

Supplementary Material

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Care and comfort questionnaire

Child's name:			<u>CHI:</u>				
Nam	ne of person completing form:						
Date							
Plea	se rate how easy or difficult it has beer	for you or yo	our ch	ild in	the pas	t 2	weeks
	erform the following tasks:	, , .	- C		o pas		
_							
Perso	onal care		Vory	001/	lmno	saih	do
1	Dutting on ponto/trouporo?		very e	asy 2	Impos	4	N/A
	Putting on pants/trousers?Taking off pants/trousers?		1	2	3	4	N/A
			1	2	3		
	. Putting on a shirt?		-			4	N/A
4	<u> </u>		1	2	3	4	N/A
	. Ease of sitting on a toilet seat?	40	1	2	3	4	N/A
6		ent?	1	2	3	4	N/A
	. Ease of bathing?		1	2	3	4	N/A
	. Ease of self-feeding?		1	2	3	4	N/A
9	. Ease of feeding?		1	2	3	4	N/A
Docis	ioning/Transforring						
Posit	ioning/ Transferring						
				•	•		N1/A
	. Ease of positioning in a wheelchair?		1	2	3	4	N/A
	Ease of positioning in other equipment (standing	g frame)	1	2	3	4	N/A
_	. Ease of transferring in and out of wheelchair?	•	1	2	3	4	N/A
	. Ease of putting on orthoses or positioning device	es?	1	2	3	4	N/A
_	. Ease of controlling his/her wheelchair?		1	2	3	4	N/A
6	. Ease of getting in or out of a car?		1	2	3	4	N/A
_							
Com	fort		NI		A 1		
		•	Never		Always		N1/A
	. Is there pain or discomfort during position change	ge?	1	2	3	4	N/A
	. Is there pain or discomfort during nappy?		1	2	3	4	N/A
3	. Does pain or discomfort prevent your child from	participating in a	ctivities		•		N1/A
			1	2	3	4	N/A
4	. Is your child using pain control medicine?		1	2	3	4	N/A
_	D 1711 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Never		N1/A
5	. Does your child sleep thought the night?		1	2	3	4	N/A
l4							
intera	action/ Communication		Vame		lua ia a	: l.	.la
4	Very easyImpossible						
1	. How easy is it for your child to extend arms to re	each communicat		_	•	4	NI/A
0			1	2	3	4	N/A
2		- il dua ia O	1	2	3	4	N/A
3			1	2	3	4	N/A
4	. How easy is it for your child to be completely un	luerstood by thos	e wno k	-			
_	Doog your shild have a machine with day the are	Marie	1	2	3	4	N/A
5		Never	1	2	3	4	Soaked
6		Outstanding	1	2	3		Awful
7	. Describe your child.	Very happy	1	2	3	4 (Unhappy

Validation of Care and Comfort Hypertonicity Questionnaire *Robin Nemer McCoy et al; Developmental Medicine & Child Neurology 2006*