

Care and comfort questionnaire

Child's name: _____

CHI: _____

Name of person completing form: _____

Date: _____

Please rate how easy or difficult it has been for you or your child in the past 2 weeks to perform the following tasks:

Personal care

| | Very easy -----Impossible | | | | |
|--|---------------------------|---|---|---|-----|
| 1. Putting on pants/trousers? | 1 | 2 | 3 | 4 | N/A |
| 2. Taking off pants/trousers? | 1 | 2 | 3 | 4 | N/A |
| 3. Putting on a shirt? | 1 | 2 | 3 | 4 | N/A |
| 4. Changing nappy? | 1 | 2 | 3 | 4 | N/A |
| 5. Ease of sitting on a toilet seat? | 1 | 2 | 3 | 4 | N/A |
| 6. Ease of sitting in a bath, with or without equipment? | 1 | 2 | 3 | 4 | N/A |
| 7. Ease of bathing? | 1 | 2 | 3 | 4 | N/A |
| 8. Ease of self-feeding? | 1 | 2 | 3 | 4 | N/A |
| 9. Ease of feeding? | 1 | 2 | 3 | 4 | N/A |

Positioning/ Transferring

| | | | | | |
|--|---|---|---|---|-----|
| 1. Ease of positioning in a wheelchair? | 1 | 2 | 3 | 4 | N/A |
| 2. Ease of positioning in other equipment (standing frame) | 1 | 2 | 3 | 4 | N/A |
| 3. Ease of transferring in and out of wheelchair? | 1 | 2 | 3 | 4 | N/A |
| 4. Ease of putting on orthoses or positioning devices? | 1 | 2 | 3 | 4 | N/A |
| 5. Ease of controlling his/her wheelchair? | 1 | 2 | 3 | 4 | N/A |
| 6. Ease of getting in or out of a car? | 1 | 2 | 3 | 4 | N/A |

Comfort

| | Never ----- Always | | | | |
|---|--------------------|---|---|---|-----|
| 1. Is there pain or discomfort during position change? | 1 | 2 | 3 | 4 | N/A |
| 2. Is there pain or discomfort during nappy? | 1 | 2 | 3 | 4 | N/A |
| 3. Does pain or discomfort prevent your child from participating in activities? | 1 | 2 | 3 | 4 | N/A |
| 4. Is your child using pain control medicine? | 1 | 2 | 3 | 4 | N/A |
| | Always ----- Never | | | | |
| 5. Does your child sleep through the night? | 1 | 2 | 3 | 4 | N/A |

Interaction/ Communication

| | Very easy -----Impossible | | | | |
|---|---------------------------|---|---|---|-----------|
| 1. How easy is it for your child to extend arms to reach communication devices? | 1 | 2 | 3 | 4 | N/A |
| 2. How easy is it for your child to play alone? | 1 | 2 | 3 | 4 | N/A |
| 3. How easy is it for your child to play with other children? | 1 | 2 | 3 | 4 | N/A |
| 4. How easy is it for your child to be completely understood by those who know your child well? | 1 | 2 | 3 | 4 | N/A |
| 5. Does your child have a problem with drooling? | Never | 1 | 2 | 3 | 4 Soaked |
| 6. My child's self-esteem is | Outstanding | 1 | 2 | 3 | 4 Awful |
| 7. Describe your child. | Very happy | 1 | 2 | 3 | 4 Unhappy |