**Questionnaire for Parents**

**What to do:**

**The questionnaire will take a couple of minutes to complete.**

**Please tick one answer for each question.**

**If a question is not relevant to you, then please leave that question blank.**

**If you make a mistake or change your mind, please cross out the incorrect answer and tick your correct answer.**

**If you want to, please add any comments in the space below the statement about your answers.**

**Please continue on another sheet if you would like to say more about any of your answers.**

**Thinking about the care and support your child or children have had, do you agree with the following:**

**1. I have been actively involved in all decisions about how my child’s/children’s care and support was provided**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**A little about you…..**

**2. Are you?** ⃝Male ⃝Female ⃝Prefer not to say

**3. How old are you? ⃝**Under 18 **⃝**65-84 years old

**⃝**18-24 years old **⃝**85+ years old

**⃝**25-44 years old ⃝ Prefer not to say

**⃝**45-64 years old

**Thank you for your help.**

**Please return this questionnaire in the envelope provided (no stamp needed) by xxxx**

**[Insert unique code] XXXX**