

Completed by: _____ Title: _____

Date completed: _____

Questionnaire on Resources and Stress

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Your name: _____ date completed _____ / _____ / _____
Day Mon Year

This questionnaire deals with your feelings about a child in your family. There are many underlined blanks on the questionnaire. Imagine your child's name filled in on each blank. Give your honest feelings and opinions. Please answer all of the questions, even if they do not seem to apply. If it is difficult to decide True (T) or False (F), answer in terms of what your family feel or do *most* of the time. Sometimes the questions refer to problems your family does not have. Nevertheless, they can be answered True or False, even then. Please begin. Remember to answer all of the questions.

1	_____ doesn't communicate with others of his/her age group	T <input type="checkbox"/> F <input type="checkbox"/>
2	Other members of the family have to do without things because of _____	T <input type="checkbox"/> F <input type="checkbox"/>
3	Our family agrees on important things	T <input type="checkbox"/> F <input type="checkbox"/>
4	I worry about what will happen to _____ when I can no longer take care of him/her	T <input type="checkbox"/> F <input type="checkbox"/>
5	The constant demands for care for _____ limit growth and development of someone else in our family	T <input type="checkbox"/> F <input type="checkbox"/>
6	_____ is limited in the kind of work he/she can do to make a living	T <input type="checkbox"/> F <input type="checkbox"/>
7	I have accepted the fact that _____ might have to live out his/her life in some special setting (e.g. institution or group home)	T <input type="checkbox"/> F <input type="checkbox"/>
8	_____ can feed himself/herself	T <input type="checkbox"/> F <input type="checkbox"/>
9	I have given up things I have really wanted to do in order to care for _____	T <input type="checkbox"/> F <input type="checkbox"/>
10	_____ is able to fit into the family social group	T <input type="checkbox"/> F <input type="checkbox"/>
11	Sometimes I avoid taking _____ out in public	T <input type="checkbox"/> F <input type="checkbox"/>
12	In the future, our family's social life will suffer because of increased responsibilities and financial stress	T <input type="checkbox"/> F <input type="checkbox"/>
13	It bothers me that _____ will always be this way	T <input type="checkbox"/> F <input type="checkbox"/>
14	I feel tense whenever I take _____ out in public	T <input type="checkbox"/> F <input type="checkbox"/>
15	I can go visit with friends whenever I want	T <input type="checkbox"/> F <input type="checkbox"/>
16	Taking _____ on a vacation spoils pleasure for the whole family	T <input type="checkbox"/> F <input type="checkbox"/>
17	_____ knows his/her own address	T <input type="checkbox"/> F <input type="checkbox"/>
18	The family does as many things together now as we ever did	T <input type="checkbox"/> F <input type="checkbox"/>
19	_____ is aware of who he/she is	T <input type="checkbox"/> F <input type="checkbox"/>
20	I get upset with the way my life is going	T <input type="checkbox"/> F <input type="checkbox"/>
21	Sometimes I feel very embarrassed because of _____	T <input type="checkbox"/> F <input type="checkbox"/>

22	_____ doesn't do as much as he/she should be able to do	T <input type="checkbox"/> F <input type="checkbox"/>
23	It is difficult to communicate with _____ because he/she has difficulty understanding what is being said to him/her	T <input type="checkbox"/> F <input type="checkbox"/>
24	There are many places where we can enjoy ourselves as a family when _____ comes along	T <input type="checkbox"/> F <input type="checkbox"/>
25	_____ is overprotected	T <input type="checkbox"/> F <input type="checkbox"/>
26	_____ is able to take part in games or sports	T <input type="checkbox"/> F <input type="checkbox"/>
27	_____ has too much time on his/her hands	T <input type="checkbox"/> F <input type="checkbox"/>
28	I am disappointed that _____ does not lead a normal life	T <input type="checkbox"/> F <input type="checkbox"/>
29	Time drags for _____, especially free time	T <input type="checkbox"/> F <input type="checkbox"/>
30	_____ can't pay attention very long	T <input type="checkbox"/> F <input type="checkbox"/>
31	It is easy for me to relax	T <input type="checkbox"/> F <input type="checkbox"/>
32	I worry about will be done with _____ when he/she gets older	T <input type="checkbox"/> F <input type="checkbox"/>
33	I get almost too tired to enjoy myself	T <input type="checkbox"/> F <input type="checkbox"/>
34	One of the things I appreciate about _____ is his/her confidence	T <input type="checkbox"/> F <input type="checkbox"/>
34	There is a lot of resentment and anger in our family	T <input type="checkbox"/> F <input type="checkbox"/>
36	_____ is able to go the bathroom alone	T <input type="checkbox"/> F <input type="checkbox"/>
37	_____ cannot remember what he or she says from one moment to the next	T <input type="checkbox"/> F <input type="checkbox"/>
38	_____ can ride a bus	T <input type="checkbox"/> F <input type="checkbox"/>
39	It is easy to communicate with _____	T <input type="checkbox"/> F <input type="checkbox"/>
40	The constant demands to care for _____ limit my growth and development	T <input type="checkbox"/> F <input type="checkbox"/>
41	_____ accepts himself/herself as a person	T <input type="checkbox"/> F <input type="checkbox"/>
42	I feel sad when I think of _____	T <input type="checkbox"/> F <input type="checkbox"/>
43	I often worry about what will happen to _____ when I no longer can take care of him/her	T <input type="checkbox"/> F <input type="checkbox"/>
44	People cannot understand what _____ tries to say	T <input type="checkbox"/> F <input type="checkbox"/>
45	Caring for _____ puts a strain on me	T <input type="checkbox"/> F <input type="checkbox"/>
46	Members of our family get to do the same kinds of things other families do	T <input type="checkbox"/> F <input type="checkbox"/>
47	_____ will always be a problem to us	T <input type="checkbox"/> F <input type="checkbox"/>
48	_____ is able to express his/her feelings to others	T <input type="checkbox"/> F <input type="checkbox"/>
49	_____ has to use a bedpan or a diaper	T <input type="checkbox"/> F <input type="checkbox"/>
50	I rarely feel blue	T <input type="checkbox"/> F <input type="checkbox"/>
52	I am worried much of the time	T <input type="checkbox"/> F <input type="checkbox"/>
52	_____ can walk without help	T <input type="checkbox"/> F <input type="checkbox"/>