

Please fill out abstract if you have not done so already

Family Inventories Abstract Form

Your completed Abstract should include all of the items below. You can simply type this information and send it to us via fax (651 636-1668) or e-mail (cs@prepare-enrich.com). Please return when requesting permission to use or copy any of the Inventories.

- Name
- Address
- City, State, Zip
- Phone #
- Fax #
- E-mail Address
- Abstract Date
- Start Date

- Title of Project*
- Brief Description
- Theoretical Variables
- Sample: Type of Group(s)
Sample Sizes
- Design
- Methods (Check All Scales Being Used)

Self-Report Scales:

- | | |
|--|--|
| <input type="checkbox"/> Family Strengths | <input type="checkbox"/> Three Couple Scales (P/E) |
| <input type="checkbox"/> Family Satisfaction | <input type="checkbox"/> Group Assessment Package |
| <input type="checkbox"/> Quality of Life | <input type="checkbox"/> FACES II |
| <input type="checkbox"/> Parent-Adolescent Communication | <input type="checkbox"/> FACES III |
| <input type="checkbox"/> Couple Satisfaction Scale | |
| <input type="checkbox"/> Couple Communication Scale | |
| <input type="checkbox"/> Couple Conflict Resolution Scale | |
| <input type="checkbox"/> Couple Financial Management Scale | |
| <input type="checkbox"/> Couple Leisure Activities Scale | |
| <input type="checkbox"/> Couple Roles & Responsibilities Scale | |
| <input type="checkbox"/> Couple Spiritual Beliefs Scale | |
| <input type="checkbox"/> Couple Sexual Relationship Scale | |

Observation Scale:

- Clinical Rating Scale on Circumplex Model

**If you are using a scale for clinical work, and not research, please describe the setting and clientele with which you will be using the scale(s).*

Also indicate if you wish to be kept on our mailing list?