



## Healthy Families Healthy Futures

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### (Set 1) IT WOULD MAKE A DIFFERENCE IN MY LIFE IF I HAD...

Family ID # .....

Date (month, day year) .....

**After first sort:** Put check mark in the "No" or "Yes" column.

**After second sort:** Note the ranking of the top 5 items in the "Rank" column.

	No	Yes	Rank	
1.	_____	_____	_____	Someone to help me take care of my child.....
2.	_____	_____	_____	Dependable transportation .....
3.	_____	_____	_____	More education .....
4.	_____	_____	_____	Legal help .....
5.	_____	_____	_____	Housing .....
6.	_____	_____	_____	Money to buy necessities .....
7.	_____	_____	_____	Food.....
8.	_____	_____	_____	Medical Care .....
9.	_____	_____	_____	Time to get enough sleep .....
10.	_____	_____	_____	Someone to accept my child no matter how he/she acts .....
11.	_____	_____	_____	Somewhere else to live .....
12.	_____	_____	_____	Time for fun.....
13.	_____	_____	_____	Time to be by myself .....
14.	_____	_____	_____	Enough clothes.....
15.	_____	_____	_____	A real friend .....
16.	_____	_____	_____	Someone to hassle with agencies when I can't .....
17.	_____	_____	_____	More control of my life.....
18.	_____	_____	_____	Drug or alcohol treatment .....
19.	_____	_____	_____	A dependable relationship .....
20.	_____	_____	_____	A telephone or access to a phone .....
21.	_____	_____	_____	Affordable day care .....
22.	_____	_____	_____	A good job .....
23.	_____	_____	_____	Personal safety.....
24.	_____	_____	_____	Someone to lend me money.....
25.	_____	_____	_____	Freedom from abuse.....
26.	_____	_____	_____	Someone to talk to about the things that worry me .....
27.	_____	_____	_____	Safe day care .....
28.	_____	_____	_____	A good partner .....
29.	_____	_____	_____	Wild Card .....
30.	_____	_____	_____	Birth control I can depend on.....
31.	_____	_____	_____	Birth control that works .....

# Needs Assessment Scale: The Difference Game

## Introduce the Difference Game this way:

Bring out the cards and say:

This is what we call the "Difference Game". Each of the cards says, "It would make a difference in my life if I had:" and contains something that might make a difference in your life. I'd like you to divide the cards into two piles. Make one pile of things that would **not** make a difference in your life (the No pile). These may be things that you already have or things you are not interested in having. The other pile (the Yes pile) is things you need or want. These are **not necessarily things you would value or wish for**, but things that would **currently** make a difference for you if you had them. Please base your choices on what's important to you and not to someone else, or because society values it or because it's expensive, etc.

After the cards are in two piles, put the No pile away and ask mom to choose the five most important needs, those that would make the most difference in her life. Once she has selected the top five, ask her to put these five in order of importance, with #1 being her first choice, and so on. After she has selected and handed the cards to you, complete the assessment form.

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## DIRECTIONS FOR ASSEMBLING DIFFERENCE GAME CARDS

1. Make a single-sided copy of the cards.
2. Cut cards apart before lamination, so that there will be a clear laminated border around each card.
3. Number them on the back to correspond with the Difference Game scoring sheet.
4. Take to any office supply store or copy center that offers laminating.
5. Cut the sheets of laminated cards apart.