

# Sheffield Learning Disabilities Outcome Measure

## Assessment

Please read each sentence and tick the box which best describes your situation. There are no right or wrong answers, your views are important to us. Your name will not be written on this form and your answers will be confidential.

### Questions about you and your family

		Strongly agree	Agree	Unsure	Disagree	Strongly Disagree	Not applicable
1.1	I feel I understand my child's behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	I do not understand the diagnosis/difficulties of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	I am confident about managing my child's behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	I feel I am failing as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	I have times when I am able to feel close to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	I feel more hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	I do not feel we are coping as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	I feel confident when dealing with other services about my child (e.g. respite, school, social services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinic ID.....

Date.....

Developed by:

Sheffield Children's   
NHS Foundation Trust

 CORC  
CAMHS Outcome Research Consortium

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