

CONSENT LETTER FOR PARTICIPATION IN DIABETIC THERAPY GROUPS

We, Mr & Mrs _____ , hereby give consent for our child to participate in the diabetic therapy groups presented by Mrs Marshree Doorgapershad. We are aware that the results from the group sessions will be used for research purposes and will also be published. We have also been informed that our child's name will remain anonymous to protect his/her identity. We acknowledge the compulsory attendance of the group sessions. We will also not hold the researcher responsible for any untoward and unsafe behaviour by our child during or after the group sessions.

Signed: _____
(Parents)

Date: _____



William Clark Garder
Othandweni Children's Home
23 Garbutt Road
Sherwood 409
Tel: (031) 207 1366/7.
Fax: (031) 208 751

Mrs M Doorgapershad
37 Maple Road
No.10, Ascot
Morningside
DURBAN
4091

8 May 2000

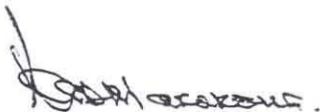
Dear Madam

Your request to utilise one of the rooms at William Clark Othandweni has been accepted.

The room allocated to you is the flat 2 boardroom.

The key will be left at the security gate on those days for collection.

Yours Sincerely



ACD MOFOKENG (MRS)
MANAGER

QUESTIONNAIRE TO DETERMINE LEVELS OF AGGRESSION IN DIABETIC CHILDREN

1. NAME:
2. GENDER: MALE FEMALE
3. AGE:
4. STANDARD IN SCHOOL :
5. YEARS BEEN A DIABETIC : 1YR 2YRS 3YRS MORE
6. PROBLEMS EXPERIENCED SINCE BEING DIAGNOSED AS A DIABETIC:
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.....
7. WHAT MAKES YOU HAPPY?
.....
.....
8. HOW DO YOU KNOW WHEN YOU ARE HAPPY?
.....
.....
9. ARE YOU HAPPY MOST OF THE TIME?
.....
10. WHAT MAKES YOU SAD?
.....
.....
11. WHAT DO YOU DO WHEN YOU ARE SAD?
.....
.....
12. ARE YOU SAD MOST OF THE TIME?
.....
13. WHAT MAKES YOU ANGRY?
.....
.....

14. HOW DO YOU KNOW WHEN YOU ARE ANGRY?

.....
.....

15. ARE YOU ANGRY MOST OF THE TIME?

.....

16. DO YOU THINK YOU ARE WELL BEHAVED MOST OF THE TIME?

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.....

17. WHAT CAUSES YOU TO MISBEHAVE SOMETIMES?

.....
.....

18. WHAT IS THE WORST THING THAT EVER HAPPENED TO YOU?

.....
.....

19. WHAT DO YOU LIKE MOST ABOUT YOUR FAMILY?

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.....

20. WHAT DO YOU LIKE LEAST ABOUT YOUR FAMILY?

.....
.....

21. IS THERE ANYTHING YOU WOULD LIKE TO CHANGE ABOUT YOUR FAMILY?

.....
.....

22. HOW DO YOU GET ALONG WITH YOUR FATHER, MOTHER, SIBLINGS AND FRIENDS?

POOR FAIR GOOD VERY GOOD

FATHER.....

MOTHER.....

FRIENDS.....

SIBLINGS.....

23. DO YOU HAVE MANY FRIENDS?

.....
.....

24. ARE YOU HAPPY AT SCHOOL?

.....
.....

25. HOW DO YOU GET ALONG WITH YOUR CLASSMATES?

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.....

26. HOW DO YOU GET ALONG WITH YOUR TEACHERS?

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.....

27. DOES ANYONE MAKE FUN OF YOU AT SCHOOL? IF SO FOR WHAT REASONS?

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.....

28. WHAT IS THE HARDEST THING ABOUT BEING DIABETIC?

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.....

29. DO YOU FEEL DIFFERENT BECAUSE OF YOUR DIABETES?

.....
.....

30. DO YOU FEEL RESTRICTED BECAUSE OF YOUR DIABETES?

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.....

31. DO OTHER CHILDREN MAKE IT DIFFICULT FOR YOU BECAUSE OF YOUR DIABETES?

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.....

32. IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY?

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GROUP RULES

1. Attendance is compulsory for ten sessions.
2. Be yourself, do not be afraid.
3. If you have problems, talk about it.
4. Confidentiality.
5. Have fun, learn, behave and be open.
6. Respect group leader and members.
7. Comfort, help members. Be part of the group. Remember you are not alone.
8. No interrupting while someone else is talking; do not be a boss.
9. The length of the group is one hour.

Name: _____

Sign: _____