



## *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