

How is your child doing?

Thinking about the recent past:

Since coming last time, are your child's difficulties:

Much worse

A bit worse

About the same

A bit better

Much better

- 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

- 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

Signature

Date

Mother / Father / Other (please specify:)

Thank you very much for your help