**Open Space \_\_Questionnaire for the PARENTS of youth aged 12 to 25 years**

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| **Please carefully read the following information before answering the questions**  You are the parent of a child aged 12 to 25 years. We would like to know your opinion regarding health services offered in Sherbrooke (physical, mental, sexual, lifestyle, addiction and substance abuse, etc.). By answering this survey, you are helping to support the health network, which seeks to better know your needs and those of your child.  The results of the survey will enable the organisation of services in a space dedicated to the overall health of youth in Sherbrooke. That place will offer adapted services to youth and their families.  It should take between 5 and 10 minutes to answer the survey. Under no circumstance will your name will be revealed. Your answers will not be associated with your name.  You have until January 16, 2020, to answer this questionnaire.  We thank you for taking the time to help improve service for youth and parents in Sherbrooke.  ☐ **I freely and willing**ly accept to participate in this research project.  **I am answering this questionnaire relating to my child aged (drop-down list 14 to 25 years old inclusively)** |

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| In this questionnaire, the expression "**health service**" includes the overall health services related to physical, sexual, and mental health, as well as healthy lifestyles (sleep, food, etc.) and substance abuse **provided by all organizations in Sherbrooke** (school, CLSC, community organizations, etc.). |

**In the past year, has your child had difficulty in any of the following areas?** Check all answers that apply.

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| --- | --- |
| Accident or injury | Tobacco use or vaping |
| ☐ Disease or chronic problem | Drug or alcohol consumption |
| Mental health (depression, borderline personality disorder, psychosis, schizophrenia, etc.) | Cyberaddiction (online gaming, video games, social networks) |
| Relationships with the family | Learning difficulties |
| Stress, anxiety | Housing instability |
| Love life | Budgeting and financial problems |
| Birth control, pregnancy, sexual health | Labour market |
| Violence, bullying, sexual abuse | ☐ Behavioural disorder |
| Lifestyle habits (nutrition, sleep, etc.) | Other area(s). Specify: |
| Eating disorder (anorexia, bulimia, etc.)  Self-esteem, social skills | I would rather not answer.  My child does not have any particular difficulty. |

**Over the past year,** **which service(s) did you use as a parent in Sherbrooke related to your child's difficulties?** Check all answers that apply.

|  |  |
| --- | --- |
| Emergency | Family physician, medical clinic |
| CLSC (social worker, psychoeducator, etc.) | Psychologist |
| Pharmacist | ☐ CRDE (Centre de réadaptation en dépendance de l’Estrie) |
| Service offered by your AEP (employee assistance program) | ☐ Psychiatrist |
| Helpline or talkline | Other service(s). Specify: \_\_\_\_\_\_\_\_\_\_ |
| ☐ Support and self-help group for parents | I have not used any services in Sherbrooke. |
| Community organisations  Specify:\_\_\_\_\_\_ | I don't remember. |
|  | I would rather not answer. |

**In general, the support services for parents of youth aged 12 to 25 years who have existing health issues in Sherbrooke meet my overall needs:**

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| **Seldom** |
| **Occasionally** |
| **Often** |
| ☐ **Very well**  Why? |

**What are your main support services requirements for your child's difficulties?**

**If a place dedicated to the overall health of youth aged 12 to 25 years and their families that brought together professionals opened in Sherbooke, would you be interested in going there?**

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| Yes, certainly |
| Yes, I might |
| No, I don't think so |
| No, certainly not |
| Why?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**At which time would it be most useful for you to go to the new space dedicated to overall health?** Check all answers that apply.

|  |  |  |
| --- | --- | --- |
| If you go there **with** your child |  | If you go there **without** your child |
| Mornings (7:00 a.m. to 11:00 a.m.) |  | Mornings (7:00 a.m. to 11:00 a.m.) |
| Afternoons (11:00 a.m. to 4:00 p.m.) |  | Afternoons (11:00 a.m. to 4:00 p.m.) |
| Evenings (4:00 p.m. to 10:00 p.m.) |  | Evenings (4:00 p.m. to 10:00 p.m.) |
| Nights (10:00 p.m. to 6:00 a.m.) |  | Nights (10:00 p.m. to 6:00 a.m.) |
| Weekdays |  | Weekdays |
| Weekends |  | Weekends |

**Would you feel comfortable receiving support or assistance from a parent of a youth who shares a similar life experience with you**?

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| --- |
| **Yes**, I would be comfortable. |
| I **might** be comfortable if I had more information. |
| I **definitely** would not be comfortable. |
| ☐ No, I **would not** be comfortable. |
| ☐ I don't know. |

**If you needed support for your child's difficulties, what incentive(s) would encourage you to use the overall health space for youth?** Check all answers that apply.

Many services in a single location

Phone consultations

Online platform (e.g., video briefs on specific subjects)

Online chatting with a health or social worker

Tele-health (e.g., Skyping with a worker)

Discussion groups (workshops, conferences)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sociodemographic information**

|  |  |
| --- | --- |
| Postal code: \_\_\_\_\_\_\_\_\_\_ |  |
|  |  |

***Thank you for sharing your opinions regarding services offered to youth and their families in Sherbrooke. Your contribution is invaluable to us.***

***To participate in the contest to win a $100 gift certificate at Carrefour de L’Estrie, click here.***

<https://questionnaire.simplesondage.com/f/s.aspx?s=1BC87865-E0F8-43BC-8BEF-C4F352FFE377>

***Now please encourage your children aged 12 to 25 years to complete the questionnaire addressed to them: https://questionnaire.simplesondage.com/f/l/Jeunes***

***Your children could also win a $100 Carrefour de L’Estrie gift certificate.***