Family Disruption Measure

(Male)

Please write in today’s date:______________

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If you have more than one child, please note that throughout the questionnaire, the questions apply only to your son who has chickenpox.

Please read each item carefully and tick the one response that applies best today.

Did you have to stay in the house more than you wanted to?
- Yes □
- No □

Did you get behind with your cleaning?
- Yes □
- No □

Did you have to rush to get jobs done?
- Yes □
- No □

Did you have to ask someone not to call round?
- Yes □
- No □

Did you have to spend most of the day amusing your son?
- Yes □
- No □

Have you had to spend time trying to keep his temperature down?
- Yes □
- No □