



Minnesota Epilepsy Group, P. A.

225 Smith Ave N., Suite 201 Saint Paul, MN 55102 (651) 241-5290

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? _____

Page 3
Parent Questionnaire

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? _____