

Family Caregiver Wants and Needs PRE-Scale (FCWNS)

Youth MACSIS # _____ County _____

In the last six months, how often have you had contact with the kinds of individuals or have experienced the kinds of situations described below:

	Always 5	Almost Always 4	Frequently 3	Sometimes 2	Rarely 1	Never 0
1. A physician or other health care professional who seemed to believe there is something medically wrong with your child?	5	4	3	2	1	0
2. Someone who was responsive to your questions and concerns about medications for your child?	5	4	3	2	1	0
3. A mental health professional who did not blame you for causing your child's problems?	5	4	3	2	1	0
4. Someone who seemed to "understand your point of view" in dealing with problems and concerns arising from services or treatment for your child?	5	4	3	2	1	0
5. Resources that have provided you with helpful information on how to deal with your child's problems?	5	4	3	2	1	0
6. Someone who gave you "tips" about getting your child the help they need?	5	4	3	2	1	0
7. Services that could assist you in helping your child?	5	4	3	2	1	0
8. Someone who helped you deal with the stigma of having a child with difficulties?	5	4	3	2	1	0
9. Support that meets my family's needs?	5	4	3	2	1	0
10. Someone who made you feel you are not alone?	5	4	3	2	1	0

In the last six months, to what extent:

11. Were your family's values and culture taken into account when planning for your child?	5	4	3	2	1	0
12. Were the needs/circumstances of your family considered in this planning?	5	4	3	2	1	0
13. Were you able to influence planning for your child's treatment or services?	5	4	3	2	1	0

Revised 6/20/06