

Disability Record

Questionnaire

This questionnaire is in two sections:

Section 1: Essential information

This is the minimum information we need to add your child's details to the record.

Section 2: Optional information

Do not feel you have to fill in this section.
However, the information requested is useful for us in planning and developing services.





Section 1: *Essential Information*

1. Family name/surname of child:.....

First name of child:.....

Child's sex (please delete as appropriate): MALE / FEMALE

Child's date of birth:.....

Address:.....

.....

.....

Postcode:.....

Telephone number:.....

e-mail address:.....

2. Please tick the appropriate box(es) if you feel that your child experiences difficulties in any of the following areas; (you may tick more than one box)

- | | | | |
|----------------------------------|--------------------------|----------------------------|--------------------------|
| Physical difficulties | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> |
| Hearing Impaired | <input type="checkbox"/> | Visually Impaired | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Autistic Spectric Disorder | <input type="checkbox"/> |
| Behavioural/Emotional Difficulty | <input type="checkbox"/> | Communication Difficulties | <input type="checkbox"/> |
| *Complex Nursing/Health Needs | <input type="checkbox"/> | Syndrome without a name | <input type="checkbox"/> |

*By Complex Nursing/Health Needs we are referring to those children whose needs require care to be carried out by nurses or parents/carers who have had special training e.g. tube feeding or administration of rectal diazepam.

Please give a brief description of your child's condition and associated difficulties.

Does your child's condition have a diagnosis?

YES NO

3. Child's ethnicity

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> African | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Any other Ethnic group |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |

Family's first language:.....

Child's religion:.....

This information has been provided by parents/guardians/carers of the above or by the child themselves. This information is stored securely and is held separate to any other record/register currently held by Children and Family Services.

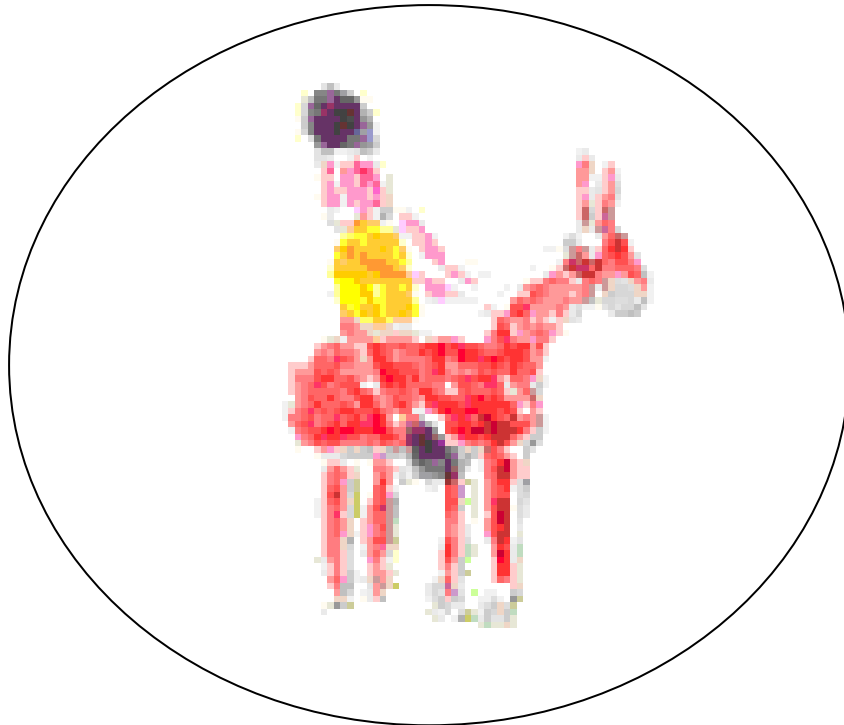
Declaration: I agree that the information about my child may be held by Children and Family Services. I understand that the information being collected is being used to inform future planning and to enable me to receive information on a regular basis regarding future developments for disabled children.

Full name of parent(s) / carers:

...../.....

Signature(s):...../.....

Date:.....



Section 2: *Optional Information*

Remember this is the optional section

4. Leisure: Do you think your child has enough opportunities to participate in leisure activities?

YES NO

Does your child use any of the following:

	Yes	No
Leisure centres	<input type="checkbox"/>	<input type="checkbox"/>
Special Adventure Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>
Youth organisations	<input type="checkbox"/>	<input type="checkbox"/>
Dance Activities	<input type="checkbox"/>	<input type="checkbox"/>
Music Activities	<input type="checkbox"/>	<input type="checkbox"/>
Playgroups	<input type="checkbox"/>	<input type="checkbox"/>
After School Clubs	<input type="checkbox"/>	<input type="checkbox"/>
Toy library	<input type="checkbox"/>	<input type="checkbox"/>
Holiday schemes	<input type="checkbox"/>	<input type="checkbox"/>

Other please specify:.....

If No, are there any specific reasons for this which you would like to bring to our attention?

Please feel free to comment about any areas of need that you feel are currently unmet.

5. Short-term breaks (respite care)

Does your child currently receive short-term breaks?

YES NO

Please feel free to comment about your experiences of using or accessing short-term breaks.

Comments

Use this box to tell us about any services you receive that you find useful and any other general comments you may wish to make.

6. Does your child need help with mobility when:

Walking/moving around?

YES

NO

Indoors

Outdoors

Getting upstairs

Getting downstairs

Getting into bed

Getting out of bed

Using mobility appliances e.g. wheelchair, crutches, sticks etc.

Is your child's mobility affected by:

Impairment / disability

Accessing appropriate transport

Accessing buildings

Behaviour

This box is optional, however if you wish to tell us more about your child's mobility difficulties, please feel free to comment.

7. How does your child communicate?

- With speech
- Signing
- Picture communication system
- Using communication aids
- Non-verbally with gestures/eye contact/pointing

This box is optional, however if you wish to tell us more about your child's communication difficulties, please feel free to comment.

8. Does your child have difficulties with the following?

- | | | | |
|----|-------------------------------------|--|---------------------------------------|
| a) | Washing | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | Bathing | <input type="checkbox"/> | <input type="checkbox"/> |
| | Showering | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Using the toilet due to: | YES | NO |
| | Moving and handling | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fear of using toilet | <input type="checkbox"/> | <input type="checkbox"/> |
| | Obsessional difficulties/ behaviour | <input type="checkbox"/> | <input type="checkbox"/> |

c)	Contenance Requiring	YES	NO
	Use of Pads	<input type="checkbox"/>	<input type="checkbox"/>
	Catheterisation	<input type="checkbox"/>	<input type="checkbox"/>
	Enemas	<input type="checkbox"/>	<input type="checkbox"/>
	Manual bowel evacuation	<input type="checkbox"/>	<input type="checkbox"/>
	Suppositories	<input type="checkbox"/>	<input type="checkbox"/>
d)	Feeding due to:	YES	NO
	Swallowing problems	<input type="checkbox"/>	<input type="checkbox"/>
	Cutting Food	<input type="checkbox"/>	<input type="checkbox"/>
	Difficulties feeding self	<input type="checkbox"/>	<input type="checkbox"/>
	Obsessions about food	<input type="checkbox"/>	<input type="checkbox"/>
	Digestion	<input type="checkbox"/>	<input type="checkbox"/>
	Diet	<input type="checkbox"/>	<input type="checkbox"/>
	Artificial feeding required e.g PEG Gastostomy	<input type="checkbox"/>	<input type="checkbox"/>
	Behavioural difficulties	<input type="checkbox"/>	<input type="checkbox"/>

This box is optional, please feel free to tell us anything else we need to know about any of the above.

9. What level of supervision does your child require during the day?

- Total Supervision
- Partial Supervision
- None Required

What level of attention does your child require at night?

- No attention
- Occasional attention
- Frequent or prolonged attention

This box is optional, but feel free to make any further comments about the above.

10. Housing: Do you consider your current accommodation to be suitable to meet your child's needs?

- | | YES | NO |
|---------------|--------------------------|--------------------------|
| Now | <input type="checkbox"/> | <input type="checkbox"/> |
| In the future | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered NO to either, please use the box provided to comment.

If you require further explanation or assistance with any part of this questionnaire, contact:

The G8way Team

Telephone: 0800 093 0414

Cannock and Lichfield

E-mail: g8way-cann.lich@staffordshire.gov.uk

Stafford and South Staffordshire

E-mail: g8way-staffs.southstaffs@staffordshire.gov.uk

Tamworth and Burton-on-Trent

E-mail: g8way-burton.tam@staffordshire.gov.uk

Newcastle and Moorlands

E-mail: g8way-new.moorlands@staffordshire.gov.uk

Please return your completed questionnaire to:

Children and Family Services (Disability Services)
Staffordshire County Council
Wedgwood Building
Tipping Street
Stafford
ST16 2DH

The information given on this form will be recorded and is subject to the provisions of the Data Protection Act 1998.