Family Leader Training:

**Optional Final Family Well-Being Survey**

Thank you for joining the Family Leader Training! Your strengths will contribute greatly to the success of our global inclusion movement.

Below, you will find an **optional** survey on family well-being, as part of the Special Olympics social-emotional well-being initiative. You will complete the same survey twice: before and after the Family Leader Training. If you opt to complete the initial survey, we kindly request that you also fill out the final survey.

Participation is voluntary, and your information will remain anonymous.

Your responses will be invaluable in identifying how Special Olympics can best support family well-being in the future.

This survey is expected to take **approximately five minutes** of your time. Thank you for your participation.

**Family Well-Being Scale**

Listed below are family members’ feelings when caring for their child with developmental disabilities.

Please indicate if you share these feelings by circling one of the 10 boxes between the two extremes shown.

For example, a score of 1 to the health item would mean you feel your health is very poor. A score of 10 would mean your health is very good. If you feel your health falls somewhere in between, then select a number from 2 to 9.

**Do not think too long over your answer—it is your first reaction we want.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Overall, my health is poor | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Overall, my health is good |
| Feeling Down | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Feeling great |
| Feeling Stressed | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Relaxed |
| I have no friends or others who provide support to me | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | I have friends or others who provide support |
| I find it difficult to look after my child | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | I enjoy looking after my child |
| I find it hard to manage the day-to-day tasks of running a home | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | I can manage the day-to-day tasks of running a home |
| I spend most of my time in the house | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | I get out and about when I want to |
| Overall, my quality of life is poor | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Overall, my quality of life is good |