



IN CONFIDENCE

**Wave 2
2006**

Parent's name:

Study child's name:

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **black** pen when completing this form.
- Keep each number or tick **within** the data entry boxes provided, for example:

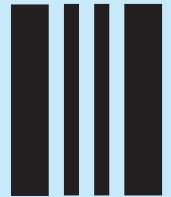
	2	8	5	or	✓
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- Leave answer boxes blank where you have no response or data to enter, for example

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- Do **not** use 'nil', 'n/a' or '-'
- Tick one box only unless otherwise instructed.

1 For each of the following statements, please tick one box to best describe the study child in the last month:

Not true/ Rarely	Somewhat true/ Sometimes	Very true/ Often
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- | | | | | | | | | |
|--|---|----|-------|---|----|-------|---|---|
| (1) Shows pleasure when he/she succeeds (e.g. claps for self) | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (2) Gets hurt so often that you can't take your eyes off him/her | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (3) Seems nervous, tense or fearful | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (4) Is restless and can't sit still | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (5) Follows rules | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (6) Wakes up at night and needs help to fall asleep again | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (7) Cries or tantrums until he/she is exhausted | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (8) Is afraid of certain places, animals or things | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (9) Has less fun than other children | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (10) Looks for you (or other parent) when upset | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (11) Cries or hangs onto <u>you</u> when you try to leave | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |
| (12) Worries a lot or is very serious | □ | 1. | . . . | □ | 2. | . . . | □ | 3 |



1 For each of the following statements, please tick one box to best describe the study child in the last month: (continued)

Not true/ Rarely	Somewhat true/ Sometimes	Very true/ Often
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- (13) Looks right at you when you say his/her name ... 1 ... 2 ... 3
- (14) Does not react when hurt ... 1 ... 2 ... 3
- (15) Is affectionate with loved ones ... 1 ... 2 ... 3
- (16) Won't touch some objects because of how they feel ... 1 ... 2 ... 3
- (17) Has trouble falling asleep or staying asleep ... 1 ... 2 ... 3
- (18) Runs away in public places ... 1 ... 2 ... 3
- (19) Plays well with other children (not including brother/sister) ... 1 ... 2 ... 3
or No contact with other children ... 4
- (20) Can pay attention for a long time (not including TV) ... 1 ... 2 ... 3
- (21) Has trouble adjusting to changes ... 1 ... 2 ... 3
- (22) Tries to help when someone is hurt (e.g. gives a toy) ... 1 ... 2 ... 3
- (23) Often gets very upset ... 1 ... 2 ... 3
- (24) Gags or chokes on food ... 1 ... 2 ... 3
- (25) Imitates playful sounds when you ask him/her to ... 1 ... 2 ... 3
- (26) Refuses to eat ... 1 ... 2 ... 3
- (27) Hits, shoves, kicks or bites children (not including brother/sister) ... 1 ... 2 ... 3
or No contact with other children ... 4
- (28) Is destructive. Breaks or ruins things on purpose ... 1 ... 2 ... 3
- (29) Points to show you something far away ... 1 ... 2 ... 3
- (30) Hits, bites or kicks you (or other parent) ... 1 ... 2 ... 3
- (31) Hugs or feeds dolls or stuffed animals ... 1 ... 2 ... 3
- (32) Seems very unhappy, sad, depressed or withdrawn ... 1 ... 2 ... 3
- (33) Purposely tries to hurt you (or other parent) ... 1 ... 2 ... 3
- (34) When upset, gets very still, freezes or doesn't move ... 1 ... 2 ... 3

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2 Thinking about the study child over the last six months, how often did you...? (Tick one box per row only)

Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost always
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- (a) Hug or hold this child for no particular reason ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Talk it over and reason with this child when he/she misbehaved 1 ... 2 ... 3 ... 4 ... 5
- (c) Tell this child how happy he/she makes you ... 1 ... 2 ... 3 ... 4 ... 5
- (d) Give this child reasons why rules should be obeyed ... 1 ... 2 ... 3 ... 4 ... 5
- (e) Explain to this child why he/she was being corrected ... 1 ... 2 ... 3 ... 4 ... 5
- (f) Have warm, close times together with this child ... 1 ... 2 ... 3 ... 4 ... 5
- (g) Enjoy listening to this child and doing things with him/her ... 1 ... 2 ... 3 ... 4 ... 5
- (h) Feel close to this child both when he/she was happy and when he/she was upset ... 1 ... 2 ... 3 ... 4 ... 5
- (i) Express affection by hugging, kissing and holding this child ... 1 ... 2 ... 3 ... 4 ... 5

3 In the past 4 weeks, how often did you feel...? (Tick one box per row only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
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- (a) Nervous ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Hopeless ... 1 ... 2 ... 3 ... 4 ... 5
- (c) Restless or fidgety ... 1 ... 2 ... 3 ... 4 ... 5
- (d) That everything was an effort ... 1 ... 2 ... 3 ... 4 ... 5
- (e) So sad that nothing would cheer you up ... 1 ... 2 ... 3 ... 4 ... 5
- (f) Worthless ... 1 ... 2 ... 3 ... 4 ... 5

4 In the past year, have you had two weeks or more during which you felt sad, blue or depressed or lost pleasure in things that you usually cared about or enjoyed?

- Yes 1
- No 2

5 How difficult do you feel your life is at present?

- No problems or stress ... 1
- Few problems or stresses ... 2
- Some problems and stresses ... 3
- Many problems and stresses ... 4
- Very many problems and stresses ... 5

6 How well do you think you are coping?

- Extremely well ... 1
- Very well ... 2
- Fairly well ... 3
- A little ... 4
- Not at all ... 5

7 Overall, as a parent, do you feel that you are...?

- A very good parent ... 1
- A better than average parent ... 2
- An average parent ... 3
- A person who has some trouble being a parent 4
- Not very good at being a parent ... 5

8 Sometimes family members may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

9 Which best describes the degree of happiness, all things considered, in your relationship?

- Perfectly happy 1
- Extremely happy 2
- Very happy 3
- Happy 4
- A little unhappy 5
- Fairly unhappy 6
- Extremely unhappy 7
- Not in a relationship 8 Go to Question 11

10 How often...? (Tick one box per row only)

Never	Rarely	Sometimes	Often	Always
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- (a) Do you and your partner disagree about basic child-rearing issues 1 2 3 4 5
- (b) Is your conversation with your partner awkward or stressful 1 2 3 4 5
- (c) Do you and your partner argue 1 2 3 4 5
- (d) Is there anger or hostility between you and your partner ... 1 2 3 4 5
- (e) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving 1 2 3 4 5

11 Do you have any concerns about how the study child uses his/her hands and fingers to do things?

- No 1
- Yes 2
- A little 3
- Don't know 4

12 Do you have any concerns about how the study child uses his/her arms and legs to do things?

- No 1
- Yes 2
- A little 3
- Don't know 4

13 Do you have any concerns about how the study child talks and makes speech sounds?

- No 1
- Yes 2
- A little 3
- Don't know 4

14 Do you have any concerns about how the study child understands what you say to him/her?

- No 1
- Yes 2
- A little 3
- Don't know 4

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