Appendix 1: Parental Questionnaire

Date: ____________________________  Name: _____________________________________
Number of casts to date: _____________  Child’s Name: _______________________________

1. When was your child diagnosed with clubfoot?
   □ antenatal ultrasound  □ at birth  □ 1 – 2 wks  □ 3 – 4 wks  □ > 1 month

2. How did you feel about this?
   □ scared  □ angry  □ sad  □ indifferent  □ other: __________________________

3. Do you know of anyone else who has/had clubfoot?
   □ YES, who? _____________________________________  □ NO
   If YES, what treatment was given?
   □ surgery  □ casting  □ special shoes  □ taping  □ nothing  □ don’t know
   □ other: __________________________________________________________________

4. What type of cast did your child have put on?
   □ Plaster of Paris  □ Fiberglass Soft Cast
   a. Please rate the ease of cast removal.
      □ very easy  □ easy  □ manageable  □ difficult  □ impossible
   b. How long did it take to remove the cast (minutes)?
      □ 0 – 9  □ 10 – 19  □ 20 – 29  □ 30 – 39  □ 40 – 49  □ 50 – 59  □ >60
   c. What method did you use to remove the cast? (check all that apply)
      □ soak in water  □ vinegar  □ peel  □ cut with scissors/saw  □ pull off
      □ other: __________________________________________________________________
   d. Other comments regarding the removal of the cast.

5. Other cast concerns: (check all that apply)
   □ too ugly  □ too heavy  □ too light  □ too difficult to clean  □ not waterproof
   □ other: __________________________________________________________________