

1 First, can you think back to how your child has been feeling over the *past 6 months or so*. For each of the following statements, please say whether it is not true of your child, somewhat true, or certainly true.

Tick one box on each line

	Not true	Somewhat true	Certainly true
<i>Q1a</i> Considerate of other people's feelings	4030 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1b</i> Restless, overactive and not able to sit still for long	4031 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1c</i> Often complaining of headaches, stomach-aches or sickness	4032 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1d</i> Sharing readily with other children (treats, toys, pencils etc.)	4033 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1e</i> Has often had temper tantrums or hot tempers	4034 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1f</i> Rather solitary, tending to play alone	4035 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1g</i> Generally obedient, usually doing what adults requested	4036 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1h</i> Many worries, often seeming worried	4037 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1i</i> Helpful if someone was hurt, upset or feeling ill	4038 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1j</i> Constantly fidgeting and squirming	4039 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1k</i> Has had at least one good friend	4040 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1l</i> Has often had fights with other children or bullied them	4041 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1m</i> Often unhappy, downhearted or tearful	4042 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Spare 4043 - 049

Tick one box on each line

Not true	Somewhat true	Certainly true
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Q1n	Generally liked by other children	4050 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1o	Easily distracted, concentration wandered	4051 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1p	Nervous or clingy in new situations, easily loses confidence	4052 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1q	Kind to younger children	4053 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1r	Picked on or bullied by other children	4054 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1s	Has often volunteered to help others (parents, teachers, other children)	4055 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1t	Getting on better with adults than with other children	4056 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1u	Many fears, easily scared	4057 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1v	Has seen tasks through to the end, good attention span	4058 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Spare 4059 - 4069

2 If your child is *younger than 4*, tick this box

4070

1

→ Please go to question 3

Q2 If your child is *4 or older*, tick this box

2

→ Please go to question 4

3 Again, can you think back to how your child has been feeling over the *past 6 months or so*. For each of the following statements, please say whether it is not true of your child, somewhat true, or certainly true.

Tick one box on each line

Not true Somewhat true Certainly true

Q3a Often argumentative with adults

4071

1

2

3

Q3b Able to stop and think things over before acting

4072

1

2

3

Q3c Spiteful to others

4073

1

2

3

Now go to question 5 on page 6

4 Again, can you think back to how your child has been feeling over the *past 6 months or so*. For each of the following statements, please say whether it is not true of your child, somewhat true, or certainly true.

Tick one box on each line

Not true Somewhat true Certainly true

Q4a Has often lied or cheated

4074

1

2

3

Q4b Able to think things out before acting

4075

1

2

3

Q4c Has stolen from home, school or elsewhere

4076

1

2

3

5

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?

Q5

Tick one box

4077

- Yes – minor difficulties
- Yes – definite difficulties
- Yes – severe difficulties
- No

1

2

3

4

Please go to question 6

→ Please go to question 10

6

How long have these difficulties been present?

Q6

Tick one box

4078

- Less than a month
- 1 – 5 months
- 6 – 12 months
- Over a year

1

2

3

4

7

Do these difficulties upset or distress your child?

Q7

Tick one box

4079

- Not at all
- Only a little
- Quite a lot
- A great deal

1

2

3

4

8

Do these difficulties interfere with your child's everyday life in the following areas ...

Tick one box on each line

		Not at all	Only a little	Quite a lot	A great deal
<i>Q8a</i>	... home life?	<small>4080</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Q8b</i>	... friendship?	<small>4081</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Q8c</i>	... classroom learning? (if your child is at school)	<small>4082</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Q8d</i>	... leisure activities?	<small>4083</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

9

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

Tick one box

<i>Q9</i>	Not at all	<small>4084</small> <input type="checkbox"/> 1
	Only a little	<input type="checkbox"/> 2
	Quite a lot	<input type="checkbox"/> 3
	A great deal	<input type="checkbox"/> 4

Spare 4085 - 089

This section is about your relationship with your child. Please think about how far each of the statements *currently* applies to your relationship with your child.

Tick one box on each line

		Definitely does not apply	Not really	Neutral, not sure	Applies sometimes	Definitely applies
<i>Q10a</i>	I share an affectionate, warm relationship with my child	4090 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10b</i>	My child and I always seem to be struggling with each other	4091 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10c</i>	My child will seek comfort from me	4092 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10d</i>	My child is uncomfortable with physical affection or touch from me	4093 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10e</i>	When I praise my child, he or she beams with pride	4094 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10f</i>	My child spontaneously shares information about him or herself	4095 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10g</i>	My child easily becomes angry at me	4096 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10h</i>	It is easy to be in tune with what my child is feeling	4097 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10i</i>	My child remains angry or is resistant after being disciplined	4098 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10j</i>	Dealing with my child drains my energy	4099 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10k</i>	When my child wakes in a bad mood, I know we're in for a long and difficult day	4100 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10l</i>	My child's feelings towards me can be unpredictable or can change suddenly	4101 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q10m</i>	My child is sneaky or manipulative with me	4102 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Sometimes children are pretty well behaved and other times they are not. We are interested in what parents do when their children misbehave. Please think about how your child has been in the *last three months*.

Tick one box on each line

	Never 4110	Rarely	Sometimes (about once a month)	Often (about once a week)	Daily
Q11a How often have you ignored your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11b How often have you shouted at your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11c How often have you sent your child to their bedroom, etc.?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11d How often have you had to take away TV privileges or other treats?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11e How often have you told your child off?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11f How often have you had to bribe your child (e.g. with sweets, or a treat)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11g How often have you tried to reason with your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q11h How often have you had to smack your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 4118 - 119

12 If your child is *younger than 5*, tick this box

4120

1

➔ Please go to question 16

Q12 If your child is *5 or older*, tick this box

2

➔ Please go to question 13

13 Sometimes children are pretty well behaved and other times they are not. We are interested in what parents do when their children misbehave. Please think about how your child has been in the *last three months*.

Tick one box on each line

Sometimes (about once a month) Often (about once a week) All the time

Q13A How often have you taken away your child's pocket money or allowance?

Never
4121

1

Rarely

2

3

4

5

Q13A How often have you given your child a household task to do (e.g. clean their bedroom or the bathroom, tidy the garden, mow the lawn)?

4122

1

2

3

4

5

14 Since starting school, has your child ever been off school for a continuous period of 1 month or more, other than for school holidays?

Tick one box

Q14 Yes
1

➔ How many times has this happened?
4124 - 125

Times ➔ Go to question 15

No
2 ➔ Go to question 16

15 Thinking about the (last) time your child was off school for 1 month or more, what was the reason for this absence?

Tick one box

Q15

Ill health
1

Needed to help out at home or other family reason
2

Some other reason
2

16

Approximately how often do you get the chance to read stories with or to your child?

Q16

Tick one box

4127

Every day

1

Several times a week

2

Several times a month

3

Several times a year

4

Never

5

17

Approximately how many books does your child have (including books shared with brothers or sisters)?

Q17

Tick one box

4128

No books

1

1 – 2 books

2

3 – 9 books

3

10 – 19 books

4

20 – 49 books

5

50 plus

6

18

Have you or your child's other parent ever helped your child to learn any of the following...

Q18a

... numbers?

1

Q18b

... the alphabet?

2

Q18c

... colours?

3

Q18d

... shapes and sizes?

4

Q18e

... none of the above

5

Tick all that apply

4129 - 132

Spare 4133 - 4140

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided. All your answers will remain confidential. Please call Freephone 0500 600 616 if you have any queries.