

About this questionnaire

Every child is different, and parents or carers have different experiences and opinions. It is important that we find out from parents themselves what it is like to bring up and care for a child, particularly if your child has some sort of problems.

These questions are all about everyday life which you and your child experience. They should help us to find out if you have any difficulties, and how severe they are.

I have tried to make filling in this questionnaire as simple as possible. You should only tick **one** answer to each question. It will tell you in the question what to do.

There are also spaces for your comments, and I am very interested in what you have to say.

It should take no more than 20 minutes to fill in the questionnaire.

Thank you!

About your child

These questions are about your child and the ways in which you look after him/her.

If your child has any sort of problem, please state the diagnosis which you have been given or tell me in your own words what is wrong with your child.

1. For **each** of the following activities, please tick **one** of the spaces to indicate how much help you would normally give to your child to complete that activity.

	No help given	Prompting only, no help	Some help/ supervision given	Has to be done for him/her
Washing hands	_____	_____		

4. Many children squabble or quarrel with their friends or their brothers and sisters when they are playing together. Please tick **one** response which you feel best fits your child:

- [i] gets on well with other children; any squabbles or quarrels are trivial
- [ii] moderate difficulties when playing with other children; activities are often disrupted
- [iii] virtually never plays with other children without quarrelling

5. Apart from watching TV, did your child settle down to playing with any games or toys yesterday (with or without you or other children)?

(Please tick **one** of the following)

- [i] played well for more than an hour
- [ii] played for between half an hour and one hour
- [iii] played between fifteen minutes and half an hour
- [iv] played for fifteen minutes or less
- [v] did not play at all

6. How much time did your child spend yesterday occupying himself/herself (alone in a room, while you were in another room) without you going in to check on him/her?

(Please tick **one** of the following)

- [i] more than an hour
- [ii] between thirty minutes and one hour
- [iii] between fifteen minutes and thirty minutes
- [iv] for fifteen minutes or less
- [v] unable to leave even for a moment

7. Most children are sometimes difficult to manage. They can have temper tantrums or their

Contact with services and people

These questions are about the people that you as a parent may see about your child. We would like to know whom you see and how much of your time is taken up with meeting them.

30. **In the last month**, how many visits have you had **at home** from professionals involved with your child (such as health visitor, community nurse, social worker, home help etc.)? Please circle **one** of the following:

0	1 – 4	5 – 8
9 12	13+	

31. **In the last month**, how often have you had to make contact with professionals (by phone or by letter) to ask them for help because of your child's difficulties? Please circle one of the following:

0	1 – 4	5 – 8
9 12	13+	