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Caregivers' perceptions of services offered at the cerebral palsy clinic at Doctor George Mukhari hospital

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Appendix I

CAREGIVER INFORMATION SHEET

Dear Caregiver

Good morning and thank you for taking time to read this letter.

My name is Muziwakhe Tshabalala, I am a lecturer at MEDUNSA and I am registered with the University of Witwatersrand for a Masters degree in Physiotherapy.

I am involved in student training and have worked/ assisted in the CP clinic for just over a year. I have realised that most of the caregivers who come to the clinic have a lot of questions about their children. Some have asked me important questions such as whether coming to treatment will make the child normal again. I asked some who have come for treatment over a year to find out what the people treating their children have explained to them about their finding, future of the child and so on, and I have found different answers. Some reported that they did not understand what the person working with their child told them. These experiences made me to want to find out how parents see the process of care offered by service providers, and also how the service providers perceive their behaviours during service delivery.

I would like you to participate in the study that will help me to answer these questions. If you agree to participate, you will fill a questionnaire that will take about 15 minutes of your time. The information given through the questionnaire will be kept private, no part of the questionnaire will be reproduced except for the purpose of the study. Your taking part in this study is voluntary, you can choose not to participate and will not be discriminated. Continued quality treatment for your child will not be affected based on your decision. Your participation will be by filling the questionnaire.

If you have any queries, more information may be obtained from Mr MD Tshabalala at telephone number (012) 521 4047.

If you are happy to participate in the study please sign the attached consent form.

Thank you

Mr MD Tshabalala
(Physiotherapist)

CONSENT FORM

I _____ have read/ been explained to and understand the contents on the information sheet about the study that will be conducted. I therefore sign as an agreement that I have not been forced to participate, but that I volunteer willingly.

Participant: _____ Date: _____

Research Assistant: _____ Date: _____