**MODIFIED FAMILY SUPPORT SCALE**

Listed below are people and groups that often are helpful to caregivers of a child with intellectual disabilities. Please tick the box that best describes how helpful these people or groups of people have been to you and your family during the past 6 months.

If any of these people or groups of people are unknown to you, then make a tick in the N/A column

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Person | N/A | Not at all helpful | Sometimes helpful | Generally helpful | Very Helpful | Extremely helpful | Comment |
| 1 | My partner |  |  |  |  |  |  |  |
| 2 | My parents/partner’s parents |  |  |  |  |  |  |  |
| 3 | Extended family |  |  |  |  |  |  |  |
| 4 | My other children |  |  |  |  |  |  |  |
| 5 | Social groups/clubs/church |  |  |  |  |  |  |  |
| 6 | My friends and neighbours |  |  |  |  |  |  |  |
| 7 | My work colleagues  |  |  |  |  |  |  |  |
| 8 | My GP |  |  |  |  |  |  |  |
| 9 | My Disability Team (attached to school or network disability, e.g. OT, SLT, Psychology) |  |  |  |  |  |  |  |
| 10 | My child’s school |  |  |  |  |  |  |  |
| 11 | Home support services |  |  |  |  |  |  |  |
| 12 | Respite services |  |  |  |  |  |  |  |
| 13 | Residential services/care |  |  |  |  |  |  |  |
| 14 | Professional services (e.g. hospital paediatrics, psychiatry) |  |  |  |  |  |  |  |

What else could be helpful in supporting you and your family?

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