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**The M. S. University of Baroda**  
**Faculty of Social Work**  
**Baroda-390002**  
**Interview Schedule**

**Topic: ““knowledge, Attitude & Practices of Parents of Autistic Children”.**

Note: All the information will be kept confidential and it will be only used for the study purpose.

**Name of the Organization:-**

Background Information of the respondents.

1. Name of the Respondent:

2. Age:

- A. 20 to 25 yrs.
- B. 25 to 30 yrs.
- C. 30 to 35 yrs.
- D. 35 to 45 yrs.
- E. 45 to above.

3. Education:

- A. Primary educated
- B. Secondary educated
- C. Graduate
- D. Post Graduate
- E. Illiterate



4. Occupation:
  - A. Job
  - B. Business
  - C. Labor work
  
5. Type of Family:
  - A. Nuclear family
  - B. Joint family
  - C. Single parent family
  
6. Monthly Income:
  - A. 5000-10,000Rs.
  - B. 10,001-15,000Rs.
  - C. 15001-20,000 Rs.
  - D. 20,001-25,000Rs.
  - E. Above 25,000Rs.
  
7. Number of children:
  - A. 1<sup>st</sup> born
  - B. 2<sup>nd</sup> born
  - C. 3<sup>rd</sup> born
  - D. 4<sup>th</sup> born
  - E. Above
  
8. Is your child is Full term baby or having any complication in delivery
  - A. Yes
  - B. No

9. How was the Milestone of your child?
- A. Normal
  - B. Delay
10. When did He/ She start speaking first word?
- A. 1-3yrs
  - B. 4-6yrs
  - C. Above
11. When did He/ She start Walking?
- A. 1-3yrs
  - B. 4-6yrs
  - C. Above
12. When did He/ She start Sitting?
- A. 1-3yrs
  - B. 4-6yrs
  - C. Above
13. When did He/ She start Standing?
- A. 1-3yrs
  - B. 4-6yrs
  - C. Above
14. When did He/ She give first Smile?
- A. 1-3yrs
  - B. 4-6yrs
  - C. Above

15. When did He/ She start rolling over & head holding?
  - A. 1-3yrs
  - B. 4-6yrs
  - C. Above
  
16. Emotional area of Development.
  - A. Sensitive
  - B. Normal
  - C. High Sensitive
  - D. No Response
  
17. Language Development
  - A. Normal
  - B. Delay
18. General appearance & behavior?
  - A. Normal
  - B. Abnormal
  - C. Aggressive.
19. How Co-Operative your child is?
  - A. Little
  - B. Very Co-Operative
  - C. No response
  - D. Slowly-Slowly Learn
20. Participation in activities?
  - A. Yes
  - B. No
21. If yes at where
  - A. At home
  - B. At School

(The Number of Child rearing practices and activities have been given in the following pages numbering from 22 to 42.

Socialization

A) PLAY

22. The Child's Play contents are
- a. Sound Producing objects & Toys
  - b. Wooden Toys
  - c. Constructive toys, Blocks, Clay
  - d. Vehicles & Outdoor Materials
  - e. Books, Cuttings, Crayons.
23. The Child gets toys when
- A. not given toys at all
  - B. Purchased on Occasions.
  - C. as a reward
  - D. Given as gifts by relatives & visitors.
24. The child is allowed to play with toys.
- A. according to mother's wish
  - B. . According to specify instruction & guidance.
  - C. As the Child Pleases.
25. The Child is given the toys to play.
- A. Occasionally
  - B. whenever the child desires
26. The child is allowed to play
- A. in the house
  - B. at neighbors
  - C. garden or nearby Playground
27. The child is allowed to play with children.
- A. Who are socially desirable
  - B. Who are chosen by Parents
  - C. Whom the child likes
  - D. Siblings & their friends
  - E. Siblings alone

B) Communication

28. The child indicates needs & Desired by
- A. Requesting
  - B. Flattering
  - C. Shouting Angrily
  - D. temper tantrums  
(kicking, beating, etc.)
29. Mother responds to the child's needs.
- A. by giving what the child desire
  - B. by diverting the child's attention
  - C. depending upon convenience
  - D. scolding
  - E. verbal assurance
30. When in need, the child usually goes to
- A. mother
  - B. father
  - C. any other adults
  - D. servant
  - E. sibling
  - F. no one
31. The child mostly asks questions to
- A. mother
  - B. father
  - C. any other adults
  - D. servant
  - E. sibling
32. The child's questions are
- A. always replied to
  - B. replied to at times
  - C. usually replied to
  - D. not replied to

33. The child always desires to be in company of
- A. mother only
  - B. father only
  - C. any other adults
  - D. sibling
  - E. Anyone else (specify)
34. The child often seeks
- A. physical contacts
  - B. follows some adults
  - C. presence of the adult
  - D. no one special
  - E. remaining alone
35. The child communicates in socially approved manner with
- A. parents
  - B. adults in the family
  - C. sibling – young elder
  - D. stranger
  - E. servants
36. The child seeks permission to
- A. go out
  - B. give things to friends
  - C. use things belonging to other
  - D. Use common belonging of the family(food, musically instruments, etc.)
37. The child interferes in adult's talk & activities
- A. yes
  - B. no
  - C. sometime

38. When the child interferes, the child
- A. seeks undue adult contact
  - B. demands attention by expressing needs
  - C. asks questions
  - D. Disturbs adults by
    - i. making noise
    - ii. creating meds
  - E. become aggressive towards others
39. The diet required for keeping the body healthy
- A. Non-veg. diet
  - B. Balanced diet
  - C. Expensive diet
40. The child's feeding is done by the
- A. mother alone
  - B. mother & other alone
  - C. . mother & sibling
  - D. sibling alone
  - E. servant
  - F. self
41. when the child eats without any help, the child
- A. does not eat much
  - B. spills food allover
  - C. eats with slight spilling or tardiness
42. The child is given food
- A. at regular interval
  - B. whenever the child wants(cries)
  - C. with other children but, separately from adults

**Parental Attitude Checklist:**

This checklist may be used to assess the extent to the parental role towards the autistic child. This can be used for self assessment by the parents or for training & practices for the child's development.

The 5 point rating Scale may be used for assessment.

How far do you agree with the following statements:

- 1- STRONGLY AGREE
- 2- AGREE
- 3- UNDECIDED
- 4- DISAGREE
- 5- STRONGLY DISAGREE



**I-Parental Attitude towards Autistic Child**

1	If your child at home it is the matter of shame?	1	2	3	4	5
2	Is Autistic child Burdon on the Family?					
3	Do you Believe your Social & Economic Situation is stressful?					
4	Your child is depend on others for daily activity?					
5	Do you Believe that your child should live upon donation?					
6	Autistic child is the gift of God.					
7	Something is lacking in the mental growth? Development of Autistic child					
8	Do you believe that autism is Sin?					
9	Is autistic child is result of the deeds of previous birth					
10	Do you Believe that Autistic child can be cured by A. Supernatural power B. Medication C. Support of the family D. d. None of them					
11	Do you think to attempt Suicide because of Autistic child?					
12	Do you think to kill your autistic child as they are Burdon for you?					
13	Do you agree to restricting family size because you have autistic child?					
14	Do you believe that to separate the autistic Child so family can not be affected?					
15	What do you think about Autism? A. Autism is childhood Schizophrenia B. Auto- immune condition C. neuro-develop mental disorder					

The respondents are requested to read the following statement carefully & give your opinion as to whether the some are true towards the knowledge and practices of your child on the below mentioned 5-point scale.

1- NOT AT ALL

2- TO A SLIGHT EXTENT

3- TO A MODERATE EXTENT

4- TO A GREAT EXTENT

5- TO A VERY GREAT EXTENT

### II-Knowledge & Practices

16	Do you need information about assessment report of your child?	1	2	3	4	5
17	Do you required regarding materials to help you to deal with your child?					
18	Do you need information on nutrition / special diet for your child?					
19	Do you need <i>information</i> about normal growth & development by attending any of the Parenting seminars?					
20	Do you need to know about what teachers / trainers are teaching your child?					
21	Do you take proper decision or you want help to decide in which training center / school to admit your					
22	Do you need information about from where to procure training materials for your child?					
23	Do you need information on the effect of admitting your child to special / normal school?					
24	Do you need help in finding the most appropriate Vocation for your child?					

25	Do you need help in deciding where to admit or not to admit your child in a hostel?					
26	Do you need to meet & discuss with parents having children with similar condition?					
27	Are you aware about any financial facility to pay for medicines, therapy or other services of your child? (Specify)					
28	How can you financially secure your child's future after your death? a. Transfer your property b. Saving account c. Pension benefits					
29	Are you aware about various Government benefits for Autistic child? Their family members?					
30	Do you have information on the legislation for Autistic child?					

Below mentioned are few statements regarding the various problems faced by parents in which alternative answers are given. You are requested to read the following statements carefully & answers as to what extent according to you the following statements are true as per the below mentioned 5 points scale.

- 1- NEVER
- 2- RARELY
- 3- SOMETIMES
- 4- VERY OFTEN
- 5- OFTEN

Problems faced by parents

A) Problems in daily living activities

31	Do you faced problems in helping your child to eat?	
32	Do you faced problems in dressing of your Autistic child?	
33	Do you faced problems in toilet training of your child?	
34	Do you faced problems in brushing teeth your child?	
35	Do you faced problems in grooming of your child?	
36	Do you faced problems in lifting your child?	
37	Do you faced problems in giving medication to your child?	
38	Do you faced problems in helping your child to eat?	
39	Do you faced problems in dressing of your Autistic child?	
40	Do you faced problems in toilet training of your child?	
41	Do you faced problems in brushing teeth your child?	
42	Do you faced problems in grooming of your child?	
43	Do you faced problems in lifting your child?	
44	Do you faced problems in giving medication to your child?	
45	Do you faced problems in helping your child to eat?	

46	Do you faced any kind of health problems having Autistic child? If Yes which? A. Sleepiness B. Mental worries C. Blood pressure D. Headache E. Other(Specify)	
47	Problem of Loss of Support. If yes from whom? A. spouse B. family C. in-laws D. relatives E. friends F. Neighbors	
<b>Problems of finance</b>		
48	Do you face Financially difficulties in visit the doctor & other professionals for your child?	
49	Do you faced financially difficulties in laboratory investigation	
50	Do you faced financially difficulties in transportation of your child?	
<b><u>SOCIAL PROBLEMS</u></b>		
51	Do you feel restricted in attempting Social function due to your child?	
52	Do you feel Pursuing Socially bound & aloof due to your child?	
53	Do you feel restricted from pursuing from interesting learning opportunities due to your child?	
54	Have you Experiencing any embarrassment by	
55	If yes from whom? A. your family B. your relatives C. your community	