

EXPERIENCE OF SERVICE QUESTIONNAIRE ADDENDUM

Day services (Parent or Carer)

Please think about the appointments you, your child and/or your family have had with this service or clinic.

For each item, please tick the box that best describes what you think or feel about the service.

	Certainly True	Partly True	Not True	Don't Know
I feel more able to think about the child and the challenge the child presents now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?
I feel more able to think about myself in relation to my role as a carer now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?
It was convenient to meet at my house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?

THANK YOU FOR YOUR HELP