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?

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Who is coordinating services?

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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? __________________________________________