

CARE AND COMFORT HYPERTONICITY QUESTIONNAIRE

Patient's number: _____

Role of person completing form (parent, caregiver, etc): _____

Date: _____

Please rate how easy or difficult it is for you or your child in the last two weeks to perform the following tasks relative to a cooperative individual without a disability:

Personal Care

1. Putting on pants?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
2. Taking off pants?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
3. Putting on a shirt?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
4. Changing diapers?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
5. Ease of sitting on a toilet seat?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
6. Ease of sitting in a bathtub, with or without adaptive equipment?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
7. Ease of bathing?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
8. Ease of feeding?	Very easy	1	2	3	4	5	6	7 Impossible	N/A

Positioning/Transferring

9. Ease of positioning in a wheelchair?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
10. Ease of positioning in a device other than a wheelchair, such as a standing frame?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
11. Ease of transferring in and out of a wheelchair?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
12. Ease of putting on braces or positioning devices?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
13. Ease of controlling his/her wheelchair?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
14. Ease of getting out of a car?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
15. Ease of getting in a car?	Very easy	1	2	3	4	5	6	7 Impossible	N/A

Please answer the following questions using the scales provided:

Comfort

16. Is there pain or discomfort during position changes?	Never	1	2	3	4	5	6	7 Always	N/A
17. Is there pain or discomfort during diaper changes?	Never	1	2	3	4	5	6	7 Always	N/A
18. Does the pain or discomfort prevent your child from participating in school, various programs, or other activities?	Never	1	2	3	4	5	6	7 Always	N/A
19. Is your child using pain control medicine?	Never	1	2	3	4	5	6	7 Always	N/A
20. Does your child sleep through the night?	Always	1	2	3	4	5	6	7 Never	N/A

Interaction/Communication

21. How easy is it for your child to use communication devices?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
22. How easy is it for your child to play alone?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
23. How easy is it for your child to play with other children?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
24. How easy is it for your child to be completely understood by those who know your child well?	Very easy	1	2	3	4	5	6	7 Impossible	N/A
25. Does your child have a problem with drooling?	Never	1	2	3	4	5	6	7 Continuously soaked	N/A
26. My child's self esteem is	The best I could imagine	1	2	3	4	5	6	7 The worst I could imagine	
27. Describe your child	Very happy	1	2	3	4	5	6	7 Very unhappy	