

Sheffield Learning Disabilities Outcome Measure

Assessment

Clinic ID

Date: / / 20

Please read each sentence and tick the box which best describes your situation. There are no right or wrong answers, your views are important to us. Your name will not be written on this form and your answers will be confidential.

	QUESTIONS ABOUT YOU AND YOUR FAMILY	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
1.1	I feel I understand my child's behaviour	<input type="checkbox"/>					
1.2	I do not understand the diagnosis/difficulties of my child	<input type="checkbox"/>					
1.3	I am confident about managing my child's behaviour	<input type="checkbox"/>					
1.4	I feel I am failing as a parent	<input type="checkbox"/>					
1.5	I have times when I am able to feel close to my child	<input type="checkbox"/>					
1.6	I feel more hopeful about the future	<input type="checkbox"/>					
1.7	I do not feel we are coping as a family	<input type="checkbox"/>					
1.8	I feel confident when dealing with other services about my child (e.g. respite, school, social services)	<input type="checkbox"/>					