





## Section A: About you

Firstly, a couple of general background questions about yourself.

**Q1 Are you male or female?**

<sub>1</sub> Male

<sub>2</sub> Female

Please tick **ONE** box like this



**Q2 Which of these describes your current situation? Tick ONE box.**

Married or living with a partner

 <sub>1</sub>

Single/ Not living with a partner

 <sub>2</sub>

## Section B: About the Project

**Q3 How much help did you get from the project with the following things ?**

Please tick **ONE** box on each line

Got a lot of help

Got some help

Got no help

Communication (talking to your child)

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

Handling arguments with your child

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

Making a big decision

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

Setting boundaries/ disciplining your child

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

Improving your child's school attendance

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

Dealing with your child's offending

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

Managing difficult behaviour by your child

 <sub>1</sub> <sub>2</sub> <sub>3</sub>

**Q4 Was there anything else not on the list in Q3 that you found helpful from the project?**

Please write in your answer below

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**Q5 Was there anything else you needed help with that the project didn't cover?**

Please write in your answer below

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**Q6 How well do the following statements describe the project, in your view?**

|   | Very true                             | Fairly true                           | Neither true, nor untrue              | Fairly untrue                         | Not at all true                       | Can't say                             |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| It was interesting                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| The project workers knew what they were doing     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| The project workers understood how I was feeling  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| The project workers listened to what I had to say | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**Q7 Overall, how would you rate the project?**

Please tick **ONE** box

|  |                                       |                                       |                                       |  |                                       |
|--|---------------------------------------|---------------------------------------|---------------------------------------|--|---------------------------------------|
| Very helpful;<br>I got a lot out of it | Fairly helpful                        | Neither helpful<br>nor unhelpful      | Fairly unhelpful                      | Very unhelpful;<br>It was a waste of<br>time | Can't say                             |
| <input type="checkbox"/> <sub>1</sub>  | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>        | <input type="checkbox"/> <sub>6</sub> |

**Q8 Would you recommend the project to other parents in your situation?**

|                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Yes                                   | No                                    | Can't say                             |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

## Section C: About you and your child

The next few questions are about your relationship with the young person who led you to being involved with the project. This is the young person who has also been given a questionnaire (check with the person who gave you this questionnaire if you are not sure).

**Q9 Please tick ONE box on each line to say whether the things below are true for you and your child at the moment.**

|   | Very true                             | Fairly true                           | Neither true, nor untrue              | Fairly untrue                         | Not at all true                       | Can't say                             |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| We talk together a lot                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| She/he listens to my point of view                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| We have a lot of arguments                            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| She/he understands how I am feeling                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| Whenever I try to talk to him/her, we end up fighting | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**Q10 Parents and children often have arguments and disagreements. This is a list of some of the things you may have done when you had an argument with your child. How often did these happen in the last week?**

Please tick ONE box on each line to tell us how often YOU did any of these things in the last week. (If you didn't have an argument in the last week, tick 'Not done in past week')

|  | Not done in past week                 | Once                                  | 2 or 3 times                          | 4 - 7 times                           | More than 7 times                     |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Discussed the issue calmly with him/her                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Sulked or refused to talk about it                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Shouted or yelled at him/her                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Swore at him/her, or said something nasty to him/her           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Stomped off in a huff  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Threatened to hit, or threatened to throw something at him/her | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Hit him/her or threw something at him/her                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Q11 How often do the following things apply to you these days?**

*Please tick ONE box on each line.*

|  | Always                                | Most of the time                      | About half the time                   | Less than half the time               | Hardly ever or never                  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| I know where my child is when I am not with him/her          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| I know what my child is doing when I am not with him/her     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| <hr/>  |                                       |                                       |                                       |                                       |                                       |
| When my child goes out, I know who he/she is with            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| When my child goes out, I know what time he/she will be back | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Q12 How often do you do the following things with your child these days?**

*Please tick ONE box on each line.*

|   | Very often                            | Fairly often                          | Sometimes                             | Rarely                                | Never                                 |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Praise him/her, or say he/she has done well at something        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Lose your temper with him/her                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| <hr/>   |                                       |                                       |                                       |                                       |                                       |
| Criticise him/her, or say he/she is bad                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Tell him/her you love him/her, or say that you care for him/her | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Q13 Thinking about how you get on with your child these days, how often do you feel each of the following things?**

*Please tick ONE box on each line*

|   | Always                                | Most of the time                      | About half of the time                | Less than half of the time            | Hardly ever or never                  | Can't say                             |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| I understand why he/she behaves like she does                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| I can solve problems between us without losing my temper      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| He/she does as he/she is asked                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| I feel he/she respects me                                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| He/she does whatever he/she likes, no matter what I do or say | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| He/she pushes me to the end of my tether/to breaking point    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| I know how he/she is feeling                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| I can trust him/her to behave responsibly                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| I know where to turn for help with him/her                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**Q14 Taking everything into account, how well do you think you have been coping with your child over the past month? Please tick ONE box.**

| Very well                             | Fairly well                           | Neither well Nor badly                | Fairly badly                          | Very badly                            | Can't say                             |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

