



Meso Questionnaire
You and your family

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Introduction

Through several studies, and many encounters with parents and professionals, we have learned a lot about the importance of the relationship between the parents of a child who is at risk for developmental delays and the professionals who work with this child. By filling out this portion of the questionnaire you will be helping those who work with children who are at risk for developmental delays to determine what is important in the parent/professional relationship. You will also be helping these professionals determine some of the reasons behind the exclusion of some children with special needs from certain community programs lie.



Section A
**Challenges
and Stressors**

The following questions are about difficulties you might be experiencing as the family of a child with developmental delays or at risk for developmental delays. Please indicate whether or not you agree with each of the following statements by checking the appropriate box:



Q: I feel challenged/stressed by:

1. Financial difficulties

Yes No Not sure Not applicable

2. Funding difficulties (e.g. not getting enough funding to provide my child with what he/she will need in order to function well in society)

Yes No Not sure Not applicable

3. Not having enough time for my spouse/partner

Yes No Not sure Not applicable

4. Not having enough time for my other child(ren)

Yes No Not sure Not applicable

5. Not knowing what to tell others about my child's developmental condition

Yes No Not sure Not applicable

6. Others' reactions to my child's developmental condition

Yes No Not sure Not applicable

7. Too much information I need to know in order to care for my child at home

Yes No Not sure Not applicable

8. Not feeling confident that I can provide my child with special needs with the best care possible at home

Yes No Not sure Not applicable

9. Not always knowing what to do with my child at home (e.g. how to entertain him/her, how to use some of our time to further develop some of the skills he/she is learning in therapy)

Yes No Not sure Not applicable

10. All that has happened in my life since my child received his/her diagnosis (e.g. all the appointments I have had to go to, all the new people I have had to meet, all the adjustments I have had to make...)

Yes No Not sure Not applicable



Section B
**Communication
Issues**

Throughout our meetings and conversations with parents of special needs or who are at risk for developmental delays, it became apparent that having a child with special needs or who are at risk for developmental delays can sometimes make communication between family members or between the family and others somewhat strained. Please state whether or not you agree with this by checking the appropriate boxes below:



Q: I especially have difficulties communicating/getting along with:

11. My spouse/partner

- Yes No Not sure Not applicable

12. My other children

- Yes No Not sure Not applicable

13. My extended family members (e.g. my parents, my in-laws...)

- Yes No Not sure Not applicable

14. The professionals working with my child (e.g. speech therapist, IDP consultant, physio therapist, occupational therapist, school personnel...)

- Yes No Not sure Not applicable

15. My colleagues/co-workers

- Yes No Not sure Not applicable



Section C **Style of Living**

From our conversations with the parents of children with special needs, it became clear that having a child with special needs can seriously alter the family's style of living. Please indicate whether or not this may have happened to you, by checking the appropriate boxes below:



Q: I feel like the needs that are associated with my child's developmental condition:

16. Have added stress to my life (e.g. having to schedule therapy appointments, costing us too much money...)

- Yes No Not sure Not applicable

17. Prevent me from having people come to my home

- Yes No Not sure Not applicable

18. Prevent me from going places (e.g. not going to crowded restaurants because my child may not like it)

- Yes No Not sure Not applicable

19. Prevent me from planning and/or going on vacation

- Yes No Not sure Not applicable

20. Have an impact on my reactions to others when I am talking about my child

- Yes No Not sure Not applicable

21. Prevent me from doing things with my family

- Yes No Not sure Not applicable

22. Affect my general well-being and mood (e.g. feeling worn out, irritable, snappy, impatient...)

- Yes No Not sure Not applicable

23. Are having a negative effect on my other child(ren) (e.g. they may be feeling left out because of all the attention I am giving to my child who is at risk for developmental delays)

- Yes No Not sure Not applicable

24. Prevent me from doing my job well (e.g. can't complete my work on time...)

- Yes No Not sure Not applicable

25. Prevent me from doing household chores

- Yes No Not sure Not applicable



Section D

Help and Support

Throughout our conversations with parents of children with special needs or who are at risk for developmental delays, we have learned that parents often times do not have the necessary help and support in order to best serve their child. Please indicate whether or not this has been an area of concern for you, by checking the appropriate boxes below:



Q: I feel that:

26. I worry too much about my child's future

- Yes No Not sure Not applicable

27. Others do not understand the stress I am experiencing (e.g. some of my family members or colleagues)

- Yes No Not sure Not applicable

28. I need more information to give my child what he/she needs

- Yes No Not sure Not applicable

29. I need more funding to give my child what he/she needs

- Yes No Not sure Not applicable

30. I am able to recognize certain signs that might suggest that my child may not be developing typically (e.g. no eye contact, no words by a certain age, no friends by a certain age...)

- Yes No Not sure Not applicable

31. In terms of what I need to do in order to help my child reach his/her maximum potential, I am adjusting well to my child's condition

- Yes No Not sure Not applicable

32. I have all the support I need from my family/friends

- Yes No Not sure Not applicable

33. I have all the support I need from the professionals in my child's life

- Yes No Not sure Not applicable



Section E

Community Facilities and Programs

In this section, there are statements about certain facilities in the community and whether or not you and your child are able to use and benefit from them for recreation (and other) purposes. Again, it seems that when it comes to the availability of recreation services, many parents of children who are at risk for developmental delays appear to experience difficulties in accessing such services. Please indicate whether or not this has been an area of concern for you:



Q: There are a lot of recreational programs in the community that my child with special needs cannot access because:

34. The time of these programs does not match my child's availability

- Yes No Not sure Not applicable

35. The location of these programs is too far from my home

- Yes No Not sure Not applicable

36. The cost of these programs is more than I can afford to pay

- Yes No Not sure Not applicable

37. The physical layout would prevent my child from accessing the facilities
(e.g. not wheelchair accessible)

- Yes No Not sure Not applicable

38. The layout of the rooms where some of these activities are held is not appropriate
for my child (e.g. too much sensory stimulation, too many things hanging on
the walls...)

- Yes No Not sure Not applicable