

## QUESTIONNAIRE FOR SIBLINGS OF PEDIATRIC PATIENTS

(Ages 5 -11 years)  
(Sibling=brother or sister)

1. How old are you? \_\_\_\_\_
2. How old is your sibling that is the patient? \_\_\_\_\_
3. Do you live at home with the patient? Yes  No
4. How often do you come to the clinic/hospital with the patient?

5. When you come to M.D. Anderson, what do you like to do?

- Participate in playroom activities Yes  No
- Sit in the waiting room Yes  No
- Play in the hospital room Yes  No
- Participate in special activities Yes  No
- List other activities you do: \_\_\_\_\_

6. What additional activities would you like to do in the hospital/clinic?  
\_\_\_\_\_

7. Do you go to our camps? Yes  No   
If no, why not? \_\_\_\_\_

8. Do you go on our field trips? Yes  No   
If no, why not? \_\_\_\_\_

9. Would you participate in a family day of activities that is offered to honor the siblings? Yes  No

10. If offered, would you participate in a sibling group that meets once or twice a month? Yes  No

11. If yes to question #10, please indicate your choices:

- Saturday Yes  No
- Weekday afternoon (4:00 or 5:00 p.m.) Yes  No
- Weekday evening (6:00 or 7:00 p.m.) Yes  No

What other days/times would work best for you?

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12. What other ways do you think we may be able to help you?

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13. Please write any other ideas or comments you would like us to consider.

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**THANKS FOR COMPLETING  
THIS QUESTIONNAIRE!!**