

CPQOL

Cerebral Palsy Quality of Life

Version 2 July 2013

Quality of Life Questionnaire
for Children (CP QOL-Child)

Primary Caregiver Questionnaire
(4-12 years)



Quality of Life Questionnaire for Children (CP QOL-Child)

Primary Caregiver Questionnaire (4-12 years)

We want to ask you some questions about how you think your child FEELS about aspects of their life such as family, friends, health and school. Each question begins with “How do you think your child FEELS about.....?” It is important for you to report how you believe your child feels. Sometimes it is difficult to know how your child is feeling. Please just try and answer as best as you can.

For each question we want you to circle the best number that shows how you think your child FEELS. You can circle any number from 1 (Very unhappy) to 9 (Very happy).

This questionnaire is measuring how your child feels, not what they can do.

Here is an example:

Q. How do you think your child feels about...

.....
their ability to play games with other children

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

Family & Friends

Q. How do you think your child feels about...

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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the way they get along with people generally?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way they get along with you?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way they get along with their brothers & sisters?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

OR *my child doesn't have any brothers or sisters*

the way they get along with other children at preschool or school? (If your child attends more than one school, please think about the school where your child spends the most time).

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

OR *my child does not attend preschool or school*

the way they get along with other children outside preschool or school?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way they get along with adults?

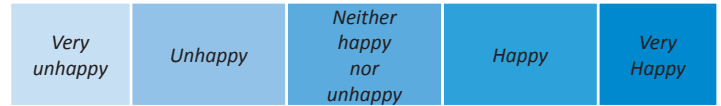
1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way they get along with their teachers and/or carers?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Family & Friends

Q. How do you think your child feels about...



their ability to play on their own?



their ability to play with friends?



going out on trips with families?



how they are accepted by their family?



how they are accepted by other children at preschool or school? (If your child attends more than one school, please think about the school where your child spends the most time).



OR my child does not attend preschool or school

how they are accepted by other children outside of preschool or school?



how they are accepted by adults?



how they are accepted by people in general?



being able to do things they want to do?



Participation

Q. How do you think your child feels about...

their ability to participate at preschool or school? (If your child attends more than one school, please think about the school where your child spends the most time).

OR my child does not attend preschool or school

their ability to participate in recreational activities?

their ability to participate in sporting activities? (This question is asking how your child feels about their ability to participate in sport, not whether they can participate).

their ability to participate in social events outside of preschool or school?

their ability to participate in their community?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

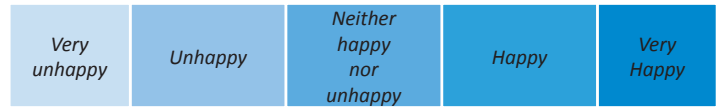
1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Communication

Q. How do you think your child feels about...



the way they communicate with people they know well (using any means of communication)?



the way they communicate with people they don't know well (using any means of communication)?



the way other people communicate with them?



Health

their physical health?



the way they get around?



how they sleep?



the way they look?



their ability to keep up academically with their peers?



their ability to keep up physically with their peers?



Health

Q. How do you think your child feels about...

Very unhappy	Unhappy			Neither happy nor unhappy	Happy			Very Happy
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their life in general?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

themselves?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

their future?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

their opportunities in life?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

The next 3 questions are asking how your child feels about using parts of their body, not whether your child can use part of their body.

the way they use their arms?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way they use their legs?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way they use their hands?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

The next 3 questions are asking how your child feels about their ability to complete daily activities, not whether your child can complete the activities.

their ability to dress themselves?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

their ability to drink independently?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

their ability to use the toilet by themselves?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Special Equipment

Q. How do you think your child feels about...

the special equipment they have at home (e.g. special seating, standing frames, wheelchairs, walkers)?

OR my child does not have any special equipment at home

the special equipment they have at their school? (e.g. special seating, standing frames, wheelchairs, walkers)?

OR my child does not have any special equipment at school

the special equipment that is available in the community (ramps, escalators, wheelchair access)?

OR my child does not need any special equipment in the community

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Pain and Bother

The next few questions ask about things that may bother your child.

	<div style="border: 1px solid #ccc; background-color: #e0f0ff; padding: 2px; font-size: 8px;">Not bothered at all</div>		<div style="border: 1px solid #ccc; background-color: #0070c0; color: white; padding: 2px; font-size: 8px;">Very bothered</div>						
<i>Is your child bothered by hospital visits?</i>	1	2	3	4	5	6	7	8	9
<i>Is your child bothered when they miss school for health reasons?</i>	1	2	3	4	5	6	7	8	9
<i>Is your child bothered by being handled by other people?</i>	1	2	3	4	5	6	7	8	9
<i>Does your child worry about who will take care of them in the future?</i>	Never	Rarely	Sometimes	Often	Always				
	1	2	3	4	5				

Some final questions about your child

Is your child concerned about having cerebral palsy?

Not concerned at all									Very concerned
1	2	3	4	5	6	7	8	9	

How much pain does your child have?

No pain at all									A lot of pain
1	2	3	4	5	6	7	8	9	

How does your child feel about the amount of pain they have?

Not upset at all									Very upset
1	2	3	4	5	6	7	8	9	

How much discomfort does your child experience?

No discomfort at all									A lot of discomfort
1	2	3	4	5	6	7	8	9	

How happy is your child?

Very unhappy			Neither happy nor unhappy			Very happy		
1	2	3	4	5	6	7	8	9

Access to Services

The next set of questions are about YOU and how you feel about your access to services

Q. How do you feel about...

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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your child's access to treatment?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your child's access to therapy (for example, physiotherapy, speech therapy, occupational therapy)?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your child's access to specialised medical or surgical care?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to get advice from a paediatrician?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your access to respite care?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

OR I have never tried to access respite care
(Please skip the next two questions on respite)

the amount of respite care you receive?

1	2	3	4	5	6	7	8	9
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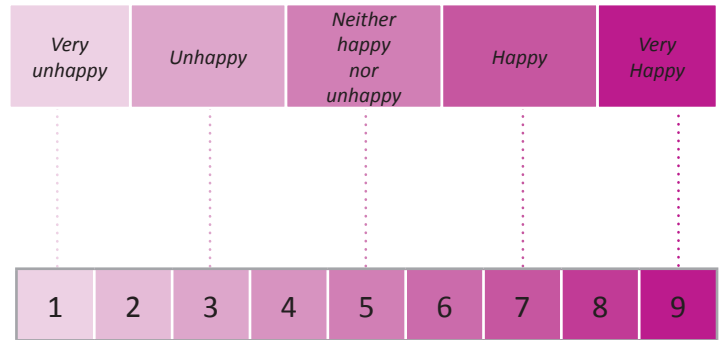
how easy it is to get respite?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Access to Services

Q. How do feel about...

your child's access to community services and facilities (e.g. kindergarden, childcare, after-school programs, holiday programs, community based groups such as cubs and brownies)?



your child's access to extra help with learning at preschool or school?



Your Health

your physical health?



your work situation?



your family's financial situation?



How happy are you?



How confident are you that you can report how your child feels?



Thank you for helping us with our questions

