Description of Measure

Purpose
To assess a family member’s perception of family functioning by examining his/her satisfaction with family relationships.

Conceptual Organization
The measure consists of five parameters of family functioning: Adaptability, Partnership, Growth, Affection, and Resolve. (The acronym “APGAR” is comprised of the first letter of each parameter.) The response options were designed to describe frequency of feeling satisfied with each parameter on a 3-point scale ranging from 0 (hardly ever) to 2 (almost always).

Item Origin/Selection Process
The items were developed on the premise that a family member’s perception of family functioning could be assessed by reported satisfaction with the five dimensions of family functioning listed above (Smilkstein, 1978).

Materials

Time Required
Less than five minutes

Administration Method
Interviewer-administered

Training
Minimal
Scoring

Score Types

The scale is scored by summing the values for the five items for a total score that can range from 0 to 10.

Score Interpretation

A higher score indicates a greater degree of satisfaction with family functioning.

Psychometric Support

Reliability

Cronbach’s alpha values reported across studies using Family APGAR have ranged from .80 to .85, and item-to-total correlations ranged from .50 to .65 (Smilkstein, 1978).

Validity

The author’s initial assessment of validity was to establish correlations with the previously validated instrument, the Pless-Satterwhite Index, as well as with clinician reports. The former yielded a correlation of .80, the latter .64 (Smilkstein, 1978).

The Family APGAR questionnaire has been used in numerous studies (mostly clinical) investigating family functioning. A literature search using PsychInfo yielded 16 articles in the past ten years that have used the Family APGAR. In clinical practice, Family APGAR scores have been associated with physician visits, immune responses, emotional distress and depressive symptoms (Bluestein, 1993; Clover, 1989; Greenwald, 1999).

Although it is recommended that Family APGAR scores from each member of a household be collected, it has been suggested that an estimate of family satisfaction by the female head of the household will provide an accurate assessment of family functioning (Chao, 1998). In Chao's study, poorer family satisfaction was highly correlated with poorer individual spirits, greater degree of recent individual stress, poorer subjective rating of health, greater number of office visits, and increased number of missed appointments.
LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only
Age 4: all sites

Respondent

Primary maternal caregiver

Mnemonic and Version

FAMA

Rationale

This instrument was selected because of its acceptable reliability and validity. In addition, in the study by Reeb and colleagues (1987) of low-income Black women, the Family APGAR score was the best predictor of low birthweight and labor complications. The instrument was also chosen because of the ease with which it could be administered.

Administration and Scoring Notes

Longscan changed the scale for the response categories to values of 1 (hardly ever) to 3 (almost always) from Smilkstein's original values of 0 (hardly ever) to 2 (almost always), so that the total score range is 5-15.

Mengel (1987) suggests categorizing the Family APGAR and defines family dysfunction as a score of less than 6. This would translate into a score of less than 9 using the LONGSCAN scoring method.

Results

The table lists the means, standard deviations, and Cronbach’s alpha values on the Family APGAR as reported by the maternal caregivers at the Age 4 interview. Values are listed by race and study site. We observed very few differences in mean scores on the Family APGAR across race and study site. The mean score across all respondents at Age 4 was 12.4. Internal consistency coefficients ranged from .78 to .87.
Several strategies were explored to assess the concurrent validity of the measure. First, we hypothesized that primary maternal caregivers who report high levels of satisfaction with family functioning would also report high amounts of social support, as measured on the Duke-UNC Functional Social Support Questionnaire. This was the case ($r = 0.53$, $p < .0001$).

We also compared the Family APGAR results with the Center for Epidemiologic Studies Depression scale (CES-D), hypothesizing that low satisfaction with family functioning would be associated with higher depression scores among caregivers. The results of t-tests to assess mean depression scores across those who were satisfied with their family functioning and those who were not (using item 1 on the Family APGAR, "I am satisfied that I can turn to my family for help when something is troubling me") showed that maternal caregivers who reported dissatisfaction tended to have significantly higher mean depression scores than those who were satisfied with family functioning ($M = 23.38$ and $M = 11.37$, respectively, $p < .0001$).

References and Bibliography


Table 1. Family APGAR Mean Scores and Cronbach’s Alpha Coefficients by Race and Study Site

**Age 4 Interview**

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<th></th>
<th>N</th>
<th>M (SD)</th>
<th>α</th>
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<tr>
<td><em>Total</em></td>
<td>1142</td>
<td>12.4 (2.58)</td>
<td>.84</td>
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<tr>
<td><strong>Race</strong></td>
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<tr>
<td>White</td>
<td>397</td>
<td>12.4 (2.62)</td>
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<tr>
<td>Black</td>
<td>581</td>
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<td>Hispanic</td>
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<td>12.9 (2.47)</td>
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<tr>
<td>Multiracial</td>
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<td>12.2 (2.68)</td>
<td>.85</td>
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<tr>
<td>Other</td>
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<td>12.5 (2.37)</td>
<td>.78</td>
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<tr>
<td><strong>Study Site</strong></td>
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<tr>
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<tr>
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<tr>
<td>NW</td>
<td>250</td>
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<td>.79</td>
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*Source.* Based on data received at the LONGSCAN Coordinating Center by 7/8/97.