

# Interprofessional Learning with a School Case Study

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*Speech Pathology and Occupational Therapy  
IPL Tutorial*

## FAMILY QUALITY OF LIFE SURVEY

This original documentation is an answered survey developed by the Beech Centre on Disability at the University of Kansas. Corey's parents were asked to give feedback on Family Quality of Life.

## FAMILY QUALITY OF LIFE

Thank you for agreeing to complete this survey. The survey is about how you feel about your life together as a family. We will use what we learn from families to inform policy makers and service providers for children and families.

Your "family" may include many people – mother, father, partners, children, aunts, uncles, grandparents, etc.

For this survey, please consider your family as those people

- ✓ Who think of themselves as part of your family (even though they may or may not be related by blood or marriage), and
- ✓ Who support and care for each other on a regular basis.

For this survey, please DO NOT think about relatives (extended family) who are only involved with your family every once in a while. Please think about your family life over the past 12 months.

The items below are things that hundreds of families have said are important for a good family quality of life. We want to know how Satisfied you are with these things in your family. Please check the boxes on the following pages that reflect your level of satisfaction with each item.

- ✓ Checking the first square means you are very dissatisfied.
- ✓ Checking the fifth square means you are very satisfied.

Thank you so much for sharing your opinion with us!

## FAMILY QUALITY OF LIFE (cont.)

How <u>satisfied</u> am I that...	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
1. My family enjoys spending time together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. My family members help the children learn to be independent.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My family has the support we need to relieve stress.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My family members have friends or others who provide support.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My family members help the children with schoolwork and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My family members have transportation to get to the places they need to be.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My family members talk openly with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. My family members teach the children how to get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My family members have some time to pursue our own interests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Our family solves problems together.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My family members support each other to accomplish goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My family members show that they love and care for each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. My family has outside help available to us to take care of special needs of all family members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Adults in our family teach the children to make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FAMILY QUALITY OF LIFE (cont.)

How <u>satisfied</u> am I that...	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
15. My family gets medical care when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. My family has a way to take care of our expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Adults in my family know other people in the children's lives (friends, teachers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. My family is able to handle life's ups and downs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Adults in my family have time to take care of the individual needs of every child.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My family gets dental care when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. My family feels safe at home, work, school, and in our neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. My family member with a disability has support to accomplish goals at school or at workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. My family member with a disability has support to accomplish goals at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My family member with a disability has support to make friends.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My family has good relationships with the service providers who provide services and support to our family member with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you! You have finished completing this survey. Please make sure you erase any extra marks and have answered all the questions.

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This research was conducted in collaboration with the Beach Center on Disability. It was funded by the Rehabilitation Research and Training Center on Families of Children with Disabilities of the National Institute on Disability Rehabilitation and Research (H133B30070) and private endowments. Permission granted to reproduce and distribute this research tool.

Beach Center on Disability  
The University of Kansas  
1200 Sunnyside Avenue, 3136 Haworth Hall  
Lawrence, Kansas 66045  
Telephone: 785.864.7600 TTY: 785.864.3434  
[www.beachcenter.org](http://www.beachcenter.org)  
[beachcenter@ku.edu](mailto:beachcenter@ku.edu)

