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Parental perceptions and experience of rehabilitation services for children with cerebral palsy in poorly-resourced areas

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APPENDIX A2

MODIFIED JUDSON MATERNAL SELF-RATING SCALE

N = name of your child

Please rate on a scale from 0 to 10 how strongly you agree with the following statements. A score of 10 means that you agree very strongly and a score of 0 means that you do not agree at all.

No.	Item	Rating
1	N and I have lots of fun together	
2	Lots of people are interested in N	
3	I am enjoying N	
4	I find it easy to show affection to N	
5	I am proud of N	
6	I am comfortable with N	
7	N seems a happy child	
8	I am noticing great progress with N	
9	I know how much to expect of N	
10	I am happy about N	
11	I am able to share my worries about N	
12	I am optimistic about N's future	