

PARENT QUESTIONNAIRE

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

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

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?

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B. Family Concerns:

1. a) How has this child affected your social life and emotions?  
Are your family's leisure activities restricted?

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

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

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

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

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

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

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- 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?

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

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

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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? \_\_\_\_\_

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

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

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

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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.)

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

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

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