

**PART D: HEALTH AND COMMUNITY SERVICE USE**

**These questions are to help us understand your child's use and your family's use of services. You may find you use a lot of the services or very few**

1. Please record any use of **hospital in-patient** services by your child in the last 6 weeks. (requires overnight stay in hospital)

Name of Hospital	Reason for stay	Ward speciality (e.g. paediatrics)	No of inpatient nights

2. Please record any use of **hospital out-patient services** or **day patient appointments** by your child in the last 6 weeks. (e.g. blood tests, include CAMHS if took place in hospital)

Name of hospital	Reasons for attendances	Speciality (e.g. paediatrics)	Number of appointments

3. Please record any attendances at an **accident and emergency (A&E)** department by your child in the last 6 weeks.

Name of hospital	Reasons for attendances	Speciality (e.g. paediatrics)	Number of attendances

4. Has your child stayed away overnight in any of the following places in the last 6 weeks?

Place	How many nights in total
In a children's home	
With a foster carer	
With a friend or family member	
In a respite residential unit (e.g. The Glen)	
In respite with a family or carer (e.g. Share and Care)	
Any other residential placement	

	Optician			
	Dentist			
	Hearing specialist			
	Complementary therapist e.g. homeopath, osteopath, reflexologist			
	Other, please state .....			
Counselling	Individual therapy/Counsellor (NHS, school/college or private)			
	Family therapist			
	Other, please state .....			
Support	Social worker			
	Family support worker			
	Social services youth worker			
	Connexions			
	Mentor			
	Drug/alcohol support worker			
	Helpline (e.g. Samaritans, MIND, Childline)			
	Youth Offending Team or Probation Worker			
	Home help/care worker			
	Day care centre			
	After school club			
	Child development centre			
	Child guidance unit			
	Other, please state .....			

5. Has your child been prescribed any medication over the last 6 weeks?

Name of Medication	Frequency Intermittent/ Regular	Date Started	Dose*	Number per Day	Date Stopped	On-going
<i>e.g. Vitamin B</i>	<i>Regular</i>	<i>01/04/2012</i>	<i>100mg</i>	<i>1</i>		Yes

\* For current medication give current dose; for medication no longer taken give final dose.

6. Has your child used any of the following services in the last 6 weeks?

		Number of contacts	Average time per contact in minutes	If service not received on the NHS or local council and if you sought service privately; how much did each contact cost?
Health	General practitioner – surgery			
	General practitioner – home			
	General practitioner – telephone			
	Practice nurse (nurse in GP surgery)			
	District nurse, health visitor, or school/college nurse			
	Care co-ordinator, case manager, key worker			
	Child Psychiatrist			
	Clinical Psychologist			
	CAMHS worker			
	Community psychiatric nurse			
	Speech therapy out of school			
	Art/drama/music/occupational therapy			
	Community Paediatrician			

7. Have other members of your family sought any services over the last 6 weeks that may have been directly or indirectly as a result of your child's autism spectrum disorder? (e.g. additional visits to the GP, family planning, social services, psychiatric services, marriage counselling, self help groups, alternative medicine/therapy, advice lines, paid help, etc)

Name of Service	Number of contacts	Average time per contact in minutes	If service not received on the NHS or local council and if you sought service privately; how much did each contact cost?

8. Has your child been involved with the police/youth offending team in the last 6 weeks?

No

Yes, please give details.....

.....

**PART E: ACCOMMODATION**  
**These questions are to help us understand the child's life**

1. What type of house does your child live in?

- Owner occupier
- Council rented
- Housing Association
- Private rented
- Other, please state.....

2. Who does your child live with at the moment?

- Natural parent/s
- Natural parent and parent's partner
- Living with a relative/family friend
- Formal foster care
- Adoptive parent/s
- Residential home
- Other, please state.....

**PART F: EDUCATION AND EMPLOYMENT**  
**These questions are to help us understand the child's life**

1. What is the highest level of education you (and your partner, if applicable) have ever attained?

You	Partner	
<input type="checkbox"/>	<input type="checkbox"/>	Left school at 16, no school leaving qualifications
<input type="checkbox"/>	<input type="checkbox"/>	Left school at 16, with some qualifications e.g. CSE, GCSE, O'Level
<input type="checkbox"/>	<input type="checkbox"/>	Left school at 18, with some qualifications e.g. NVQ, A Level, AS
		Level
<input type="checkbox"/>	<input type="checkbox"/>	Higher degree education e.g. BSc, BA, MBBS
<input type="checkbox"/>	<input type="checkbox"/>	Further higher education e.g. MA, MSc, PhD
<input type="checkbox"/>	<input type="checkbox"/>	Vocational education
<input type="checkbox"/>	<input type="checkbox"/>	Other, please state.....

2. Are you (and your partner, if applicable) currently:

You	Partner	
<input type="checkbox"/>	<input type="checkbox"/>	Employed full time
<input type="checkbox"/>	<input type="checkbox"/>	Employed part-time
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed
<input type="checkbox"/>	<input type="checkbox"/>	Currently unable to work due to poor health
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	<input type="checkbox"/>	Retired
<input type="checkbox"/>	<input type="checkbox"/>	Studying/student
<input type="checkbox"/>	<input type="checkbox"/>	Other, please state.....

3. If applicable, what is your approximate gross pay per year?

4. If applicable, what is your partner's approximate gross pay per year?

**PART G: YOUR RESOURCES**  
**This section is to help us understand any costs to you as a family in caring for a child with ASD**

1. How many days has your child been absent from school in the last 6 weeks?

days

2. If applicable, how many DAYS have you (or your partner, if applicable) been absent from work to care for your son/daughter in the last 6 weeks?

You

Partner

3. In a typical week (over the last 6 weeks), how many TIMES do you/your partner accompany your son/daughter to health services or other appointments e.g. social care, short breaks?

You

Partner

4. Typically, what mode of transport do you use?

Foot/bicycle

Bus/coach

Train/metro/tube

Taxi

Private car/motorbike

Other, please state.....

5. For a typical journey, what is the one-way duration of travel in MINUTES?

6. For a typical journey, what is the one-way cost of fares or one-way number of miles, as applicable?

One-way number of miles

One-way cost of fares