**Parent/ Carer Questionnaire for Children’s Community Occupational Therapy Service**

Please complete this questionnaire and return to [coch.paediatricotquestionnaires@nhs.net](mailto:coch.paediatricotquestionnaires@nhs.net) A virtual consultation will then be arranged. If you require support to complete this questionnaire or require a paper copy, please contact 01244 363260. Please answer these questions in as much detail as possible to enable the Occupational Therapist to fully understand your child’s needs. Questionnaire must be completed and returned prior to the virtual consultation.

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| **Childs First Name:** | **Childs Surname:** |
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| **Childs DOB:** | **Childs Age:** |
|  |  |
| **Childs NHS Number (if known):** | **Person Completing Questionnaire:** |
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| 1. **Gross Motor Skills** | | | |
| **What age did your child reach the following milestones?** | | | |
| Sitting: |  | Standing: |  |
| Crawling: |  | Walking: |  |
| **Does your child have any difficulties walking/ running?** (Please provide detail) | | | |
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| **Does your child have any difficulties using the stairs?** (Please provide detail) | | | |
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| **Does your child enjoy joining in with physical activities e.g. PE, outdoor play?** (Please provide detail) | | | |
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| **Does your child seem constantly on the move?** (Please provide detail) | | | |
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| **Does your child tire easily or have a weak grasp?** (Please provide detail) | | | |
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| **Does your child confidently play on equipment at park/nursery/school?** (Please provide detail) | | | |
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| **Does your child seem unrealistically afraid of small heights or fears falling?** (Please provide detail) | | | |
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| 1. **Fine Motor Skills** | | | |
| **Does your child have a dominant hand?** (Left/ Right) | | | |
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| **Can your child manipulate small objects (e.g. toys, phone/tablet, buttons, build with bricks etc.)?** (Please provide detail) | | | |
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| **Can your child control pencils and crayons to draw and write?** (Please provide detail) | | | |
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| **Can your child use scissors?** (Please provide detail) | | | |
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| 1. **Self-Care** | | | |
| **Dressing** | | | |
| **Does your child dress and undress themselves independently?** (Please provide detail e.g. what help is required and how often.) | | | |
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| **Does your child manage to fasten buttons, zips etc.?** (Please provide detail) | | | |
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| **Personal Care** | | | |
| **Is your child happy to have a bath or shower?** (Please provide detail) | | | |
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| **Is your child happy to wash and brush their hair?** (Please provide detail e.g. can they do it for themselves or need help?) | | | |
|  | | | |
| **Is your child happy to clean their teeth?** (Please provide detail e.g. can they do it for themselves or need help?) | | | |
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| **Toileting** | | | |
| **Is your child dry by day (i.e. no nappy)? Is your child dry at night?** (Please provide detail) | | | |
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| **Does your child go to the toilet independently including managing their clothing?** (Please provide detail) | | | |
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| **Does your child have any difficulty wiping their bottom?** (Please provide detail) | | | |
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| **Eating and Drinking** | | | |
| **Does your child have a good appetite? Eat a healthly balanced diet?** (Please provide detail) | | | |
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| **Where does your child eat their meals e.g. kitchen table?** (Please provide detail) | | | |
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| **Does your child eat and drink from a regular cup/plate?** (Please provide detail) | | | |
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| **What cutlery does your child use to eat with?** (Please provide detail) | | | |
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| **How does your child behave/eat at meal times?** (Please provide detail) | | | |
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| 1. **Education** | | | |

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| **Which Nursery/ School does your child attend?** | **Which year group is your child in?** |
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| --- | --- |
| **Does your child have any difficulties at school that either you or school are concerned about?** (Please provide detail) | |
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| **Does your child have any learning or educational needs that you are aware of?** (Please provide detail) | |
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| **Does your child have any extra support in school?** (Please provide detail) | |
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| **Does your child have an EHCP/Statement?** (Please provide detail) | |
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| 1. **Play** | |
| **What games /toys does your child like to play with?** (Please provide detail) | |
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| **What activities does your child enjoy / participate in? Do they attend any after school/ out of school clubs e.g. dance, sports, cubs/scouts etc.?** (Please provide detail) | |
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| **Can they ride a bike without stabilisers? If so at what age?** (Please provide detail) | |
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| **Does your child enjoy playing with others?** (Please provide detail) | |
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| 1. **Environment** | |
| **Accommodation** (Please provide detail e.g. type of property, access) | |
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| **Who else lives in the household?** (Please provide detail including ages of any other children) | |
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| **Do you have people who informally/ formally support? Do you or your child attend any support groups?** (Please provide detail) | |
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| 1. **Sleep** | |
| **Does your child have a bedtime routine?** (Please provide detail) | |
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| **Does your child have any difficulty sleeping?** (Please provide detail) | |
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| 1. **Cognitive** | |
| **Memory – does your child appear to have a good memory? Do they appear to forget things more than their peers?** (Please provide detail) | |
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| **Concentration – can your child remain focused on a task they enjoy?** (Please provide detail) | |
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| Motivation – is your child motivated to learn new things? Are they willing to practice skills to develop them? (Please provide detail) | |
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| What things does your child enjoy or is good at? (Please provide detail) | |
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| What do you think your child would say they struggle with? What would they want help with/want to be better at? (Please provide detail) | |
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| **What problems does your child have that you are concerned about?** (Please provide detail) | |
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| **What would your child like to achieve by coming to Occupational Therapy?** (Please provide detail) | |
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| **Would you like any advice on any of the following?** (Please tick) | **x** |
| * Dressing |  |
| * Using cutlery |  |
| * Fastening buttons |  |
| * Using scissors |  |
| * Writing |  |
| * Learning to ride a bike without stabilisers |  |
| * Organisation |  |
| * Learning to tie shoelaces |  |
| * Learning to wipe own bottom |  |
| * Parents advice on learning more about sensory processing |  |