Children's Brachial Plexus Injury Service*



Paediatric Occupational Therapy, Physiotherapy and Psychology

Parent & Carer Evaluation Survey for the Therapy-Led Clinic (TLC) Ms Heather Farish, Ms Nicola Hart and Dr Helen Lowther

Thank you for completing this anonymous survey and returning it in the envelope provided.

Your views on our service help us to provide the best quality of care.

Please CIRCLE) your choices and add any comments you feel are relevant:-

*You may know Brachial Plexus Injury as Erb's Palsy, OBPI or OBPP. Q1. I understand the reasons for attending the therapy-led clinic (TLC): Strongly Agree Neither Agree nor Disagree Disagree Strongly Disagree Agree Q2. I understand the role of the Occupational Therapist for children with a Brachial Plexus Injury (Erb's Palsy): Strongly Agree Neither Agree nor Disagree Disagree Agree Strongly Disagree Q3. I understand the role of the Physiotherapist for children with a Brachial Plexus Injury (Erb's Palsy): Strongly Agree Neither Agree nor Disagree Strongly Disagree Agree Disagree Q4. I understand the role of the Clinical Psychologist for children with a Brachial Plexus Injury (Erb's Palsy): Strongly Agree Neither Agree nor Disagree Strongly Disagree Agree Disagree Q5. The aims of the session were clear: Strongly Agree Neither Agree nor Disagree Strongly Disagree Disagree Agree Q6. I learned about new strategies that I will try out at home with my child: Strongly Agree Neither Agree nor Disagree Disagree Strongly Disagree Agree Q7. The therapy-led clinic has increased my confidence to help my child's participation in everyday activities: Strongly Agree Neither Agree nor Disagree Disagree Strongly Disagree Agree Q8. The clinic session length of 30 minutes was just right: Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

Q9. The therapy session accommodation was comfortable and clean:					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Furt	her Comments/Sugge	stions:			
	lf you	have any specifi	c issue you wish to discuss please pro	vide vour details h	elow:-
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Thank you for taking the time to complete this questionnaire.

Please return it in the sealed envelope provided to:

Scottish National Brachial Plexus Injury Service REH 030 Ground Floor New Victoria Hospital Grange Road Glasgow G42 9LF

Tel: 0141 347 8916

Email: brachial.plexus@ggc.scot.nhs.uk