

FAMILY CONFIDENCE IN HELPING WITH CHILD FUNCTIONING IN ROUTINES AND WITH FAMILY FUNCTIONING (FAM-CON)

Child's Name: _____

Date: _____

PART I: To what extent are you confident you know **how to help your child** with the following activities?

Functioning	I'm not very sure how to help my child with this	I have some idea about how to help my child with this	I mostly know how to help my child with this	I am fully confident I know how to help my child with this
<i>Mealtimes</i>				
Participate	1	2	3	4
Be independent	1	2	3	4
Communicate	1	2	3	4
Behave appropriately	1	2	3	4
<i>Unstructured play times</i>				
Participate	1	2	3	4
Be independent	1	2	3	4
Communicate	1	2	3	4
Behave appropriately	1	2	3	4
<i>Outings time</i> (shopping, park, walks, etc.)				
Participate	1	2	3	4
Be independent	1	2	3	4
Communicate	1	2	3	4
Behave appropriately	1	2	3	4
<i>Bath time</i>				
Participate	1	2	3	4
Be independent	1	2	3	4
Communicate	1	2	3	4
Behave appropriately	1	2	3	4

Going-to-bed time				
Participate	1	2	3	4
Be independent	1	2	3	4
Communicate	1	2	3	4
Behave appropriately	1	2	3	4

PART II: To what extent are you confident you know **how to help yourself and your family** with the following aspects of family functioning?

Functioning	I'm not very sure about this	I have some idea about this	I mostly know about this	I am fully confident I about this
Informational support				
Information about my child's special needs	1	2	3	4
Information about resources, including services	1	2	3	4
Information about child development (what comes next, etc.)	1	2	3	4
Information about what to do with my child)	1	2	3	4

Functioning	I'm not very sure about this	I have some idea about this	I mostly know about this	I am fully confident I about this
<i>Emotional support</i>				
Making sure we have a positive atmosphere in the family	1	2	3	4
Making sure we respond to each other's needs	1	2	3	4
Making sure we pay attention to all family members	1	2	3	4
Keeping in touch with extended family	1	2	3	4
Keeping in touch with friends	1	2	3	4
Getting to know our neighbors	1	2	3	4
<i>Material support</i>				
Basic needs (housing, clothing, food, etc.)	1	2	3	4
Equipment my child needs	1	2	3	4
Things for my child to play with	1	2	3	4

Functioning	I'm not very sure about this	I have some idea about this	I mostly know about this	I am fully confident I about this
Family-level needs				
Time for myself	1	2	3	4
Time for myself and another person	1	2	3	4
Employment for me	1	2	3	4
Hobbies, pastimes, recreation for me or the family	1	2	3	4
What my family really needs	1	2	3	4

Subtotal Scores

Part I. Routines (average 4 scores within each routine)	M (average)	SD (standard deviation)	Domains of EISR ¹ (average scores for domain across routines)	M (average)	SD (standard deviation)
Mealtimes			Participate		
Unstructured play			Be independent		
Outings time			Communicate		
Bath time			Behave approp.		
Going to bed time					

¹ Engagement, independence, and social relationships

Part II. Functioning (average scores within each family domain)	M (average)	SD (standard deviation)		M (average)	SD (standard deviation)
Informational support			Emotional support		
Material support			Family-level needs		
Part I Total (average all items in Part I)			Part II Total (average all items in Part II)		
Grand Total (average all items)					

Updated: March 2018