

1

Please can you think back to how your child has been feeling over the *past 6 months*.

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	5030 <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	5031 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1c</i> Often complaining of headaches, stomach-aches or sickness	5032 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1d</i> Sharing readily with other children (treats, toys, pencils etc.)	5033 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1e</i> Has often had temper tantrums or hot tempers	5034 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1f</i> Rather solitary, tending to play alone	5035 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1g</i> Generally obedient, usually doing what adults requested	5036 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1h</i> Many worries, often seeming worried	5037 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1i</i> Helpful if someone was hurt, upset or feeling ill	5038 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1j</i> Constantly fidgeting and squirming	5039 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1k</i> Has had at least one good friend	5040 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1l</i> Has often had fights with other children or bullies them	5041 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Q1m</i> Often unhappy, downhearted or tearful	5042 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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Tick one box on each line

Not true Somewhat true Certainly true

	Not true 5050	Somewhat true	Certainly true
Q1n Generally liked by other children	<input type="checkbox"/> 1 5050	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1o Easily distracted, concentration wandered	<input type="checkbox"/> 1 5052	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1p Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1 5053	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1q Kind to younger children	<input type="checkbox"/> 1 5054	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1r Often lied or cheated	<input type="checkbox"/> 1 5055	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1s Picked on or bullied by other children	<input type="checkbox"/> 1 5056	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1t Has often volunteered to help others (parents, teachers, other children)	<input type="checkbox"/> 1 5057	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1u Able to think things out before acting	<input type="checkbox"/> 1 5058	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1v Stole from home, school or elsewhere	<input type="checkbox"/> 1 5059	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1w Getting on better with adults than with other children	<input type="checkbox"/> 1 5060	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1x Many fears, easily scared	<input type="checkbox"/> 1 5061	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q1y Has seen tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Spare 5062 - 5069

2

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?

Q2

Tick one box

5070

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



Please go to question 3

Please go to question 7

3

How long have these difficulties been present?

Q3

Tick one box

5071

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

4

Do these difficulties upset or distress your child?

Q4

Tick one box

5072

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

5

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>Q5a</i>	... home life?	<small>5073</small> <input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
<i>Q5b</i>	... friendship?	<small>5074</small> <input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
<i>Q5c</i>	... classroom learning? (if your child is at school)	<small>5075</small> <input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
<i>Q5d</i>	... leisure activities?	<small>5076</small> <input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

6

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

Tick one box

<i>Q6</i>	Not at all	<small>5077</small> <input type="checkbox"/> <small>1</small>
	Only a little	<input type="checkbox"/> <small>2</small>
	Quite a lot	<input type="checkbox"/> <small>3</small>
	A great deal	<input type="checkbox"/> <small>4</small>

Spare 5078 - 079

7

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
Q7a I share an affectionate, warm relationship with my child	5080 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7b My child will seek comfort from me	5081 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7c My child is uncomfortable with physical affection or touch from me	5082 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7d My child values his or her relationship with me	5083 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7e My child spontaneously shares information about him or herself	5084 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7f My child easily becomes angry at me	5085 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7g It is easy to be in tune with what my child is feeling	5086 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7h My child remains angry or is resistant after being disciplined	5087 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7i Dealing with my child drains my energy	5088 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7j When my child wakes in a bad mood, I know we're in for a long and difficult day	5089 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7k My child's feelings towards me can be unpredictable or can change suddenly	5090 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7l My child is sneaky or manipulative with me	5091 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7m My child shares his or her feelings and experiences with me	5092 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 5093 - 099

8

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 5100	Rarely	Sometimes (about once a month)	Often (about once a week)	Daily
Q8a 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
Q8b 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
Q8c 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
Q8d 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
Q8e 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
Q8f 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
Q8g How often have you taken away your child's pocket money or allowance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q8h How often have you given your child a household task to do (e.g. clean their room or the bathroom, tidy the garden, mow the lawn)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q8i 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

9

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

Q9a Yes
1 → How many times has this happened? Times → Go to question 10

No
2 → Go to question 11

10

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

Q10

Tick one box

Ill health

5112
 1

Needed to help out at home or other family reason

2

Some other reason

3

11

Has your child ever been temporarily suspended or temporarily excluded from school for at least one day?

Q11a

Tick one box

5113
Yes 1



How many times has this happened?

5114 - 115

times

No 2

12

Has your child ever been expelled or permanently excluded from school?

Q12a

Tick one box

5116
Yes 1



How many times has this happened?

5117 - 118

times

No 2

13

Have the police ever got in contact with you (or the child's other parent) about your child because he or she has done something against the law?

Q13a

Tick one box

5119
Yes 1



How many times has this happened?

5120 - 121

times

No 2

14

If your child is *under* the age of 10, tick this box

5130

1



Please go to question 15

Q14

If your child is *10 or older*, tick this box

2



Please go to question 16

The following question is about children younger than 10

15

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

Tick one box

Q15

Every day

5131

1

Several times a week

2

Several times a month

3

Several times a year

4

Never

5

The following questions are for everyone to answer

16

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

Q16

Tick one box

- 5132
- No books 1
 - 1 – 2 books 2
 - 3 – 9 books 3
 - 10 – 19 books 4
 - 20 – 49 books 5
 - 50 plus 6

17

About how often would you say your child reads for enjoyment (not schoolwork)?

Q17

Tick one box

- 5133
- Every day 1
 - Several times a week 2
 - Several times a month 3
 - Several times a year 4
 - Never 5

18

Does your child ever get any homework from school?

Q18

Tick one box

- 5134
- Yes, my child regularly gets homework from school 1
 - Yes, my child sometimes gets homework from school 2
 - No homework is given by the school 3
 - My child does not go to school 4
- } Please go to question 19
- } Thank you. Now go the end of page 12.

19

Do you (or the child's other parent) help your child with his or her homework, even if it's only occasionally?

Q19

Tick one box

5135

No one helps

1

I usually help

2

Other parent usually helps

3

Both parents help equally

4

20

Do you (or the child's other parent) make sure that your child does his or her homework?

Q20

Tick one box

5136

Always

1

Sometimes

2

Occasionally

3

Never

4

21

Is there a computer at home your child can use to help with his or her homework?

Q21

Tick one box

5137

Yes

1

No, there's not a computer at home

2

No, there's a computer at home but not for my child to use

3

Spare 5138 - 150

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.