

APPENDIX - III

FAMILY NEEDS ASSESSMENT SCHEDULE (NIMH – FAMNS)

Respondent Information:

Date:

Name:

Relationship with the Index child:

Instructions:

Following are the areas in which parents have the maximum need related to their child's mental retardation and their selves. Read each statement carefully and score your need accordingly. Use the following scoring to respond to the item.

Scoring: ENTER 2 IF NEED IS "VERY MUCH"

ENTER 1 IF NEED IS "LITTLE" A PRE-INTERVENTION SCORES

ENTER 0 IF NEED IS "NO NEED" B POST-INTERVENTION SCORES

	Areas / Needs	Scoring	
		A	B
AREA I – INFORMATION – CONDITION			
1.	Do you need information about your child's condition or disability?		
2.	Do you need information on assessment reports of your child?		
3.	Do you need information on what your child will be able to do / and will not be able to do?		
4.	Do you need help in identifying child's present characteristics / features which may have negative effects in the future?		
5.	Do you need reading materials related to your child's condition?		
6.	Do you need information on nutrition / special diet for your child?		
AREA – I TOTAL SCORE			
AREA II – CHILD MANAGEMENT			
7.	Do you need information about normal child growth and development?		
8.	Do you need information on how to bring up your child?		
9.	Do you need help to discipline / handle your child?		
10.	Do you need help in managing behaviour problems or difficult behaviours in your child?		
11.	Do you need help in getting your child to cooperate in his / her daily activities?		
12.	Do you need to know about what teachers / trainers are teaching / training you child?		
13.	Do you need to talk with your child's teacher / trainer? (How often)		
14.	Do you need help in deciding to plan for another child?		

AREA – II TOTAL SCORE			
AREA III – FACILITTING INTERACTION			
15.	Do you need information on how to explain you child's condition to (Specify)		
	(a) Spouse		
	(b) Other sibling's		
	(c) Significant other members in the family		
	(d) Neighbours and friends		
	(e) Others		
16.	Do you need help to involve others in meeting service needs of your child? (Specify)		
	(a) Spouse		
	(b) Sibling's		
	(c) Grandparents		
	(d) Significant other members in the family		
	(e) Others		
AREA – III TOTAL SCORE			
AREA IV – SERVICES			
17.	Do you need information on the services that are presently available for your child?		
18.	Do you need help in deciding which training centre / school to admit you child?		
19.	Do you need information from where to procure training materials for your child?		
20.	Do you need professionals who could visit your home and train your child? (how often) Daily / Thrice a week / Weekly / Monthly.		
21.	Do you need information on the effect of admitting your child to special / normal regular school?		
AREA – IV TOTAL SCORE			
AREA V – VOCATIONAL PLANNING			
22.	Do you need help in finding the most appropriate vocation for your child?		
AREA – V TOTAL SCORE			
AREA VI – SEXUALITY			
23.	Do you need information on sexuality issues related to your child?		
AREA – VI TOTAL SCORE			
AREA VII – MARRIAGE			
24.	Do you need information to marriage issues related to your child?		
AREA – VII TOTAL SCORE			
AREA VIII – HOSTEL			
25.	Do you need help in deciding whether to admit or not to admit your child in a hostel?		
26.	If you have decided to place you child in a hostel, do you need information which hostel you should admit your child?		

AREA – VIII TOTAL SCORE			
AREA IX – PERSONAL – EMOTIONAL			
27.	Do you need to have more time to self?		
28.	Do you need to talk to someone about your personal problems?		
29.	Do you need help when you are worried, feel sad or depressed?		
30.	Do you need help to manage your physical health problems?		
AREA – IX TOTAL SCORE			
AREA X – PERSONAL – SOCIAL			
31.	Do you need to have more friends with whom you can discuss / share joys and sorrows?		
32.	Do you need to meet and discuss with parents having children with similar conditions?		
AREA – X TOTAL SCORE			
AREA XI – SUPPORT – PHYSICAL			
33.	Do you need transportation to take your child from home to school/service centre/training centre and back?		
34.	Do you need somebody to drop and bring back you child from school/training centre/service centre?		
35.	Do you need someone/worker to look after your child Daily / Occasionally / Part time / Full time.		
AREA – XI TOTAL SCORE			
AREA XII – FINANCE			
36.	Do you need financial help to pay for medical care, medicine, therapy, or any other services your child needs?		
37.	Do you need financial help to purchase training materials for your child?		
38.	Do you need financial help for meeting any other needs of your child? (Specify)		
AREA – XII TOTAL SCORE			
AREA XIII – FAMILY RELATIONSHIPS			
39.	Do you need help in discussing family problems and finding solutions? (Specify) (a) With Spouse (b) Parent child (c) Between sibling's (d) With other significant family members		
40.	Do you need information as to how your child with mental retardation could effect children?		
AREA – XIII TOTAL SCORE			
AREA XIV – FUTURE PLANNING			
41.	Do you need help in financial planning for your child training and vocational aspects?		
42.	Do you need information on how to transfer your property / savings accounts / pensionary benefits to your child after your death?		

AREA – XIV TOTAL SCORE			
AREA XV – GOVERNMENT BENEFITS AND LEGISLATION			
43.	Do you need information on various government benefits for persons with mental retardation and their families?		
44.	Do you need information on the legislation for persons with mental retardation?		
AREA – XV TOTAL SCORE			