

## PARENT QUESTIONNAIRE

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

A: Medical Concerns:

1. Please explain your reason for bringing your child for an inpatient stay on the epilepsy unit or to the Minnesota Epilepsy Group Outpatient Clinic.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you believe to be your child's problem or disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any worries or fears about what may have caused your child's difficulty?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please check one of the following: How is your child's health at the present time?

\_\_\_\_\_ Very Good    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

If poor, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. When did you first start worrying about your child's development?

\_\_\_\_\_  
\_\_\_\_\_

6. Have arrangements to get treatment facilities been difficult for you? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. When you asked questions about your child's problem/disability, were they answered to your satisfaction? How? Which questions were never answered?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How do you explain your child's problem/disability to people? Does this cause you to be uncomfortable? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Family Concerns:**

1. a) How has this child affected your social life and emotions?

Are your family's leisure activities restricted? \_\_\_\_\_  
\_\_\_\_\_

b) Have you found someone or some place you are comfortable leaving your child for short or long periods of time? Who or where? \_\_\_\_\_  
\_\_\_\_\_

2. a) How has this child affected your spouse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) How has this child affected your relationship with your spouse? \_\_\_\_\_  
\_\_\_\_\_

c) In what areas do you and your spouse disagree about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Does your child know you disagree? \_\_\_\_\_

e) When it comes to decisions about this child, who has the most say? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (\_\_ ) Father has all the say
- (\_\_ ) Father has the most, but mother has some
- (\_\_ ) Both have about the same
- (\_\_ ) Mother has the most, but father has some
- (\_\_ ) Mother has all the say
- (\_\_ ) Someone else, who? \_\_\_\_\_

3. How do the other children in the family feel about this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How is the child getting along with other children and adults? \_\_\_\_\_  
\_\_\_\_\_

5. What have been the most difficult problems for you in caring for this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. a) How often do you feel frustrated by your child?  
(\_\_\_\_) Most of the time (\_\_\_) Half the time (\_\_\_) Seldom (\_\_\_) Never

b) When do you feel frustrated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list specific activities you enjoy doing with your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How do you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. School/Therapy Concerns:

1. What problems does your child have that you would like help with? Be specific. (Examples: Toilet training, feeding, balance, reading, behavior, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What questions or concerns do you have regarding your child's educational needs and school program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a) Is your child receiving occupational or physical therapy? \_\_\_\_\_  
Speech therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Is it enough in your opinion? \_\_\_\_\_