



## FAMILY IMPACT QUESTIONNAIRE

Name of child receiving services \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Number of years child has received therapy services \_\_\_\_\_ overall \_\_\_\_\_

Programs in which your child has participated (circle all that apply):

OT   PT   Speech   Early Intervention   Special Education   Other \_\_\_\_\_

Person completing the questionnaire: \_\_\_\_\_

Relationship to child: mother \_\_\_\_\_ father \_\_\_\_\_ other (specify) \_\_\_\_\_

**Please answer the following questions in relation to how things are going for your child and family now. Think about the last month or so (rather than the entire last year or just the last day or two.) If your child has been sick, or has experienced some unusual event (e.g. the loss of a long time caregiver) try to answer the questions in terms of how things were going just before this event.**

	ALWAYS	OFTEN	SOMETIMES	RARELY	NEVER	N/A
<b>1. Does your child:</b>						
a. play with friends?						
b. make and keep friends?						
c. relate to being part of the family?						
d. interact and play with siblings?						
e. interact with parents and significant adults?						
f. communicate needs, wants, and interests effectively?						

	ALWAYS	OFTEN	SOMETIMES	RARELY	NEVER	N/A
g. "fit in" with peers?						
<b>2. How often do the following daily household routines run smoothly for your child and family?</b>						
a. getting ready to go somewhere						
b. leaving the house in the morning						
c. meal preparation and cleanup						
d. mealtimes						
e. getting ready for and going to bed						
f. bathing and grooming activities						
<b>3. How often do the following experiences go smoothly for your child and family?</b>						
a. running errands						
b. leaving to go out on overnight trips						
c. shopping trips for groceries or clothes						
d. dining out						
e. birthday parties						
f. recreational activities such as bike riding or ball games						
g. family outings such as going to the park, museum or the movies						
h. family gatherings (e.g. holidays, weddings, birthdays, etc.)						
i. vacations						
j. spontaneous outings						
k. following through with plans (i.e. not having to cancel at the last minute)						

	ALWAYS	OFTEN	SOMETIMES	RARELY	NEVER	N/A
l. taking your child with you rather than leaving him or her at home						
<b>4. Considering your child's special needs, is your family able to:</b>						
a. find and keep a babysitter?						
b. socialize with extended family?						
c. socialize with friends?						
d. stay involved with the community?						
e. participate in the neighborhood?						

**Comments: (Please include any areas that you think are significant for your family. Use other side if necessary)**