

THE NUTRITION AND DIETETIC PATIENT OUTCOMES QUESTIONNAIRE PARENT (NDPOQ-P)

We would like you to tell us how much you agree or disagree with the following statements about the advice and support you have received when attending the Dietetic Department.

There are no right or wrong answers so please choose the answers which are right for you. Please answer each statement by ticking the box that best describes your answer.

Thank You.

<i>The advice and support you got from the Nutrition and Dietetic Department:</i>	Strongly Agree	Agree	Neither Disagree or agree	Disagree	Strongly disagree
1. Helped you get a better understanding of your child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was tailored to your lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You were able to put into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reassured you in managing your child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Made you feel you were treated as an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provided everything you needed to manage your child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Made you feel confident in the choices you make in choosing your child's food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Helped you feel able to manage your child's weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helped you to better understand how to manage your child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Helped you feel less anxious than you may have done before about your child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>The advice and support you got from the Nutrition and Dietetic Department:</i>	Strongly Agree	Agree	Neither Disagree or agree	Disagree	Strongly disagree
11. Helped you feel less upset than you may have done before about your child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Added to the information you got from the doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Helped you to socialise and interact more with people in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Made you feel the person talking to you was really thinking about your situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Helped your child's general well-being improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please could you tell us the following about you and your child?

What is your age? _____

What is your sex?

Male

Female

What is your child's age? _____

Is your child an inpatient? No

Yes

What is the name of the ward your child is staying on?

What speciality is your child under the care of: _____

(e.g. diabetes)

Please check that you have given your answer to all the statements.

Thank you for your time in completing this questionnaire.