

# Sheffield Learning Disabilities Outcome Measure Follow-up

Date: / / **20**

Clinic ID .....

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.

1	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	I do not understand the diagnosis/difficulties of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	I am confident about managing my child's behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	I feel I am failing as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	I have times when I am able to feel close to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	I feel more hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	I do not feel we are coping as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page

2	QUESTIONS ABOUT THE WAY THE TEAM WORKS	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
2.1	I felt listened to by the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	I did not feel able to talk openly with the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	I felt included in the goal setting and planning of the team's work with our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	I was not involved in the discussions around discharging my child from the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	I felt the people I saw in the team were working together to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	The team kept in touch with other services and professionals (e.g. school, social services, respite care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	My contact with the team made me feel that I was failing as a parent/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Appointments were usually at a convenient time for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Appointments were usually at a convenient place for me (e.g. home, clinic, school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Relationships within our family have not improved following my work with the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. What has been helpful about the care received from the team?**

**3.1 For you?**

**3.2 For your child?**

**3.3 For your family?**

**4. Was there anything you did not like or needs improving?**

**4.1 For you?**

**4.2 For your child?**

**4.3 For your family?**

**5. Is there anything else you would like to tell us about the service you received?**