

QUESTIONNAIRE

(this information is held in strict confidence)

Please Print Clearly & Use Black Ink

Child's Name: _____ DOB: ___/___/___ Gender: ___(M/F)

Full Diagnosis: _____

Medication(s) with Dosages: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's Phone: (_____) _____ Parent's Email: _____

For the next 2 questions, put a checkmark on the blank line next to the answer that best describes your child.
Answers you provide are for post-research discussion and will not effect your child's eligibility to take part.

1. My child has engaged in therapy where he/she was instructed to move both arms or hands at the same time?
___Y ___N

2. My child's behavior typically gets better ___ gets worse ___ during the summer school break?

I attest to the accurateness of the information I provided.

Parent's Name: _____

Signature of Parent: _____ Date: _____

***How did you find out about this study?** _____

Fill in the following only if your address is different from your child's:

Street Address: _____

City: _____ State: _____ Zip: _____

Please fill out, sign and date this form and either fax it back to: **847-382-1075**

Or mail to: Relax4Life Research, 26402 N. Edgemon Ln, Barrington, IL 60010

Questions? Email: relax4life@comcast.net