

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
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 or
- 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 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

2 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

3 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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4 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

5 When parents spend time with their children, sometimes things go well and sometimes they don't. For each of the following questions, tick one box to indicate how often this happens:

Never/ Almost never	Less than half the time	About half the time	More than half the time	All the time
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- (a) Of all the times you talk to this child about his/her behaviour, how often is this praise? ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval? ... 1 ... 2 ... 3 ... 4 ... 5
- (c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it? 1 ... 2 ... 3 ... 4 ... 5
- (d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? ... 1 ... 2 ... 3 ... 4 ... 5
- (e) How often does this child get away with things that you feel should have been punished? ... 1 ... 2 ... 3 ... 4 ... 5
- (f) How often are you angry when you punish this child? ... 1 ... 2 ... 3 ... 4 ... 5
- (g) How often do you feel you are having problems managing this child in general? ... 1 ... 2 ... 3 ... 4 ... 5
- (h) How often is this child able to get out of a punishment when he/she really sets his/her mind to it? ... 1 ... 2 ... 3 ... 4 ... 5
- (i) When you discipline this child, how often does he/she ignore the punishment? ... 1 ... 2 ... 3 ... 4 ... 5
- (j) How often do you tell this child that he/she is bad or not as good as others? ... 1 ... 2 ... 3 ... 4 ... 5
- (k) How often do you think that the level of punishment you give this child depends on your mood? ... 1 ... 2 ... 3 ... 4 ... 5

6 Please tick one box for each of the following statements to best describe the study child's behaviour over the past six months:

Not true	Somewhat true	Certainly true
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- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| (a) Considerate of other peoples feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (b) Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (c) Often complains of headaches, stomach aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (d) Shares readily with other children (treats, toys, pencils, etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (e) Often loses temper | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (f) Rather solitary, tends to play alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (g) Generally well behaved, usually does what adults request | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (h) Many worries, often seems worried | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (i) Helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (j) Constantly fidgeting or squirming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (k) Has at least one good friend | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (l) Often fights with other children or bullies them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (m) Often unhappy, depressed or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (n) Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (o) Easily distracted, concentration wanders | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (p) Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (q) Kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (r) Often lies or cheats | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (s) Picked on or bullied by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (t) Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (u) Thinks things out before acting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (v) Steals from home, school or elsewhere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (w) Gets on better with adults than with other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (x) Many fears, easily scared | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (y) Good attention span, sees chores or homework through to the end | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

7 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
(a) Nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hopeless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Restless or fidgety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) That everything was an effort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) So sad that nothing would cheer you up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Worthless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8 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

9 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

10 How well do you think you are coping?

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

11 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

12 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 ▶ End of questions

13 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Is your conversation with your partner awkward or stressful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you and your partner argue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Is there anger or hostility between you and your partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5