



MICE  
Mental health interventions for Children with  
Epilepsy

# Weekly Questionnaires

Date:

Session number:

## Goal progress chart

### Goal 1:

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

### Goal 2:

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

### Goal 3:

<b>Today I would rate my progress to this goal?</b> Please mark (e.g. bold or highlight) the appropriate number below									
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***

		<b><i>0</i></b>	<b><i>1</i></b>	<b><i>2</i></b>	<b><i>3</i></b>
<b><i>1</i></b>	<i>My child feels sad or empty</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>2</i></b>	<i>Nothing is much fun for my child anymore</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>3</i></b>	<i>My child has trouble sleeping</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>4</i></b>	<i>My child has problems with his/her appetite</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>5</i></b>	<i>My child has no energy for things</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>6</i></b>	<i>My child is tired a lot</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>7</i></b>	<i>My child cannot think clearly</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>8</i></b>	<i>My child feels worthless</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>9</i></b>	<i>My child feels like he/she doesn't want to move</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
<b><i>10</i></b>	<i>My child feels restless</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>

## ***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.***

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

# 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								Significant negative impact	
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

