

# 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: **847-908-7551**

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

Questions? Email: [relax4life@comcast.net](mailto:relax4life@comcast.net)