

Care and Comfort Caregiver Questionnaire (CareQ)

Patient's name: _____ Date of birth: ___/___/___ Date of visit: ___/___/___

Name of person completing form: _____

Relationship to patient: Mom Dad Other relative Other nonrelative

For the sections on personal care and positioning, please rate how easy or difficult it is *for you* (the caregiver) to perform the following tasks. In the right-hand column, please indicate how much of the task you would say your child is able to do himself or herself, for example, 20%, 50%, 80%, or some other percent that you believe is appropriate.

Thank you very much for taking the time to complete this questionnaire.

Personal Care		Very Easy		Impossible			Child Is Able To Do:
1.	Performing oral-facial hygiene (eg, brushing teeth, washing face, combing hair)	1	2	3	4	5	_____ %
2.	Putting on shirts	1	2	3	4	5	_____ %
3.	Taking off shirts	1	2	3	4	5	_____ %
4.	Putting on pants	1	2	3	4	5	_____ %
5.	Taking off pants	1	2	3	4	5	_____ %
6.	Changing incontinence pads or briefs (underwear)	1	2	3	4	5	_____ %
7.	Cleaning buttocks or perineum with toileting	1	2	3	4	5	_____ %
8.	Washing upper body	1	2	3	4	5	_____ %
9.	Washing lower body	1	2	3	4	5	_____ %

Positioning/Transfers		Does Not Use	Very Easy		Impossible			Child Is Able To Do:
10.	How easy do you think it is for your child to remain sitting in a wheelchair for about 3 hours?	<input type="checkbox"/>	1	2	3	4	5	_____ %
11.	Ease of transferring your child into/out of wheelchair or other surfaces		1	2	3	4	5	_____ %
12.	Ease of applying orthotics (braces)	<input type="checkbox"/>	1	2	3	4	5	_____ %

In the past month,		Never					Always	
13.	How often do you think your child has had pain or discomfort during diaper or clothing changes?		0	1	2	3	4	5
14.	How often do you think your child has had pain or discomfort during position changes?		0	1	2	3	4	5
15.	How often do you think your child has had pain or discomfort while sitting in a wheelchair?	<input type="checkbox"/>	0	1	2	3	4	5

Comfort In the past month,		Never					Always	
16.	How often do you think pain or discomfort has prevented your child from participating in family activities?		0	1	2	3	4	5
17.	How often do you think pain or discomfort has prevented your child from participating in school programs or community activities?		0	1	2	3	4	5
18.	How often has your child had difficulty sleeping through the night?		0	1	2	3	4	5
19.	How often has your child used pain medicine?		0	1	2	3	4	5

Care and Comfort Hypertonicity Questionnaire (CCHQ)

Name of person _____
 completing form: _____ Date: _____

Please rate how easy or difficult it is for you or your child in the last two weeks to perform the following tasks relative to a cooperative individual without a disability (try to distinguish between motor control and abnormal tone as the explanation for the problem):

Personal Care											
1.	Putting on pants (trousers)?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
2.	Taking off pants (trousers)?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
3.	Putting on a shirt?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
4.	Changing diapers?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
5.	Ease of sitting on a toilet seat?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
6.	Ease of sitting in a bathtub, with or without adaptive equipment?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
7.	Ease of bathing?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
8.	Ease of self-feeding?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
8a.	Ease of feeding?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
Positioning/Transferring											
9.	Ease of positioning in a wheelchair?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
10.	Ease of positioning in a device other than a wheelchair, such as a standing frame?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
11.	Ease of transferring in and out of a wheelchair?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
12.	Ease of putting on orthoses or positioning devices?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
13.	Ease of controlling his/her wheelchair?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
14.	Ease of getting out of a car?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
15.	Ease of getting in a car?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
Comfort											
16.	Is there pain or discomfort during position changes?	Never	1	2	3	4	5	6	7	Always	N/A
17.	Is there pain or discomfort during diaper changes?	Never	1	2	3	4	5	6	7	Always	N/A
18.	Does the pain or discomfort prevent your child from participating in school, various programs, or other activities?	Never	1	2	3	4	5	6	7	Always	N/A
19.	Is your child using pain control medicine?	Never	1	2	3	4	5	6	7	Always	N/A
20.	Does your child sleep through the night?	Always	1	2	3	4	5	6	7	Never	N/A
Interaction/Communication											
21.	How easy is it for your child to extend arms to reach communication devices?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
22.	How easy is it for your child to play alone?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
23.	How easy is it for your child to play with other children?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
24.	How easy is it for your child to be completely understood by those who know your child well?	Very Easy	1	2	3	4	5	6	7	Impossible	N/A
25.	Does your child have a problem with drooling?	Never	1	2	3	4	5	6	7	Soaked	N/A
26.	My child's self-esteem is:	Outstanding	1	2	3	4	5	6	7	Awful	
27.	Describe your child.	Very Happy	1	2	3	4	5	6	7	Very Unhappy	

Change Since Last Visit	Better	No Change	Worse	Comments
Personal Care				
Positioning/Transferring				
Comfort				
Interaction/Communication				