

Family APGAR (FAPGAR) (prepared by Kathleen Sawin, PhD, RN, CPNP-P, FAAN)

Title of Measure: Family APGAR (FAPGAR)

Website:

- <https://www.smartcarebhcs.org/the-family-apgar-dimensions-of-family-functionality-5-21-21/> (not official website for Family APGAR but includes definition of 5 dimensions and the 5 items)
- <https://www.meddean.luc.edu/lumen/meded/family/apgar1.pdf> (copy of measure)

Reference for original article(s) describing how the measure was developed and tested:

- Smilkstein, G. (1978) The Family Apgar: A proposal for a family function test and its use by physicians, *The Journal of Family Practice*, 6(6), 1231-9.
- Austin, J. K., & Huberty, T. J. (1989). Revision of the Family APGAR for use by 8-year-olds. *Family Systems Medicine*, 7(3), 323–327. <https://doi.org/10.1037/h0089774>
- Shapiro, J., Neinstein, L. S., & Rabinovitz, S. (1987). The family APGAR: Use of a simple family-functioning screening test with adolescents. *Family Systems Medicine*, 5(2), 220-227. <http://dx.doi.org.ezproxy.lib.uwm.edu/10.1037/h0089708>

Purpose/Background:

- The family APGAR was designed to test five areas of family function.
- It was developed by Smilkstein in 1978 and later revised by Austin for children as young as 8. Both instruments are in the public domain and can be used without further permission but developers should be acknowledged using citations in reference list
- Each instrument has 5 Questions Adaptation, Partnership, Growth, Affection, Resolve. Initially designed to capture 5 different domains but later shown to reflect a single domain –satisfaction with family

Psychometrics:

- Consistent high internal reliabilities for both adult and child versions ($\alpha=.80-.90$); acceptable test-retest reliability test-retest reliability ($r=.83$). Item to total correlations for both versions support a single construct.
- Some reoccurring questions about validity—especially in the ability to identify families with dysfunction in a clinical setting [1] . Evaluation of the instrument in Japan indicated that the FAPGAR measures the family cohesion domain of the FACES. Further these investigators concluded that the APGAR, especially the Resolve item, could be useful in treating youth with family issues [17]. Nagamne (2016) in the same country used the FAPGAR to study dysfunction in caregivers of persons with Dementia.

Scoring Procedure:

- 5-category response pattern suggested for research: 0=never; 1=hardly; 2=some of the time, 3=almost always, 4=always. For practice, a 3-category response pattern has been supported by developer 0-2 (never, some of the time, always).

Norms/Comparative Data: no published norms but used extensively

Populations the measure has been used with:

- Adults children, multiple nationalities (far east, Japanese, Chinese) and broad range of adults throughout the world)
- Families of children with Duchenne muscular dystrophy
- Female flight attendants
- Adolescents/young adults with spina bifida
- Siblings of youth with spina bifida
- Families of cardiac patients
- Mothers of hospitalized medically fragile infants
- Thai women with breast cancer
- Adolescents and young adults with uncomplicated epilepsy and healthy controls

- Healthy school-age children with asthma and diabetes, and healthy children
- HIV-infected women
- Families of children with a genetic condition
- Caregivers of people with neurocognitive symptoms
- Individuals with heart failure and a family member
- Iranian Older People

Languages the measure is available in:

- Chinese
- English
- Japanese
- Spanish

Strengths and Limitations of the measure:

- Strengths:
 - Simplicity and ease of administration.
 - Clear unidimensional concept (satisfaction with components of family functioning).
 - Adult and child versions. Adult effective for adolescents [17].
- Limitations:
 - May not identify “dysfunctional families” (low satisfaction may not be dysfunction).
 - Mixed results in Japan Evaluation of the instrument in Japan indicated that the FAPGAR measures the family cohesion domain of the FACES. Further these investigators concluded that the APGAR, especially the Resolve item, could be useful in treating youth with family issues [18]. Nagamne [19]. in the same country used the FAPGAR to study dysfunction in caregivers of persons with Dementia
- **References for articles that include a discussion of strengths and limitations of the measure:**
 - Sawin K. J. (2016). Measurement in Family Nursing: Established Instruments and New Directions. *Journal of Family Nursing*, 22(3), 287–297. <https://doi.org/10.1177/1074840716656038>
 - Smilkstein, G., Ashworth, & Montano, D. (1982). Validity and reliability of the Family APGAR as a test of family function. *The Journal of Family Practice*, 15(2), 303-311.

References for articles by IFNA members and others who have used the measure:

- Bellin, M. H., Zabel, T. A., Dicianno, B. E., Levey, E., Garver, K., Linroth, R., & Braun, P. (2010). Correlates of depressive and anxiety symptoms in young adults with spina bifida. *Journal of Pediatric Psychology*, 35(7), 778–789. <https://doi.org/10.1093/jpepsy/jsp094>
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- Hanprasitkam K, Wonghongkul T, Sucamvang K & Panya P. (2007). Factors predicting fatigue among Thai women with breast cancer. *Thai Journal of Nursing Research*, 11(1), 1-14.
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- Karimi, Z., Taheri-Kharameh, Z., & Shariffard, F. (2022). Cultural Adaption and Psychometric Analysis of Family APGAR Scale in Iranian Older People. *Korean journal of family medicine*, 43(2), 141–146. <https://doi.org/10.4082/kjfm.21.0028>
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- Latham, B.C., Sowell, R.L., Phillips, K.D., & Murdaugh, C. (2001). Family Functioning and Motivation for Childbearing among HIV-Infected Women at Increased Risk for Pregnancy. *Journal of Family Nursing*, 7(4):345-370. <https://doi.10.1177/107484070100700403>
- Nagamine. T. (2016). Family functioning among caregivers of dementia people with neurocognitive symptoms: A study using Smilkstein's Family APGAR items, *International Medical Journal* 23, 306-8
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