



Autism Parenting Stress Index for the Qigong Sensory Training Program

Instructions:

1. Before beginning Qigong Sensory Training therapy with your child, complete the form on the following page.
2. Write the date, name of your child, and who is completing the checklist. (It is very important that the same parent/caretaker complete the form each time the form is used.)
3. Circle the response for each item that most accurately describes your child.
4. Add all of the numbers circled.
5. Write total into the space provided.

After using Qigong Sensory Training therapy on your child once a day for a five months, have the same parent complete the form again. Total numbers circled. Compare this number to the number at the beginning. If Qigong Sensory Training therapy is being implemented successfully, the total number should decrease over time.



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Qigong Sensory Training Institute, www.qsti.org

Date: _____ Name of child: _____ Person completing checklist: _____

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Please rate the following aspects of your child's health according to how much stress it causes you and/or your family by placing an X in the box that best describes your situation.	Stress Ratings				
	Not stressful	Sometimes creates stress	Often creates stress	Very stressful on a daily basis	So stressful sometimes we feel we can't cope
Your child's social development	0	1	2	3	5
Your child's ability to communicate	0	1	2	3	5
Tantrums/meltdowns	0	1	2	3	5
Aggressive behavior (siblings, peers)	0	1	2	3	5
Self-injurious behavior	0	1	2	3	5
Difficulty making transitions from one activity to another	0	1	2	3	5
Sleep problems	0	1	2	3	5
Your child's diet	0	1	2	3	5
Bowel problems (diarrhea, constipation)	0	1	2	3	5
Potty training	0	1	2	3	5
Not feeling close to your child	0	1	2	3	5
Concern for the future of your child being accepted by others	0	1	2	3	5
Concern for the future of your child living independently	0	1	2	3	5
<i>Subtotal</i>					
Total					



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