



**PARENT QUESTIONNAIRE**

PID No.

RN Study ID

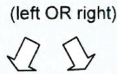
Today's Date  /  /   
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**Quality of Life Questionnaire**

Please tick **ONE BOX** on each line -

- \* Tick the **LEFT BOX** if you agree more with the statement on the **LEFT**
- \* Tick the **RIGHT BOX** if you agree more with the statement on the **RIGHT**

Please tick **ONE BOX** on each line



<b>1</b>	Your child can't join in some activities with other children	<input type="checkbox"/>	<input type="checkbox"/>	Your child is not limited in joining in activities with other children
<b>2</b>	Your child is very moody	<input type="checkbox"/>	<input type="checkbox"/>	Your child is not very moody
<b>3</b>	Your child cannot be comforted	<input type="checkbox"/>	<input type="checkbox"/>	Your child is quite settled
<b>4</b>	Your child sleeps badly most nights	<input type="checkbox"/>	<input type="checkbox"/>	Generally, your child sleeps very well

**Additional Social Economic Question:**

Thinking about the cost of living and how it affects your household, which of the following would best describe your situation?

- Quite comfortably off
- Able to manage without much difficulty
- Have to be careful about money
- Find it a strain to get by from week to week
- Do not wish to answer

Once completed this form should be faxed to: 029 2068 7612

**For SEWTU use only:** Received  /  /  Received by:  Entered onto database  /  /  Entered by:   
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