

Weekly Questionnaires

Date: Session number: Goal progress chart

Goal 1:

	Please i			~	•	s to this propriat	_	r below	
1 2 3 4 5 6 7 8 9 10									

Goal 2:

Today I would rate my progress to this goal? Please mark (e.g. bold or highlight) the appropriate number below										
1 2 3 4 5 6 7 8 9 10										

Goal 3:

	Today I would rate my progress to this goal? Please mark (e.g. bold or highlight) the appropriate number below										
1	1 2 3 4 5 6 7 8 9 10										

How are things

Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week

		0	1	2
1	My child is angry and resentful	Not true	Somewhat true	Certainly true
2	My child loses his/her temper	Not true	Somewhat true	Certainly true
3	My child blames others for his/her mistakes and misbehaviour	Not true	Somewhat true	Certainly true
4	My child argues with adults	Not true	Somewhat true	Certainly true
5	My child actively defies or refuses to comply with adults' requests or rules	Not true	Somewhat true	Certainly true
6	My child deliberately annoys people	Not true	Somewhat true	Certainly true
7	My child is spiteful or vindictive	Not true	Somewhat true	Certainly true
8	My child is touchy or easily annoyed by others	Not true	Somewhat true	Certainly true

Brief Parental Self Efficacy Scales

The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Even though I may not always manage it, I know what I need to do with my child					
2. I am able to do the things that will improve my child's behaviour					
3. I can make an important difference to my child					
4. In most situations, I know what I should do to ensure that my child behaves					
5. The things I do make a difference to my child's behaviour					

How is your child doing?

Thinking about the past week:

How much of an impact have my child's seizures had on my child's life?

No impact								Sig ne ir	nificant egative npact
1	2	3	4	5	6	7	8	9	10

Comments if any:

Thinking about the recent past:

Since the last phone call, are my child's mental health difficulties:

Much worse	A bit worse	About the same	A bit better	Much better

How much have my child's mental health difficulties been upsetting or distressing him/her?

Not at all	A little	A medium amount	A great deal

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Home life				
Friendships				
Ability to learn or work				
Leisure activities				

Thinking about the future:

How much better do you think he/she will be in one month's time?

No better, maybe worse	Only a little better	Quite a lot better	A great deal better