

Effect of Child's Disability on Family Members Interview

Child's name _____ Person completing form _____ Today's date _____

Mother

In which ways are you involved in the medical and educational care of your child? _____

How do you take care of yourself (e.g., sleep, exercise, work, respite care, recreation time)? _____

Who in the immediate and extended family, as well as close friends, is trained to care for the child (i.e., the alternate caregivers who can reduce the primary caregiver's burden)? _____

What written information do you have on services in your clinic or in your community that are specific to your child and family? _____

Who is coordinating services? _____

How are services coordinated among all caregivers (e.g., school programs, therapists, family members) so that everyone is working toward the same goals? _____

Have you met other families similar to yours? _____

What worries you about how your child with a disability or chronic condition may be affecting your marriage? Do you worry about whether to have more children? _____

What plans do you have for yourself, your child, and your family? _____

Father

In which ways are you involved in the medical and educational care of your child? _____

How do you take care of yourself (e.g., sleep, exercise, work, respite care, recreation time)? _____

Who in the immediate and extended family, as well as close friends, is trained to care for the child (i.e., the alternate caregivers who can reduce the primary caregiver's burden)? _____

What written information do you have on services in your clinic or in your community that are specific to your child and family? _____

Who is coordinating services? _____

How are services coordinated among all caregivers (e.g., school programs, therapists, family members) so that everyone is working toward the same goals? _____

(continued)

Effect of Child's Disability on Family Members Interview (continued)

Have you met other families similar to yours? _____

What worries you about how your child with a disability or chronic condition may be affecting your marriage? Do you worry about whether to have more children? _____

What plans do you have for yourself, your child, and your family? _____

Brothers and/or Sisters

What chores do you and your sister or brother with special needs do around the house? _____

In which ways do you help out with your sister or brother? _____

How are you doing in school? Are you doing as well as you would like to be doing? _____

Who are your friends? What do you and your best friend like to do? _____

I am going to start a sentence, and I want you to finish it:

"Sometimes I really need . . ."

"The best thing about my family is . . ."

"What I want my parents to know about being a sister or brother [of a child with disabilities or chronic conditions] is . . ."

"I feel sad when . . ."

Grandparents

Is there a family history of this disability or condition in your family? _____

What do you worry about for your son or daughter (i.e., as the parent of a child with disabilities or chronic conditions)? _____

What can you do for the family? _____

What are you *unable* to do for the family? _____
