

## CHECKLIST

for the parent/carer to complete concerning their child, to help the health professional's understanding of the problems their child is experiencing.

|                                                              |                                                                                                                                                                                                                      |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity                                                     | Very brief details of the problem your child had with this activity, including variability. <i>'Wakes up in the night because of abdominal and joint pains. At least once a night, sometimes four or more times'</i> |
| Walking outdoors                                             |                                                                                                                                                                                                                      |
| If your child needs someone with them when they are outdoors |                                                                                                                                                                                                                      |
| Someone keeping an eye on your child                         |                                                                                                                                                                                                                      |
| Your child's development                                     |                                                                                                                                                                                                                      |
| Waking, getting up and going to bed                          |                                                                                                                                                                                                                      |
| Washing and bathing                                          |                                                                                                                                                                                                                      |
| Dressing and undressing                                      |                                                                                                                                                                                                                      |
| Help with toilet needs                                       |                                                                                                                                                                                                                      |
| Communicating with other people                              |                                                                                                                                                                                                                      |
| Eating and drinking                                          |                                                                                                                                                                                                                      |
| Help with medication                                         |                                                                                                                                                                                                                      |
| Help with therapy                                            |                                                                                                                                                                                                                      |
| Help with medical equipment                                  |                                                                                                                                                                                                                      |
| Blackouts, fits and seizures                                 |                                                                                                                                                                                                                      |
| Your child's mental health                                   |                                                                                                                                                                                                                      |
| Movement, co-ordination and moving about indoors             |                                                                                                                                                                                                                      |
| When your child is in bed at night                           |                                                                                                                                                                                                                      |
| Social and leisure activities in the day and the evening     |                                                                                                                                                                                                                      |