

How is your child doing?

Since coming last time

Are your child's difficulties now:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>				

Are you and the family now coping with these difficulties:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>				

- Since coming last time, how much have your child's difficulties been upsetting or distressing him or her?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Since coming last time, how much have your child's difficulties been interfering with his or her everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the future:

- How much better do you think he or she will be in one month's time?

No better, maybe worse	Only a little better	Quite a lot better	A great deal better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother / Father / Other (please specify:)

Thank you very much for your help