

PRB P145/Parent T1

FORM TO BE COMPLETED
AT START OF THE PROGRAMME/FIRST SESSION

QUESTIONNAIRE FOR PARENTS

CONFIDENTIAL

What this form is for

We would like you to fill in this form as part of a survey being carried out to find out more about parents and young people who are taking part in our project. We would like to ask you some questions about your experiences of being a parent, and about what you hope to get from the project. There are no right or wrong answers - it is just important to try to be as honest as you can.

The form is **private and confidential** – only the researchers will see your answers. When you have finished, please put your form in the envelope provided. There is no need to put your name on the form or on the envelope.



PROJECT WORKERS PLEASE COMPLETE THIS BOX BEFORE DISTRIBUTING QUESTIONNAIRES

Project name

Individual serial number.....

P			
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Tick here if filled in on Serial Number Sheet

Date given out.....

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Section A: About you

Firstly, some general background questions about yourself.

Q1 Are you male or female? ₁ Male ₂ Female

Please tick **ONE** box like this



Q2 What was your age last birthday? Please write in age in years

Q3 Which of these best describes you?

Tick **ONE** box from the 16 choices below

White

- British ₁
- Irish ₂
- Any other White background ₃

Black or Black British

- Caribbean ₄
- African ₅
- Any other Black background ₆

Asian or Asian British

- Indian ₇
- Pakistani ₈
- Bangladeshi ₉
- Any other Asian background ₁₀

Mixed

- White and Black Caribbean ₁₁
- White and Black African ₁₂
- White and Asian ₁₃
- Any other Mixed background ₁₄

Chinese or other ethnic group

- Chinese ₁₅
- Other ₁₆

Q4 Which of these describes your current situation? Tick **ONE** box.

Married or living with a partner ₁

Single/ Not living with a partner ₂

Q5 Which of these best describes what you are doing at the moment?

Tick the FIRST box that applies

In full time paid employment (30 hours a week or more)	<input type="checkbox"/>	1
In part time paid employment (less than 30 hours a week)	<input type="checkbox"/>	2
<hr/>		
Unemployed and looking for work	<input type="checkbox"/>	3
In full time education or training	<input type="checkbox"/>	4
<hr/>		
Permanently sick/disabled and unable to work	<input type="checkbox"/>	5
Looking after home and family	<input type="checkbox"/>	6
<hr/>		
Something else	<input type="checkbox"/>	7

Section B: The Project

Q6 Which of these best describes what you are expecting the project to be like?

Tick ONE box

Very helpful; I expect to get a lot out of it	Fairly helpful	Neither helpful nor unhelpful	Fairly unhelpful	Very unhelpful; I expect it to be a waste of time	Can't say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6

Q7 While you are going to the sessions, in your view how important is it for you to get help in the following areas? Please tick ONE box on each line

	Help urgently required	Some help required	No help required
Communication (talking to your child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling arguments with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Making a big decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting boundaries/ disciplining your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Improving your child's school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with your child's offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Managing difficult behaviour by your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 Is there anything else not on the list in Q7 that you would like help with?

Please write in your answer below

Section C: About you and your child

The next few questions are about 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).

Q9a Firstly, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No <input type="checkbox"/> ₁ ↓ SKIP TO Q10 on next page	Yes – minor difficulties <input type="checkbox"/> ₂ ↓	Yes – definite difficulties <input type="checkbox"/> ₃ ↓	Yes – severe difficulties <input type="checkbox"/> ₄ ↓
If you have answered “Yes”, go on to Q 9b below			

Q9b Do the difficulties put a burden on you or the family as a whole?

Not at all

Only a little

Quite a lot

A great deal

₁₂₃₄

Q10 Now we'd like to ask some questions about your relationship with your child. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
She/he listens to my point of view	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
We have a lot of arguments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
She/he understands how I am feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Whenever I try to talk to him/her, we end up fighting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q11 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Sulked or refused to talk about it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Shouted or yelled at him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Swore at him/her, or said something nasty to him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Stomped off in a huff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Threatened to hit, or threatened to throw something at him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Hit him/her or threw something at him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q12 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I know what my child is doing when I am not with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
When my child goes out, I know who he/she is with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
When my child goes out, I know what time he/she will be back	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q13 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lose your temper with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Criticise him/her, or say he/she is bad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Tell him/her you love him/her, or say that you care for him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



Q14 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I can solve problems between us without losing my temper	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
He/she does as he/she is asked	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I feel he/she respects me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
He/she does whatever he/she likes, no matter what I do or say	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
He/she pushes me to the end of my tether/to breaking point	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I know how he/she is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I can trust him/her to behave responsibly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I know where to turn for help with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆



Q15 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

 ₁ ₂ ₃ ₄ ₅ ₆

Thank you very much for filling out our form. Now please put it in the envelope provided.