

Describing your family (27.08.2009)

We would like you to tell us about how you see your family at the moment. So we are asking for YOUR view of your family.

When people say ‘your family’ they often mean the people who live in your house. **But we want you to choose who you want to count as the family you are going to describe.**

All the questions are answered the same way: you put a tick ✓ in the box which best matches how you see your family. So if a statement was:

“Our family wants to stay together” and you really feel this fits you completely, you would put a tick in box 1 on that line for “extremely well”.

✓					
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If a statement was “We are always fighting each other” and you felt this was not especially true of your family, you would put a tick in box 5 for “not well”.

				✓	
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For each item, make your choice by putting in just one of the boxes numbered 1 to 6. Do not think for too long about any question, it is how they all add up that we will be interested in, rather than any specific answers. But do try to tick one of the boxes for each question.

For each line, would you say: 1. That describes our family: Extremely well 2. That describes our family: Very well 3. That describes our family: Well 4. That describes our family: A bit 5. That describes our family: Not well 6. That describes our family: Not at all	1. Extremely well	2. Very well	3. Well	4. A bit	5. Not well	6. Not at all
1) Being in this family is important to us						
2) People do things that show that they care about each other in my family						
3) We are a very organised family						
4) It feels risky to disagree in our family						
5) People in my family interfere too much in each other’s lives						
6) Our family shares enjoyable times together						
7) One person tends to get blamed for everything in my family						
8) People often don’t tell each other the truth in my family						
9) If something is going wrong in our family we know we can change it						
10) The rules are fair in our family						
11) We find it hard to deal with everyday problems						
12) When people in my family get angry they ignore each other on purpose						
13) Life in our family is very difficult.						
14) Each of us gets listened to in our family						
15) People in my family are willing to change their views about things						
16) There are no rules in my family						
17) In our family it is OK to show how you feel						
18) In my family people prefer to watch TV than to spend time with each other						
19) Other people look down on my family because we are different						
20) When one of us is upset they get looked after within the family						
21) Respecting elders is important in our family						

For each line, would you say: 1. That describes our family: Extremely well 2. That describes our family: Very well 3. That describes our family: Well 4. That describes our family: A bit 5. That describes our family: Not well 6. That describes our family: Not at all	1. Extremely well	2. Very well	3. Well	4. A bit	5. Not well	6. Not at all
22) It feels miserable in our family						
23) Being with some family members can be frightening						
24) People in our family lie to each other						
25) In my family we blame each other when things go wrong						
26) Things always seem to go wrong for my family						
27) We hardly ever put each other down in my family						
28) People hit each other a lot in my family						
29) In my family we ignore our problems in the hope that they will go away						
30) In my family we talk to each other about the things that matter to us						
31) We are good at finding new ways to deal with things that are difficult						
32) People in the family are nasty to each other						
33) We trust each other						
34) We get into a muddle about who should do what						
35) In my family it's OK to spend time on your own if you want to						
36) People slam doors, throw things or make a lot of noise if they are upset						
37) My family feels part of a wider community						
38) We seem to go from one crisis to another in my family						
39) My family is very strict						
40) We feel hopeful about the future						

You may feel that some questions/answers were particularly informative about your family. If so, would you please tell us the numbers of those items.....

You may feel that some questions were difficult to answer informatively (e.g. confusing, badly phrased, unacceptable). If so, would you please tell us the numbers of those items.....

Now please turn over and tell us a bit more about your family.

Page 3(a) Pre-therapy version

41) What words would best describe your family?

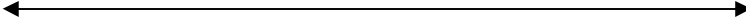
.....
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.....

42) What do you think is the biggest problem/challenge for the family at the moment? Please name it and mark on the line how bad it is now and how difficult it is for your family to cope with:

The main problem is.....

It is now:

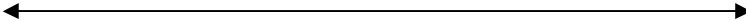
no problem at all	really awful
	

It doesn't affect us much	totally spoils our family life
	

43) Can you say what change you would most hope for in the near future?

I would like to see a change in.....

44) Do you think that family therapy will be the right kind of approach for the problems that you have? Please mark your answer on the line below:

totally wrong	exactly right
	

45) Can you tell us how you felt about filling in this questionnaire?

THANKYOU FOR YOUR TIME

Page 3(b) Version for during, at end of therapy or follow-up.

41) What words would best describe your family?

.....
.....

Information about the participant

Age

Gender

Ethnicity

Education achieved

Main occupation

People living in your household (type, such as 'daughter age 12', no names please).

SCORE PROJECT CONSENT FORM

(One copy for the family, one copy for the lead clinician and one to be retained with the family's notes)

Centre number:

Therapist number:
.....

Family identification number:

(1) I confirm that the nature and purpose of the SCORE project has been explained to me by my therapist. I have been given the opportunity to ask questions about the project.

(2) I realise that participation is entirely voluntary, and that I can decline to take part at any time without giving any reason, without my therapy being affected.

(3) I understand that the information I give will be anonymised, safely stored for a limited time period and used for research purposes only.

(4) I agree to take part in the above study

Date	Age	Print name	Signature (parents please countersign signature for children under 16 if they wish to take part)

Name & signature of therapist obtaining consent:

Print name.....Signature.....

Date