Family Support and Strain

This survey accompanies a measure in the SPARQTools.org <u>Measuring Mobility toolkit</u>, which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

Age: Adult Duration: < 3 minutes Reading Level: < 6th grade Number of items: 8 Answer Format: This survey uses multiple answer formats. Please see the scoring instructions below for more information.

Scoring:

The Family Support subscale items are Q1, Q2, Q3, and Q4. The answer format for these questions is: 1 = a lot; 2 = some; 3 = a little; 4 = not at all.

The Family Strain subscale items are Q5, Q6, Q7, and Q8. The answer format for these questions is: 1 = often; 2 = sometimes; 3 = rarely; 4 = never.

Q5, Q6, Q7, and Q8 should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is:

((Number of scale points) + 1) - (Respondent's answer)

For example, Q5 is a 4-point scale. If a respondent answered 2 on Q5, you would re-code their answer as: (4 + 1) - 2 = 3.

In other words, you would enter a 3 for this respondents' answer to Q5.

To calculate subscale scores for each participant, take the average by adding respondents' answers to each subscale's items and dividing this sum by the number of items in the subscale (4).

Sources:

Schuster, T. L., Kessler, R. C., & Aseltine, R. H. (1990). Supportive interactions, negative interactions, and depressed mood. *American Journal of Community Psychology*, *18*(3), 423-438.

Instructions: Please circle your answer below.

1. Not including your spouse or partner, how much do members of your family really care about you?

| | A lot | Some | A little | Not at all | |
|--|-------|-----------|----------|------------|--|
| 2. How much do they understand the way you feel about things? | | | | | |
| | A lot | Some | A little | Not at all | |
| 3. How much can you rely on them for help if you have a serious problem? | | | | | |
| | A lot | Some | A little | Not at all | |
| 4. How much can you open up to them if you need to talk about your worries? | | | | | |
| | A lot | Some | A little | Not at all | |
| 5. Not including your spouse or partner, how often do members of your family make too many demands on you? | | | | | |
| | Often | Sometimes | Rarely | Never | |
| 6. How often do they criticize you? | | | | | |
| | Often | Sometimes | Rarely | Never | |
| 7. How often do they let you down when you are counting on them? | | | | | |
| | Often | Sometimes | Rarely | Never | |

8. How often do they get on your nerves?

| Often Sometimes Rare | ly Never |
|----------------------|----------|
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