

Transforming Children's Community Services (TraCCS) Study

Demographic Form for Parents/Carers Taking Part in this Study

Age

(Parent/Carer): _____

Relationship to child:

Ethnicity *(please tick):*

Asian Black/Black British

Mixed White British

White Other *(please specify below):*

Any other ethnic background *(please specify below):*

Child's diagnosis *(please state below):*

Are you in receipt of DLA for child? Yes No



(To be completed by the researcher at interview.)