

Self-Sufficiency Scale*

Please rate the following areas according to the dimensions given on the 1 to 10 scale that follows each question.

										Date: _____			
Housing	1 Homeless	2	3	4	5 High risk for loss of own housing	6	7	8	9	10 Stable housing	_____	Score	_____
											1	2	3
Food	1 Depends on food programs.	2	3	4	5 Food needs met with minimal assistance.	6	7	8	9	10 Food needs met without assistance	_____	_____	_____
Clothing	1 Relies on emergency clothing.	2	3	4	5 Clothing needs met with minimal assistance.	6	7	8	9	10 Clothing needs met without assistance.	_____	_____	_____
Health Care	1 Unable to identify health care source.	2	3	4	5 Indigent care.	6	7	8	9	10 Regular private doctor	_____	_____	_____
Mental Health Tx	1 No Tx but apparent problems.	2	3	4	5 Receiving Tx apparent problem.	6	7	8	9	10 Apparent no Tx	_____	_____	_____
Substance Abuse Tx	1 No Tx but apparent problems.	2	3	4	5 Receiving Tx apparent problem.	6	7	8	9	10 Apparent no Tx	_____	_____	_____
Support Network	1 None available.	2	3	4	5 Few friends or relatives.	6	7	8	9	10 Active support network.	_____	_____	_____
Child Care	1 None available.	2	3	4	5 Some care available.	6	7	8	9	10 Adequate care with backup.	_____	_____	_____
Transpor- tation	1 None available.	2	3	4	5 Unreliable car/ public transportation.	6	7	8	9	10 Car &/or accessible public transportation.	_____	_____	_____
Education	1 Illiterate	2	3	4	5 Working on GED.	6	7	8	9	10 Post High School.	_____	_____	_____
Training	1 None	2	3	4	5 Currently in training/ semi-skilled.	6	7	8	9	10 Skilled, certified or degreed.	_____	_____	_____
Employment	1 Unemployed w/ poor work hx.	2	3	4	5 Irregular Employment.	6	7	8	9	10 Stable employment with benefits.	_____	_____	_____
Legal Problems	1 Current felony charges.	2	3	4	5 Charges, fines pending.	6	7	8	9	10 No hx of legal problems.	_____	_____	_____
Financial	1 No income	2	3	4	5 Inconsistent income &/or large debts.	6	7	8	9	10 Stable income, good credit, no large debts.	_____	_____	_____
Super- vision	1 Unmet supervision requirements.	2	3	4	5 Case Mgt/ Asst. Living.	6	7	8	9	10 None indicated.	_____	_____	_____
Recre- ation	1 No active rec activities.	2	3	4	5 Occasional rec activities.	6	7	8	9	10 Regular recreational activities.	_____	_____	_____

Rater _____

Overall situation at Follow-up. _____
Worse
No Change
Improved

* R.M. Nooe & Associates for Knoxville-Knox Co. CAC-Family Support. April 1997