

Appendix B

Demographic Questionnaire

Sl No. :

Name :

Age : Date Of Birth: Gender:

Address :

Phone No. :

Occupation:

Education :

Annual Income:

No. Of Persons At Home:

No. Of Children:

Age of Child/Children:

No. Of Working Members:

For clinician:-

Name of the clinician:

Diagnosis of the child:

Details of intervention:

Remarks: