

P O L I C Y ● R E S E A R C H



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National Survey of Parents in Britain March 1998

Self-completion booklet

Produced by
Policy Research Bureau
with MORI

Please see inside front cover for full list of sources for measures
used in this Self-completion booklet

The full published reference for the original study is:
Ghate, D. and Hazel, N. (2002) *Parenting in Poor Environments: Stress, Support
and Coping*, London: Jessica Kingsley

Sources:

Health Questionnaire	The Malaise Inventory- Rutter M, Tizard B and Whitmore W (1970) <i>Education, Health and Behaviour</i> London: Longman
Infant Characteristics Questionnaire	Adapted by the Policy Research Bureau from: Bates JE, Freeland CB and Lounsbury ML (1979) Measurement of Infant Difficulties <i>Child Development</i> , 50, 794-803
Behaviour Checklist	Richman N, Stevenson J and Graham P (1982) <i>Pre-school to School: A Behavioural Study</i> London: Academic Press
Strengths and Difficulties Questionnaire	Goodman, R. (1994) A modified version of the Rutter Parent Questionnaire including extra items on children's strengths: a research note. <i>Journal of Child Psychology and Psychiatry</i> 35 (8), 1483-1494.
Current Problems Questionnaire	Adapted by the Policy Research Bureau from: Mitchell, S.K., Magyary, D.L., Barnard, K.E., Sumner, G.A. and Booth, C.L. (1998) A comparison of home-based prevention programs for families of newborns. In L.A. Bond and B.M. Wagner (eds.) <i>Families in transition: primary prevention programs that work</i> . Beverly Hills: Sage.
Parent-Child Relationship Questionnaire	Ghate, D. and Hazel, N. (2002) <i>Parenting in Poor Environments: Stress, Support and Coping</i> , London: Jessica Kingsley

See Ghate, D. and Hazel, N. (2002) *Parenting in Poor Environments: Stress, Support and Coping*, London: Jessica Kingsley for details of adaptations, modifications and other technical data.

CONFIDENTIAL

NATIONAL SURVEY OF PARENTS IN BRITAIN 1998

About this booklet 

This booklet contains five short questionnaires which you may prefer to fill in yourself. You will not need to fill in all the questionnaires; the interviewer will tell you which ones to complete.

Confidentiality

Some of the questions are personal and we promise that your answers will be treated in strict confidence; the interviewer does not need to see them.

When you have finished the booklet, put it in the envelope provided and seal it. Your name will not be on the booklet or the envelope.

How to answer

Just put a tick in the box opposite the appropriate answer, like this or circle a number, like this 5

Not all the questions will apply to you - follow the arrows and instructions.

Importance

It is very important to the whole study that you answer these questions as honestly and accurately as you can. If you need any help or have any further questions, please ask the interviewer.

Thank you for your help. Now please turn over..... 

ADDRESS NUMBER:
(INTERVIEWER USE ONLY)

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HEALTH QUESTIONNAIRE

INSTRUCTIONS: These are some general questions about your current health which you may prefer to answer yourself. For each question, please tick the correct box, like this

		YES	NO	
1.	Do you often have backache?			15
2.	Do you feel tired most of the time?			16
3.	Do you often feel miserable and depressed?			17
<hr/>				
4.	Do you often have bad headaches?			18
5.	Do you often get worried about things?			19
6.	Do you usually have great difficulty in falling asleep or staying asleep?			20
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7.	Do you usually wake unnecessarily early in the morning?			21
8.	Do you wear yourself out worrying about your health?			22
9.	Do you often get into a violent rage?			23
<hr/>				
10.	Do people often annoy and irritate you?			24
11.	Have you at times had twitching of the face, head or shoulders?			25
12.	Do you often suddenly become scared for no good reason?			26
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13.	Are you scared to be alone when there are no good friends near you?			27
14.	Are you easily upset or irritated?			28
15.	Are you frightened of going out alone or of meeting people?			29
<hr/>				
16.	Are you constantly keyed up and jittery?			30
17.	Do you suffer from indigestion?			31
18.	Do you suffer from an upset stomach?			32
<hr/>				
19.	Is your appetite poor?			33
20.	Does every little thing get on your nerves and wear you out?			34
21.	Does your heart often race like mad?			35
<hr/>				
22.	Do you often have pains in your eyes?			36
23.	Are you troubled with rheumatism or fibrosis?			37
24.	Have you ever had a nervous breakdown?			38

THANK YOU FOR YOUR HELP

TO BE COMPLETED BY ALL RESPONDENTS

INFANT CHARACTERISTICS QUESTIONNAIRE (BABIES AND CHILDREN AGED 0-24 MONTHS)

INSTRUCTIONS: For each question, please circle the number which best describes your child's behaviour in general, like this 5

1. How easy or difficult is it for you to calm or soothe your child when he/she is upset?

1	2	3	4	5	6	7
generally very easy			sometimes easy sometimes difficult			generally very difficult

39

2. How often does your child get fussy and irritable?

1	2	3	4	5	6	7
hardly ever			sometimes			very often

40

3. How often does your child cry?

1	2	3	4	5	6	7
hardly ever			sometimes			very often

41

4. When your child gets upset (for example when hungry or tired) how loudly or vigorously does he/she generally cry?

1	2	3	4	5	6	7
cries very little/ very mildly			cries moderately			cries a lot/ very loudly

42

5. How changeable is your child's mood?

1	2	3	4	5	6	7
hardly ever changes or changes very slowly			sometimes changeable			changes often and quickly

43

6. How easy is for you to know in advance when your child will go to sleep or wake up?

1	2	3	4	5	6	7
generally very easy			sometimes easy, sometimes difficult			generally very difficult

44

7. How does your child usually respond to a person that he/she does not know?

1	2	3	4	5	6	7
almost always responds well			sometimes responds well, sometimes badly (or doesn't respond either way)			almost always responds badly/fearfully or gets upset

45

8. How does your child usually respond to being in a new place?

1	2	3	4	5	6	7
almost always responds well			sometimes responds well, sometimes badly (or doesn't respond either way)			almost always responds badly/fearfully or gets upset

46

PLEASE CONTINUE - THERE ARE SOME QUESTIONS ON THE NEXT PAGE.....



ICQ: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 0-24 MONTHS

9. How does your child respond to disruptions and changes in everyday routines, such as when you go shopping or on outings?

1	2	3	4	5	6	7
almost always responds well			sometimes responds well, sometimes badly (or doesn't respond either way)			almost always responds badly/fearfully or gets upset

47

10. How does your child respond to new foods? (If your child has not yet gone onto solids, go straight to question 11)

1	2	3	4	5	6	7
almost always responds well			sometimes responds well, sometimes badly (or doesn't respond either way)			almost always responds badly/fearfully or gets upset

48

11. How easily does your child get used to new things (for example, people or places)?

1	2	3	4	5	6	7
very easily - gets used to new things very quickly			sometimes easily, sometimes takes ages			not at all easily - takes ages to get used to things

49

12. How excited does your child get when people play or talk with him/her?

1	2	3	4	5	6	7
generally very excited			sometimes excited, sometimes not			generally not at all excited

50

13. How much attention does your child tend to need, other than for caregiving (feeding, changing etc.)?

1	2	3	4	5	6	7
generally very little			sometimes very little, sometimes a great deal			generally a great deal

51

14. When left alone, how well does your child play by him/herself?

1	2	3	4	5	6	7
will almost always play by him/herself			sometimes plays well, sometimes won't			will almost never play by him/herself

52

15. In general, how demanding is your child?

1	2	3	4	5	6	7
generally very undemanding			sometimes demanding, sometimes not			generally very demanding

53

16. Taking everything into account, how easy or difficult would your child be for the average mother?

1	2	3	4	5	6	7
very easy			neither easy nor difficult			very difficult

54

THANK YOU FOR YOUR HELP

ICQ: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 0-24 MONTHS

**BEHAVIOUR CHECK LIST
(CHILDREN AGED 2 YEARS 1 MONTH TO 3 YEARS 6 MONTHS)**

INSTRUCTIONS: Below is a list of behaviours which are often seen in children. Opposite each behaviour please tick the ONE box like this which you think applies best to your child at the present time.

1. Usually has a good appetite
 Sometimes has a poor appetite
 Nearly always has a poor appetite 55

2. Not faddy about eating
 Has a few fads, won't eat certain things
 Very faddy, won't eat many different foods 56

3. Never wets at night
 Wets the bed up to once a week
 Wets the bed 3 or more times a week
 (Doesn't apply - always wears nappy at night) 57

4. Never wets during the day
 Wets during the day and up to once or twice a week
 Wets during the day 3 or more times
 (Doesn't apply - always wears nappy during day) 58

5. Completely bowel trained. Never dirties pants
 Occasionally soils, up to once or twice a week
 Soils pants 3 or more times a week
 (Doesn't apply - always wears nappy, not pants) 59

6. Easy to get to bed
 Some difficulties at bedtime
 Often takes over an hour to settle at bedtime 60

PLEASE CONTINUE - THERE ARE SOME QUESTIONS ON THE NEXT PAGE..... 

BCL: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 2 YEARS 1 MONTH TO 3 YEARS 6 MONTHS

7.	Hardly ever wakes at night Sometimes wakes at night Frequently wakes at night and difficult to settle	61
<hr/>		
8.	Never sleeps with parent Occasionally sleeps with parent because upset or doesn't want to sleep alone Frequently sleeps with parent because upset or doesn't want to sleep alone	62
<hr/>		
9.	Not active enough Not especially active Very active	63
<hr/>		
10.	Concentrates on play indoors for 15 mins or more Concentration 5 -15 mins or very variable Hardly ever concentrates for more than 5 minutes on play indoors	64
<hr/>		
11.	Not clinging, can easily be left with people he/she knows Gets upset if away from mother but gets over it Very clinging, can't be left with others	65
<hr/>		
12.	Independent; doesn't ask for a lot of attention Sometimes asks for a lot of attention Demands too much attention, wants parent around all the time	66
<hr/>		
13.	Easy to manage and control Sometimes difficult to manage or control Frequently very difficult to manage or control	67
<hr/>		
14.	Doesn't have temper tantrums Sometimes has tantrums (lasting a few minutes) Has frequent or long temper tantrums	68

PLEASE TURN OVER - THERE ARE SOME QUESTIONS ON THE OTHER SIDE..... 

BCL: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 2 YEARS 1 MONTH TO 3 YEARS 6 MONTHS

15.	Usually happy except for brief periods, when tired for instance	
	Sometimes miserable or irritable	
	Frequently miserable or irritable	69
16.	Not a worrier	
	Sometimes worried for short periods	
	Worries a lot, or worries about a lot of different things, e.g.: illness, accident, monsters, changes	70
17.	Few or no fears	
	Has some fears	
	Very fearful, has a lot of different fears	71
18.	Gets on well with all brothers and sisters	
	Some difficulties with brothers and sisters	
	Gets on badly with brothers and sisters	
	(Doesn't apply, has no brothers or sisters)	72
19.	Gets on well with other children	
	Some difficulties getting on or playing with other children	
	Finds it very difficult to get on or play with other children	73
20.	Speaks sentences of three or more words	
	Uses single words	
	No recognisable words	74
21.	Clear speech	
	Sometimes speech not clear	
	Speech can't be understood by people outside the family	75

THANK YOU FOR YOUR HELP

BCL: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 2 YEARS 1 MONTH TO 3 YEARS 6 MONTHS

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**STRENGTHS AND DIFFICULTIES QUESTIONNAIRE
(CHILDREN AGED 3 YEARS 7 MONTHS TO 16 YEARS)**

INSTRUCTIONS: For each item, please tick the box for 'Not True', 'Somewhat True' or 'Certainly True' like this The questions cover a wide age range of children, but please answer each item as best as you can even if you are not absolutely certain or an item seems daft! Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True	
1.				76
2.				77
3.				78
4.				79
5.				80
6.				81
7.				82
8.				83
9.				84
10.				85
11.				86
12.				87
13.				88
14.				89
15.				90
16.				91
17.				92
18.				93
19.				94
20.				95
21.				96
22.				97
23.				98
24.				99
25.				CARD 9 10
26.				11
27.				12
28.				13

PLEASE CONTINUE - THERE ARE SOME QUESTIONS ON THE NEXT PAGE 

SDQ: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 3 YEARS 7 MONTHS TO 16 YEARS

Q.1 Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No

Yes-
minor
difficulties

Yes-
definite
difficulties

Yes-
severe
difficulties



Thank you for your help

If you have answered "Yes", please answer questions 2 to 5

14

Q.2 How long have these difficulties been present?

Less than
a month

1-5
months

6-12
months

Over
a year

15

Q.3 Do the difficulties upset or distress your child?

Not at
all

Only a
little

Quite
a lot

A great
deal

16

Q.4 Do the difficulties interfere with your child's everyday life in the following areas?

Not at
all

Only a
little

Quite
a lot

A great
deal

HOME LIFE

17

FRIENDSHIPS

18

LEARNING

19

LEISURE ACTIVITIES

20

Q.5 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

21

THANK YOU FOR YOUR HELP

SDQ: ONLY TO BE COMPLETED BY RESPONDENT WHERE [CHILD] AGED 3 YEARS 7 MONTHS TO 16 YEARS

PARENT-CHILD RELATIONSHIP QUESTIONNAIRE

INSTRUCTIONS: For each question, please tick the correct box, like this

Q1. Thinking about your relationship with your child, how often do you feel each of the following things?

	all or most of the time	some- times	rarely	never	can't say
I feel like this.					
A I really enjoy being his/her parent					22
B I feel I can't cope with him/her					23
C I know I am doing a good job as his/her parent					24
D I can solve problems between me and him/her					25
E I find being his/her parent very hard work					26
F I feel becoming his/her parent has changed my life for the better					27

If you have more than one child, please answer the questions below and on the following pages for your other child or children, starting with the eldest child first.....

**Q2. Please write in name of the (next) eldest child here.....
Thinking about your relationship with this child, how often do you feel each of the following things?**

	all or most of the time	some- times	rarely	never	can't say
I feel like this.					
A I really enjoy being his/her parent					22
B I feel I can't cope with him/her					23
C I know I am doing a good job as his/her parent					24
D I can solve problems between me and him/her					25
E I find being his/her parent very hard work					26
F I feel becoming his/her parent has changed my life for the better					27

TO BE COMPLETED BY ALL RESPONDENTS

**Q3. Please write in name of next eldest child here.....
Thinking about your relationship with this child, how often do you feel each of the following things?**

all or most of the time some-times rarely never can't say

I feel like this.

- A I really enjoy being his/her parent 22
- B I feel I can't cope with him/her 23
- C I know I am doing a good job as his/her parent 24
- D I can solve problems between me and him/her 25
- E I find being his/her parent very hard work 26
- F I feel becoming his/her parent has changed my life for the better 27

**Q4. Please write in name of next eldest child here.....
Thinking about your relationship with this child, how often do you feel each of the following things?**

all or most of the time some-times rarely never can't say

I feel like this.

- A I really enjoy being his/her parent 22
- B I feel I can't cope with him/her 23
- C I know I am doing a good job as his/her parent 24
- D I can solve problems between me and him/her 25
- E I find being his/her parent very hard work 26
- F I feel becoming his/her parent has changed my life for the better 27

TO BE COMPLETED BY RESPONDENTS WITH MORE THAN TWO CHILDREN

Q5. Please write in name of next eldest child here.....
Thinking about your relationship with this child, how often do you feel each of the following things?

all or most of the time some-times rarely never can't say

I feel like this.

- A I really enjoy being his/her parent 22
- B I feel I can't cope with him/her 23
- C I know I am doing a good job as his/her parent 24
- D I can solve problems between me and him/her 25
- E I find being his/her parent very hard work 26
- F I feel becoming his/her parent has changed my life for the better 27

Q6. Please write in name of next eldest child here.....
Thinking about your relationship with this child, how often do you feel each of the following things?

all or most of the time some-times rarely never can't say

I feel like this.

- A I really enjoy being his/her parent 22
- B I feel I can't cope with him/her 23
- C I know I am doing a good job as his/her parent 24
- D I can solve problems between me and him/her 25
- E I find being his/her parent very hard work 26
- F I feel becoming his/her parent has changed my life for the better 27

THANK YOU FOR YOUR HELP

TO BE COMPLETED BY RESPONDENTS WITH MORE THAN FOUR CHILDREN

CURRENT PROBLEMS QUESTIONNAIRE

INSTRUCTIONS: This is a list of problems which people sometimes have. We would like to know whether any of the things on the list are **currently** a problem for you. Please tick 'Yes' or 'No' like this to show whether you have any of these problems. If a question doesn't apply to you (for example, because you don't have a partner), tick 'No'. Please ask for help or explanation from the interviewer if you are unsure about anything.

		Yes	No
1. Are you having regular arguments or fights with your present partner boyfriend or girlfriend? (Tick 'No' if no partner)	58		
2. Are you having some sort of problem with any of your former partners? ('No' if no partner)	59		
3. Is your partner in prison?	60		
<hr/>			
4. Is your partner away from home more than half of the time because of a job or some other reason? ('No' if no partner)	61		
5. Do you have long-term debts other than a house mortgage (that is, debts you have had for 2 years or more)?	62		
6. Do you have problems with owing money - for example, are you getting behind with loans or being regularly hassled by loan or credit card companies, catalogue companies, debt collectors, money lenders or someone from whom you borrowed money?	63		
<hr/>			
7. Does your work interfere with your family life? (Tick 'no' if not working)	64		
8. Does your partner's work interfere with your family life? (Tick 'no' if no partner or partner not working)	65		
9. Do you have trouble with your landlord? (Tick 'no' if you own your own house)	66		
<hr/>			
10. Are you having trouble finding a place to live that is suitable and that you can afford?	67		
11. Do you feel that you do not have enough privacy at home?	68		
12. Do you have people living with you - relatives or friends - that you wish weren't there?	69		
<hr/>			
13. Do you have a problem with alcohol or with drugs (whether prescribed for you or not)?	70		
14. Does your partner have a problem with alcohol or drugs?	71		
15. Does someone in your household other than you/your partner have a problem with alcohol or drugs?	72		
<hr/>			
16. Has your current partner ever hit or injured you?	73		
17. Has your current partner ever said things to you on purpose to make you feel really bad or worthless?	74		
18. Has someone other than your present partner ever abused you physically, sexually or emotionally?	75		
<hr/>			
19. Has someone ever abused one of your children physically, sexually or emotionally?	76		
20. Is one of your children having problems at school that mean you have to visit the teacher or other staff at school?	77		
21. Is one of your children currently in trouble with the police or the courts?	78		
<hr/>			
22. Are you currently in contact with social services because of a problem with one of your children?	79		
23. Is one of your children currently on the Child Protection Register?	80		

TO BE COMPLETED BY ALL RESPONDENTS

Thank you very much for your help.

Once you have completed all the sections please fold the booklet once. Place it inside the envelope, seal the envelope, and give it to the interviewer.