4.
Could you please indicate for the questions below which answer is most applicable to your situation?

Do you feel you receive enough support from people around you?

- ○ Yes
- ○ No

(if yes)
What kind of support do you receive?

- ○ Practical
- ○ Emotional
- ○ Practical as well as emotional
- ○ Other, namely……

Do people often react to your situation with a lack of understanding?

- ○ Yes
- ○ No

Do you have a (chronic) disease?

- ○ Yes
- ○ No

How do you get along with the medical staff?

- ○ Very well
- ○ Well
- ○ Fair
- ○ Poor

Would you like to talk to a professional about your situation?

- ○ Yes
- ○ Maybe
- ○ No

Please explain:

……

……

Do you have any further comments/questions about this questionnaire or anything you would like to add about your responses?

……

……

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE!

Distress Thermometer for Parents (DT-P)

The DT-P is for parents/caregivers of a child who is (has been) receiving treatment in the (children's) hospital.

Your name: ……

Your date of birth:……

Date of completion:……

Child's name:……

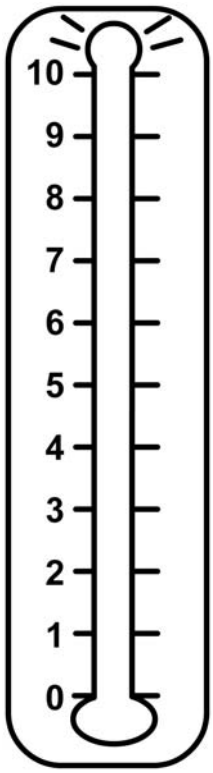
Completed by:

- ○ Father
- ○ Mother
- ○ Other, namely……

The DT-P questions are about how <u>you</u> feel.
First we will ask you to indicate, on the thermometer, how you are doing in general.
Next, we will ask how you are doing related to day-to-day practical, emotional, physical and cognitive functioning.

1.
Please indicate on the thermometer which number best describes how much distress <u>you</u> have been experiencing in the past week (including today) physically, emotionally, socially and practically <u>in general</u>. (0 = no distress at all - 10 = extreme distress).

Extreme distress



No distress at all

2.
Please indicate by checking YES or NO if any of the following has been a problem for you in the past week (including today). Be sure to check YES or NO for each item.

YES	NO	Practical problems
○	○	Housing
○	○	Work/study
○	○	Finances/insurance
○	○	Housekeeping
○	○	Transport
○	○	Child care/child supervision
○	○	Leisure activities/relaxing

YES	NO	Family / social problems
○	○	Dealing with (ex)partner
○	○	Dealing with family
○	○	Dealing with friends
○	○	Interacting with your child(ren)

YES	NO	Emotional problems
○	○	Keeping emotions under control
○	○	Self-confidence
○	○	Fears
○	○	Depression
○	○	Feeling tense or nervous
○	○	Loneliness
○	○	Feelings of guilt
○	○	Use of substances (e.g. use of alcohol, drugs, and/or medication)
○	○	Intrusive/recurrent thoughts about a specific event

YES	NO	Physical problems
○	○	Eating
○	○	Weight
○	○	Sleep
○	○	Fatigue
○	○	Out of shape/condition
○	○	Pain
○	○	Sexuality

YES	NO	Cognitive problems
○	○	Concentration
○	○	Memory

3.
When the question is about <u>your child</u>, we are referring to the child that is (has been) receiving treatment in the (children's) hospital.

In case you have more than one child that is (has been) receiving treatment in the hospital, please keep the child in mind whose disease is influencing the day-to-day functioning the most.

Is your child 2 years or older?

<u>YES, my child is 2 years or older:</u>

For the following domain, please indicate if this has been a problem for you in the past week (including today). Please make sure you check YES or NO for each item.

YES	NO	Parenting your child that is (has been) receiving treatment in the (children's) hospital
○	○	Dealing with your child
○	○	Dealing with the feelings of your child
○	○	Talking about the disease/consequences with your child
○	○	Independence of your child
○	○	Following advice about treatment/ Giving your child his/her medication

<u>NO, my child is younger than 2 years:</u>

For the following questions, please indicate if this has been a problem for you in the past week (including today). Please make sure you check YES or NO for each item.

YES	NO	Parenting your child that is (has been) receiving treatment in the (children's) hospital
○	○	Feeling connected with your child
○	○	Caring for your child
○	○	Feeding your child
○	○	Development of your child
○	○	Following advice about treatment/ Giving your child his/her medication
○	○	Your child's sleeping
○	○	Behavior/crying of your child