



# Family Disruption Measure

## (Male)

Please write in today's date: \_\_\_\_\_

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If you have more than one child, please note that throughout the questionnaire, the questions apply only to your son who has chickenpox.

Please read each item carefully and tick the **one** response that applies best **today**

Did you have to stay in the house more than you wanted to? Yes

No

Did you get behind with your cleaning? Yes

No

Did you have to rush to get jobs done? Yes

No

Did you have to ask someone not to call round? Yes

No

Did you have to spend most of the day amusing your son? Yes

No

Have you had to spend time trying to keep his temperature down? Yes

No