SHIFT

Parent or carers Questionnaire Booklet

When you have completed the questionnaire booklet, please return it in the stamped addressed envelope provided.

Thank you

Please complete today's date ☐☐ ☐☐ ☐☐☐☐

DAY MONTH YEAR

What is your relationship with the Young Person?
………………………………………………………………………..

Section A – About You

1. Which of the following best describes your job or main activity at present?
Please tick one box.

Employment Status	Tick one category that best describes your situation now
a. Employee/Self-employed, full time	☐
b. Employee/Self-employed, part-time	☐
c. Homemaker	☐
d. Employee on sick leave	☐
e. Unemployed	☐
f. Not in paid employment (e.g working for charity)	☐
g. Retired	☐
h. Learning a trade, Government-supported training	☐
i. Full time education	☐

2. Have you stopped working all together because of the young person's self-harm in the last 3 months?

Yes ☐
No ☐

If **yes**, go to **question 4**
If **no**, go to **question 3**

3. Have you taken time off work because of the young person's self-harm in the last 3 months?

Yes ☐
No ☐

If **no**, go to **question 4**
If **yes**, how many times has this happened in the last 3 months?

Total number of times: ☐☐

If **yes**, what was the total length of time you were off work in the last 3 months?

Total number of days off: ☐☐

4. Have you lost any earnings due to the young person's self-harm in the last 3 months?

Yes ☐
No ☐

If **no**, go to **question 5**
If **yes**, please estimate the amount lost in the last 3 months (to the nearest pound).

£ ☐☐☐☐☐

5. Have **you** used any of the following services **<u>for your own health</u>** during <u>the past three months?</u>

Health services	**Have you used the service in the last 3 months?**	**Total number of times in the last 3 months?**
a) GP (family doctor), surgery visit	Yes ☐ No ☐	
b) GP (family doctor), home visit	Yes ☐ No ☐	
c) GP (family doctor), phone/email	Yes ☐ No ☐	
d) Practice or district nurse	Yes ☐ No ☐	
e) Physiotherapist	Yes ☐ No ☐	
f) Occupational therapist	Yes ☐ No ☐	
g) Drug and alcohol worker	Yes ☐ No ☐	
h) Family planning service	Yes ☐ No ☐	
i) Any other non hospital based health service e.g. NHS direct	Yes ☐ No ☐	
Hospital services	**Have you used the service in the last 3 months?**	**Total number of times in the last 3 months?**
a) Hospital inpatient stay (over night stay)	Yes ☐ No ☐	Nights ☐☐
b) Hospital outpatient clinic	Yes ☐ No ☐	Visits ☐☐
c) Hospital accident and emergency department	Yes ☐ No ☐	Visits ☐☐
Social services	**Have you used the service in the last 3 months?**	**Total number of times in the last 3 months?**
a) Social worker	Yes ☐ No ☐	
b) Family or patient support or self help groups	Yes ☐ No ☐	
c) Any other social services	Yes ☐ No ☐	

6. During <u>the last 3 months</u>, have you had any **expenses** for **your own health**?
For example, you may have had to pay prescription charges or buy medications such as painkillers etc. or you may have to pay for travel to visit a doctor or nurse.

Yes ☐
No ☐

If **no**, go to **<u>question 7</u>**
If **yes**, please describe your expenses

Description of Item	**Cost** (to the nearest pound)
e.g: return bus ticket to travel to see the doctor	£ ☐☐3
a)	£ ☐☐☐
b)	£ ☐☐☐
c)	£ ☐☐☐
d)	£ ☐☐☐
e)	£ ☐☐☐

Section B – About the young person's health

7. Has **the young person** used any of the following services in the last 3 months?

Health services	**Has the young person used the service in the last 3 months?**	**Total number of times**	**Total length of time per contact**	**Were you with the young person during that contact?**
a. GP (family doctor), surgery visit	Yes ☐ No ☐			Yes ☐ No ☐
b. GP (family doctor), home visit	Yes ☐ No ☐			Yes ☐ No ☐
c. GP (family doctor), phone/email	Yes ☐ No ☐			Yes ☐ No ☐
d. Practice or district nurse	Yes ☐ No ☐			Yes ☐ No ☐
e. Physiotherapist	Yes ☐ No ☐			Yes ☐ No ☐
f. Occupational therapist	Yes ☐ No ☐			Yes ☐ No ☐
g. Drug and alcohol worker	Yes ☐ No ☐			Yes ☐ No ☐
h. Family planning service	Yes ☐ No ☐			Yes ☐ No ☐
i. Other non hospital based health service e.g. NHS direct	Yes ☐ No ☐			Yes ☐ No ☐
Social services	**Has the young person used the service in the last 3 months?**	**Total number of times**	**Total length of time per contact**	**Were you with the young person during that contact?**
a. Social worker	Yes ☐ No ☐			Yes ☐ No ☐
b. Family or patient support or self help groups	Yes ☐ No ☐			Yes ☐ No ☐
c. Any other social services	Yes ☐ No ☐			Yes ☐ No ☐
Educational services	**Has the young person used the service in the last 3 months?**	**Total number of times**	**Total length of time per contact**	**Were you with the young person during that contact?**
a. School nurse	Yes ☐ No ☐			Yes ☐ No ☐
b. School counsellor	Yes ☐ No ☐			Yes ☐ No ☐
c. Other educational services (excluding extra help in school)	Yes ☐ No ☐			Yes ☐ No ☐
d. Does the young person have extra help in school (e.g. mentor, teaching assistant)?	Yes ☐ No ☐	Total number of hours per week ☐☐		
e. Does the young person have a formal statement of special educational need?	Yes ☐ No ☐			
f. What is the name of the school that the young person attends?	School name: ____ Town: ____			
g. What type of school is this?	Mainstream ☐ Special education school ☐ Other ☐			

8. Has the young person used any of the following hospital services during the last 3 months?

Hospital stays in the last 3 months	Has the young person stayed in hospital?	Total number of nights?	Name and town of hospital(s)	
Hospital inpatient stay (staying in hospital over night)	Yes ☐ No ☐	Nights ☐☐	Hospital: ______ Town: ______	
Hospital visits in the last 3 months	**Has the young person used the service?**	**Total number of visits?**	**Were you with the young person?**	**Name and town of hospital(s)**
Hospital outpatient clinic (doctor visits, scans, etc.)	Yes ☐ No ☐	Visits ☐☐	Always ☐ Sometimes ☐ Never ☐	Hospital: ______ Town: ______
Hospital accident and emergency department	Yes ☐ No ☐	Visits ☐☐	Always ☐ Sometimes ☐ Never ☐	Hospital: ______ Town: ______

Section C – Things that have happened because of the young person's self harm

9. During the last 3 months, have you had any **expenses as a result of the young person's self-harm**?
For example, you may have had to pay prescription charges, buy medications (including painkillers), plasters, creams, etc. to treat the young person's self-harm or you may have to pay for their participation in a youth or support group.

Yes ☐
No ☐

If **no**, go to **question 10**
If **yes**, please describe your expenses

Description of Item	**Cost** (to the nearest pound)
e.g: 1box of painkillers	£ ☐☐1
a)	£ ☐☐☐
b)	£ ☐☐☐
c)	£ ☐☐☐
d)	£ ☐☐☐
e)	£ ☐☐☐

10. During <u>the last 3 months</u>, have you had any one-off expenses as a result of the young person's self-harm?
For example, you may have not been able to do something you had already paid for (sports event, concert, gig, holiday trip, etc.) because of the young person's self-harm or you may have had to buy something related to the young person's self-harm (a slef help book, CD etc.).

Yes ☐
No ☐

If **no**, go to **question 11**
If **yes**, please describe the expenses that you had

Description of Item	**Cost** (to the nearest pound)
e.g: 2 tickets for a concert I could not go to	£ ☐ ☐ 3 0
a)	£ ☐☐☐☐
b)	£ ☐☐☐☐
c)	£ ☐☐☐☐
d)	£ ☐☐☐☐
e)	£ ☐☐☐☐

11. We know that young people who self-harm can sometimes get angry and cause damage. Have you had to pay for any damage <u>in the last 3 months</u>?
For example replacing broken windows or paying for damage of property, etc.

Yes ☐
No ☐

If **no**, go to **question 12.**
If **yes**, please estimate the amount this has cost <u>in the last 3 months</u> (to the nearest pound)

£ ☐☐☐☐

12. Have you had seen or spoken to any of the following professional people <u>in the last 3 months?</u>

Type of professional	**Have you been in contact in the last 3 months?**	**How many times have you been in contact in the last 3 months?**
Youth offending team	Yes ☐ No ☐	
Educational welfare services	Yes ☐ No ☐	
Probation officer	Yes ☐ No ☐	
Solicitor or other legal representative	Yes ☐ No ☐	
Legal aid	Yes ☐ No ☐	
Police services	Yes ☐ No ☐	

Thank you for your help.

If you have any questions, please contact the study researcher or your clinician.

Thank you for completing the questionnaire.