



0-3

# FAMILY & PARENTING QUESTIONNAIRES

VERSION FOR PARENTS OF CHILDREN AGED 0 TO 3

NAME OF CHILD:

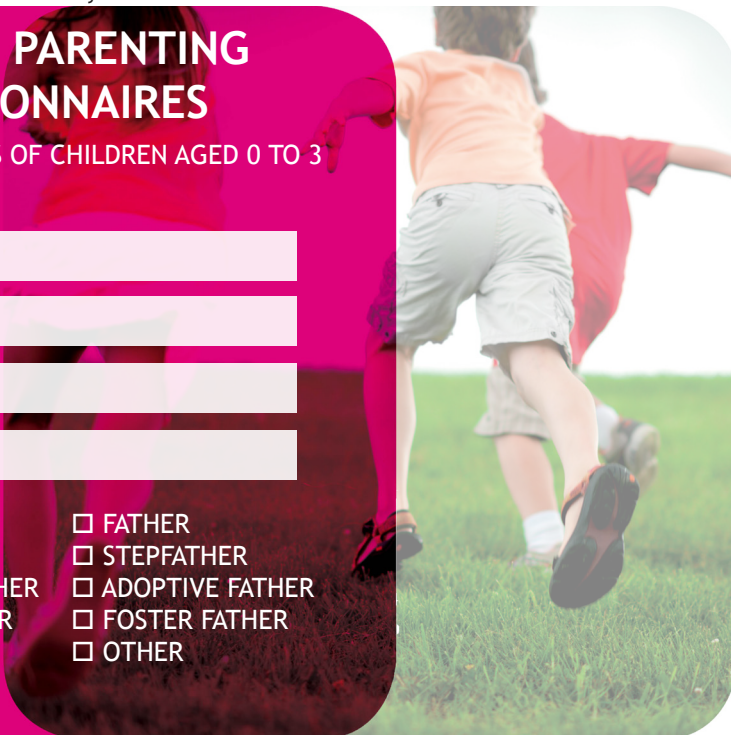
FORM OF TREATMENT:

QUESTIONNAIRE  
COMPLETED ON:

PHASE OF TREATMENT:

QUESTIONNAIRE  
COMPLETED BY:

- |  |  |
|--|--|
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> FATHER          |
| <input type="checkbox"/> STEPMOTHER      | <input type="checkbox"/> STEPFATHER      |
| <input type="checkbox"/> ADOPTIVE MOTHER | <input type="checkbox"/> ADOPTIVE FATHER |
| <input type="checkbox"/> FOSTER MOTHER   | <input type="checkbox"/> FOSTER FATHER   |
| <input type="checkbox"/> BOTH PARENTS    | <input type="checkbox"/> OTHER           |





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# **PARENTING STRESS QUESTIONNAIRE**

VERSION FOR PARENTS OF CHILDREN AGED 0 TO 18

### Explanation

Below you will find 34 questions about how you experience your child, how you interact with your child, how you feel and about your health. For every question there are four possible answers:

1. "Not true"
2. "Somewhat true"
3. "Quite true"
4. "Very true"

For each question, **circle** the answer you feel is most applicable. Do not spend too much time thinking about your answer. Your first impression is usually the best one. **There are no right or wrong answers.** If you think you have made a mistake, cross out the selected answer and select the right answer.

# OBVL

		Not true ↓	Somewhat true ↓	Quite true ↓	Very true ↓
1	I feel happy with my child.	1	2	3	4
2	My child listens to me.	1	2	3	4
3	I enjoy life.	1	2	3	4
4	Raising my child leaves me with too little personal time.	1	2	3	4
5	I feel cheerful when my child is with me.	1	2	3	4
6	I can calm my child down when he/she gets angry.	1	2	3	4
7	I feel happy.	1	2	3	4
8	My child keeps me from other activities.	1	2	3	4
9	I feel satisfied with my child.	1	2	3	4
10	I am in charge when I am with my child.	1	2	3	4
11	Sometimes I do not see the point of living.	1	2	3	4
12	I would like to visit friends and acquaintances more often but I am unable to because of my child.	1	2	3	4
13	When I am with my child I feel good.	1	2	3	4
14	I am patient with my child.	1	2	3	4
15	I frequently feel good.	1	2	3	4
16	I have less contact with friends than I used to because of my child.	1	2	3	4
17	I feel calm when my child is with me.	1	2	3	4
18	Interaction with my child is easy.	1	2	3	4
19	I am frequently in a bad mood.	1	2	3	4
20	I cannot leave the house much at all because of my child.	1	2	3	4
21	My child is a source of enjoyment.	1	2	3	4
22	I know I am doing a good job as a parent.	1	2	3	4
23	I hate myself.	1	2	3	4
24	I have little contact with others because of my child.	1	2	3	4
25	I am good at correcting my child when necessary.	1	2	3	4
26	I view the future positively.	1	2	3	4
27	I have a bloated or pressing feeling in my stomach.	1	2	3	4

	Not true ↓	Somewhat true ↓	Quite true ↓	Very true ↓
28 I feel drained.	1	2	3	4
29 I feel pain in my chest or heart region.	1	2	3	4
30 My stomach hurts.	1	2	3	4
31 I feel sleepy or drowsy.	1	2	3	4
32 I feel tightness in my chest.	1	2	3	4
33 I have an upset stomach.	1	2	3	4
34 When I get up in the morning I am tired and not well rested.	1	2	3	4

YOU HAVE COMPLETED THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!





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# **FAMILY FUNCTIONING QUESTIONNAIRE**

VERSION FOR PARENTS OF CHILDREN AGED 0 TO 18





### Explanation

This questionnaire consists of a number of statements about you, your family and the situation in which your family finds itself. Each question has four possible answers with the following meaning:

1. "The statement is **not true** for our family or for me."
2. "The statement is **somewhat true** for our family or for me."
3. "The statement is **quite true** for our family or for me."
4. "The statement is **very true** for our family or for me."

For each question, circle the answer you feel is most applicable. Do not spend too much time thinking about your answer. Your first impression is usually the best one. **There are no right or wrong answers.** If you think you have made a mistake, cross out the selected answer and select the right answer. You can begin now.



		Not true ↓	Somewhat true ↓	Quite true ↓	Very true ↓
1	Your house is well maintained.	1	2	3	4
2	You generally create a pleasant environment for the children.	1	2	3	4
3	Your family has regular contact with other local residents.	1	2	3	4
4	You had a pleasant childhood.	1	2	3	4
5	You have regular contact with the school, kindergarten/day-care centre or the child health centre.	1	2	3	4
6	You are good at identifying your children's attention needs.	1	2	3	4
7	Your family has regular contact with relatives or friends.	1	2	3	4
8	You are good with money.	1	2	3	4
9	You give your children enough freedom.	1	2	3	4
10	You can call on your neighbours when you or your family need help.	1	2	3	4
11	You feel your own parents treated you well.	1	2	3	4
12	Your family usually eats at regular times.	1	2	3	4
13	You reward and encourage your children.	1	2	3	4
14	You ensure that your children dress weather appropriately.	1	2	3	4
15	You are well capable of raising your children.	1	2	3	4
16	You have family members or friends you can turn to with problems.	1	2	3	4
17	Your parents used to have too little time for you.	1	2	3	4
18	Your children generally go to bed at regular times.	1	2	3	4
19	You have a good relationship with your children.	1	2	3	4
20	Your house is always clean and tidy.	1	2	3	4
21	You can easily adapt the rules for your children when necessary.	1	2	3	4
22	Your friends and family support you through difficult times.	1	2	3	4
23	During your childhood your parents had a good relationship with each other.	1	2	3	4
<i>Note: Only answer the below questions when raising the children together with a partner.</i>					
24	You feel your partner supports you in raising the children.	1	2	3	4
25	You are satisfied with your relationship.	1	2	3	4



	Not true ↓	Somewhat true ↓	Quite true ↓	Very true ↓
26 You and your partner communicate well about raising the children.	1	2	3	4
27 You and your partner are usually united in raising the children.	1	2	3	4
28 You feel your partner appreciates you.	1	2	3	4

YOU HAVE COMPLETED THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!





0-3

# LIFE EVENTS QUESTIONNAIRE

VERSION FOR PARENTS OF CHILDREN AGED 0 TO 18





### Explanation

The following list contains 15 experiences children may have. Each experience description is followed by the question whether this event has taken place (answer: “No” or “Yes”). Please only answer Yes if the event has taken place during the lifetime of the child for which you are filling in this questionnaire. A Yes answer is followed by the following two questions:

1. When was the last time this happened (fill in a date)
2. Was the child’s (i.e., not your own) experience of this at the time “Positive” or “Negative”?

If you are not sure about the exact date an event took place, make an estimate (for example: if something happened during the summer of 1999, write: 01-07-1999). If a child has experienced something more than once, fill in when this happened last. For some experiences (for example: “One of the grandparents died”) it may seem strange to ask whether it was a positive or negative experience for the child. Nevertheless, please select one of the answers.



Select what applies to your situation and if applicable fill in the answers to follow up questions on the dotted lines.

- 1 A brother or sister was added to the family.  
*Explanation: this may be through birth, adoption or foster care placement that lasted longer than one year.*
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 2 The child was admitted to a hospital.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 3 One of the parents was admitted to a hospital.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 4 A brother or sister was admitted to a hospital.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 5 One of the grandparents died.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 6 A brother or sister died.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 7 One of the parents died.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 8 One of the parents was unemployed for more than six months.
- No  
 Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative

- 9 The parent who originally had the main parenting role started working at least two days a week.  
*Explanation: usually the parent with the main parenting role is the mother, but this may also be the father. Weekend, evening or night shifts also count here, provided they fill at least two days (=16 hours) per week.*
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 10 The child changed schools.
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 11 The family moved.
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 12 An adult was added to the family.  
*Explanation: For instance a grandfather, grandmother, or other family member; for stepfather or stepmother: see question 13.*
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 13 The child got a stepfather or stepmother.  
*Explanation: this may be due to marriage or through one of the parents deciding to live with his/her partner.*
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 14 A brother or sister left the family.  
*Explanation: This may be due to marriage, getting his/her own place or permanent placement in a foster family or institution.*
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative
- 15 One of the parents left the house permanently due to divorce or parents no longer wishing to live together.
- No
- Yes → If “Yes”:
- When did this happen last? Date: .... - .... - .....
  - The child’s experience of this event:  Positive  Negative

YOU HAVE COMPLETED THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!

