

FAMILY NEEDS QUESTIONNAIRE – PEDIATRIC VERSION

Name of caregiver: _____

Name of child: _____

Date completed: _____

INTRODUCTION:

Family members and caregivers of children and youth who have had an acquired brain injury often have their own unique needs. Typically, these needs change over time. We are interested in learning about the needs of your family and how much these needs have been met at this point in time. This information will help us plan future services for you based on your identified needs.

DIRECTIONS:

There are 40 statements in this questionnaire, starting on page 2. For each of the statements, please use the rating scale below to tell us how much each need has been met. Some of the needs identified may not be a priority for you at this stage. If that is the case, check the box to show it is not needed and move on to the next statement.

Not at all met	Met <u>very</u> little	Somewhat met	Met a lot	Completely met
1	2	3	4	5

The following example will take you through how to answer each statement.

EXAMPLE:

How much has each need been met?

Please **circle the number** that shows **how much** each of the following needs has been met. Or, **check the box** if it is not a need that you have at this time.

#. Advice on how to stay healthy.	<input type="checkbox"/>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">1</td> <td style="border-right: 1px solid black; padding: 0 5px;">2</td> <td style="border-right: 1px solid black; padding: 0 5px;">3</td> <td style="border-right: 1px solid black; padding: 0 5px;">4</td> <td style="padding: 0 5px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5			

Not Needed
1 Not at all met
2 Met very little
3 Somewhat met
4 Met a lot
5 Completely met

How much has each need been met?

Please **circle the number** that shows **how much** each of the following needs has been met. Or, **check the box** if it is not a need that you have at this time.

Not Needed
 1 Not at all met
 2 Met very little
 3 Somewhat met
 4 Met a lot
 5 Completely met

1. To be told about all changes in my child's health status in a timely manner.	<input type="checkbox"/>	1	2	3	4	5
2. To have Information on how the brain injury will impact my child's abilities in the future and into adulthood, including information on prognosis.	<input type="checkbox"/>	1	2	3	4	5
3. To have information about my child's care needs (e.g., activity restrictions, daily activities, equipment, technology).	<input type="checkbox"/>	1	2	3	4	5
4. To have information from professionals explained in terms and in a language I can understand.	<input type="checkbox"/>	1	2	3	4	5
5. To understand what to expect from rehab, including who is on my child's team, expected length of stay, discharge to the community, family participation, etc.	<input type="checkbox"/>	1	2	3	4	5
6. Questions answered thoroughly and respectfully.	<input type="checkbox"/>	1	2	3	4	5
7. To have information on the medical and required brain injuries (e.g., seizures, etc.)	<input type="checkbox"/>	1	2	3	4	5
8. Ongoing information on how to manage seizures and types of seizures.	<input type="checkbox"/>	1	2	3	4	5
9. Information on how to manage seizures and types of seizures.	<input type="checkbox"/>	1	2	3	4	5
10. Information on how to manage seizures and types of seizures.	<input type="checkbox"/>	1	2	3	4	5

How much has each need been met?

Please **circle the number** that shows **how much** each of the following needs has been met. Or, **check the box** if it is not a need that you have at this time.

		Not Needed	1 Not at all met	2 Met very little	3 Somewhat met	4 Met a lot	5 Completely met
11. To share my feelings about my child with someone who has gone through a similar experience.	<input type="checkbox"/>	1	2	3	4	5	
12. To have access to counseling to help me cope and to understand the different feelings I have (e.g., anger, roller coaster of emotions).	<input type="checkbox"/>	1	2	3	4	5	
13. To receive strategies to help me come to terms with the changes in my child.	<input type="checkbox"/>	1	2	3	4	5	
14. To get support to maintain hope, positivity, and optimism about my child's future.	<input type="checkbox"/>	1	2	3	4	5	
15. To be reassured that it is not uncommon to have mixed feelings about my child.	<input type="checkbox"/>	1	2	3	4	5	
16. To have realistic expectations about my child's future.	<input type="checkbox"/>	1	2	3	4	5	
17. To have realistic expectations about my child's future.	<input type="checkbox"/>	1	2	3	4	5	
18. To have opportunities to meet with other parents who have children with similar challenges to discuss strategies and coping mechanisms.	<input type="checkbox"/>	1	2	3	4	5	
19. To have opportunities to meet with other parents who have children with similar challenges to discuss strategies and coping mechanisms.	<input type="checkbox"/>	1	2	3	4	5	
20. To have opportunities to meet with other parents who have children with similar challenges to discuss strategies and coping mechanisms.	<input type="checkbox"/>	1	2	3	4	5	

How much has each need been met?

Please **circle the number** that shows **how much** each of the following needs has been met. Or, **check the box** if it is not a need that you have at this time.

		<i>Not Needed</i>	<i>1 Not at all met</i>	<i>2 Met very little</i>	<i>3 Somewhat met</i>	<i>4 Met a lot</i>	<i>5 Completely met</i>
21. To be involved in planning my child's transitions (e.g., from hospital, to school, to home).	<input type="checkbox"/>	1	2	3	4	5	
22. To receive regular communication (notes, updates) about my child's care plan and progress.	<input type="checkbox"/>	1	2	3	4	5	
23. To know where to go or the name of a contact person when I need more help in the community.	<input type="checkbox"/>	1	2	3	4	5	
24. To be given information about how to access future support and services (e.g., transition to adulthood, employment, post-secondary).	<input type="checkbox"/>	1	2	3	4	5	
25. To have my child's support system (e.g., school staff, health care providers, peers, spiritual leaders) understand his/her challenges, needs, and strengths.	<input type="checkbox"/>	1	2	3	4	5	
26. To get information and support from the community.	<input type="checkbox"/>	1	2	3	4	5	
27. To have been able to understand the impact of my child's condition on my family and for the future.	<input type="checkbox"/>	1	2	3	4	5	
28. To have been able to use my child's condition as a positive example to advocate for others.	<input type="checkbox"/>	1	2	3	4	5	
29. To have been able to help my child understand his/her condition.	<input type="checkbox"/>	1	2	3	4	5	
30. To have been able to help my child understand his/her condition.	<input type="checkbox"/>	1	2	3	4	5	

How much has each need been met?

Please **circle the number** that shows **how much** each of the following needs has been met. Or, **check the box** if it is not a need that you have at this time.

	Not Needed	1 Not at all met	2 Met very little	3 Somewhat met	4 Met a lot	5 Completely met
31. To be given strategies and coping tools to help me understand and manage my child's emotions/behaviour.	<input type="checkbox"/>	1	2	3	4	5
32. To have my wishes respected if I don't want help.	<input type="checkbox"/>	1	2	3	4	5
33. To feel that medical or rehabilitation staff show respect for my child's and family's needs or wishes.	<input type="checkbox"/>	1	2	3	4	5
34. To be shown that my opinions and suggestions are listened to when planning my child's treatment, rehabilitation, or education.	<input type="checkbox"/>	1	2	3	4	5
35. To be given information about my child's condition, prognosis, and treatment options so I can make informed decisions about my child's care.	<input type="checkbox"/>	1	2	3	4	5
36. To have my child's medical condition and any challenges reviewed by a medical professional and a rehabilitation professional.	<input type="checkbox"/>	1	2	3	4	5
37. To be included in my child's treatment planning and decision-making process.	<input type="checkbox"/>	1	2	3	4	5

For the next three statements, follow these steps:

1. Please **underline the examples** after the word “e.g.,” that apply to you.
2. Write in other related needs you have on the empty line.
3. As you think about the examples you underline, score how much this **overall** need is currently met.

		<i>Not Needed</i>	<i>1 Not at all met</i>	<i>2 Met very little</i>	<i>3 Somewhat met</i>	<i>4 Met a lot</i>	<i>5 Completely met</i>
38. To get practical support in the rehabilitation process (e.g., transportation, managing finances, time management, completing applications, equipment, other: _____).	<input type="checkbox"/>		1	2	3	4	5
39. To be given help finding community resources and long term supports for my child (e.g., accessible recreation, nursing, equipment, counseling, other: _____).	<input type="checkbox"/>		1	2	3	4	5
40. To be linked to resources for myself or my family (e.g., financial aid, legal counseling, respite care, peer support, counseling, day care, other: _____).	<input type="checkbox"/>		1	2	3	4	5

If you have other needs that were not included on this questionnaire, please write them below:
