to .84. Corrected item-total correlations ranged from .02 to .74.

**Validity:** No information available.

**References:** Holroyd (1982); Salisbury (1985).

23. **Scale:** Questionnaire on Resources and Stress - A Short Form
Authors: William N. Friedrich, Mark T. Greenberg, & Keith Crnic

Date: 1983

Source: William N. Friedrich
Department of Psychology
NI-25
University of Washington
Seattle, WA 98195

Content: This questionnaire is designed to measure the effects which a developmentally delayed, handicapped, or chronically ill child has upon other members of the family. A principal components factor analysis using the VARIMAX method revealed four factors: (1) Parent and Family Problems, (2) Pessimism, (3) Child Characteristics, and (4) Physical Incapacitation.

Format: This is a 52-item true/false self-report questionnaire.

Reliability: KR-20 coefficient .95; corrected item-total correlations .15 to .63. Correlation between the short form and the original QRS total score was .99.

Validity: Correlations between the Parent and Family Problems factor, the Beck Depression Inventory, and the Marlowe-Crowne Social Desirability Scale supported the concurrent validity of the scale. In addition, the Permission factor was significantly correlated with the Beck Depression Inventory and Child Characteristics correlated significantly with a problem checklist.

24. **Scale:** Questionnaire on Resources and Stress - Short Form  
**Author:** Christine L. Salisbury  
**Date:** 1986  
**Source:** Christine L. Salisbury  
Division of Professional Education  
University Center at Binghamton  
Binghamton, New York  13901  

**Content:** This scale was designed to assess stress and social support in families containing a disabled child. A factor analysis revealed seven factors: (1) Life Span Care, (2) Cognitive Impairment, (3) Child Characteristics, (4) Family Disharmony, (5) Pessimism, (6) Physical Limitations, and (7) Financial Stress.  

**Format:** This scale is a 48-item true/false self-report questionnaire.  

**Reliability:** KR-20 correlations for the factors ranged from .65 to .84; overall KR-20 reliability coefficient was .76.  

**Validity:** Discriminates varying levels of stress among families with handicapped and nonhandicapped children.  

**Reference:** Salisbury (1986).  

25. **Scale:** Sibling Inventory of Behavior  
**Authors:** Earl Schaefer & Marianna Edgerton  
**Date:** 1979  
**Source:** Earl Schaefer, Ph.D.  
University of North Carolina  
Chapel Hill, North Carolina  27514
Content: The scale is designed to assess: Empathy, Kindness, Leadership, Acceptance, Anger, Unkindness, Avoiding, and Embarrassment.

Format: The child's parent is asked to indicate how often, on a scale from never (1) to always (5), the child behaves toward a sibling in the way described.

Reliability: Test-retest reliability at 2 months .61 - .85; at 12 months.

Validity: No information available.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Author(s)</th>
<th>Date</th>
<th>#Items</th>
<th>Social Support &amp; Resources</th>
<th>Stress &amp; Coping</th>
<th>Family Psychosocial Environment</th>
<th>Parental Knowledge, Attitudes, &amp; Expectations</th>
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<td>1. The Adult Nowicki-Strickland Internal-External Control Scale</td>
<td>Nowicki &amp; Duke</td>
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