

DEMOGRAPHIC QUESTIONNAIRE

I would like to start by asking you some background information about you and your family. Some of these questions might not apply to you, and we apologise for this, however it is important that we ask every one the same things so please bear with us on this. Please try to be as truthful as possible when answering these questions, but please be assured that the answers you give will be kept confidential.

1. BACKGROUND DETAILS

1a. Child's DOB Child's Age Sex: M ☐ F ☐

1b. Carer's DOB Carer's Age Sex: M ☐ F ☐

1c. Relationship to child:

Biological parent	<input type="checkbox"/>	Step-parent	<input type="checkbox"/>
Parent's partner (living together)	<input type="checkbox"/>	Adoptive parent	<input type="checkbox"/>
Foster parent	<input type="checkbox"/>	Other adult relative (state)	<input type="checkbox"/>

1d. How old were you when your first child was born?.....

2. CHILD'S HEALTH AND DEVELOPMENT

2a. Has your child ever received speech therapy or had special coaching for speech or language problems?

YES.....NO

2b. Do you have any concerns about your child's health / development?

.....

2c. Please list below, in order of priority, the 3 problems you have with your child's behaviour that you would most like help with at the moment, then rate the problems on a score of 1-10, with 1 being 'not a problem' and 10 being 'couldn't get any worse'.

For example, "temper tantrums at bedtime" rated as 10 as it couldn't get any worse.

Concern 1.....

1 2 3 4 5 6 7 8 9 10

Concern 2.....

1 2 3 4 5 6 7 8 9 10

Concern 3.....

1 2 3 4 5 6 7 8 9 10

2d. How long have you had these concerns / how long have these problems been going on?

Up to 1month 6-12 months 12-18 months Over 18 months

2e. What is the name and address of your child's current school?

.....
.....

Telephone number

Name of class teacher

Name of head teacher

2f. Has your child ever had any special help or been treated differently at school on account of their behaviour?

YES NO NA Not known

2g. Please describe any special needs provision at school or what teachers/helpers have done

.....

2h. (If has special needs)

Do you know which special needs stage your child is at?

Special needs not recognized ☐

Stage 1. Problem noted no specific action ☐

Stage 2. Problem noted in school & local measures taken (eg SENCO) ☐

Stage 3. Advise from outside specialists (eg ed. psychologist, speech therapist) ☐

Stage 4. Recommend an assessment (full assessment of special ed. needs) ☐

Stage 5. Statemented ☐

2i. Is the main reason your child has special educational needs because of their behaviour or some other problem?

Behaviour problem ☐

Learning problem ☐

Both behaviour & learning problem ☐

NA ☐

Not known ☐

2j. Does your child see the special educational needs coordinator (SENCO)?

YES NO NA Not known

2k. Is your child provided with a classroom assistant?

YES NO NA Not known

2l. Has your child ever been in foster care?

YES NO

2m. (if yes) How long for?

0-1 month 1-6 months 6-12 months Over 12 months

3. CARER'S HEALTH

3a. Did you feel a bit depressed during your child's first year?

YES NO NA (e.g. not with child) Unsure

3b. (If yes) What treatment have you received?

No depression ☐
Depressed but no treatment ☐
GP visit for depression ☐
No specific treatment ☐
Saw counselor/psychologist ☐
GP gave medication only ☐
GP gave medication & counseling ☐
Treatment from a specialist ☐
Admitted psychiatric unit ☐
NA ☐
Don't know ☐

3c. Have you been depressed since the first year of your child's birth? YES NO
If yes please describe

No depression ☐
Depressed but no treatment ☐
GP visit for depression ☐
No specific treatment ☐
Saw counselor/psychologist ☐
GP gave medication only ☐
GP gave medication & counseling ☐
Treatment from a specialist ☐
Admitted psychiatric unit ☐
NA ☐
Don't know ☐

4. OTHER HOUSEHOLD / FAMILY MEMBERS

4a. What is your marital status?

Single, never married	<input type="checkbox"/>	Married	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Living together	<input type="checkbox"/>
In relationship but living apart	<input type="checkbox"/>		

4b. Spouse / partner's relationship to child:

Biological parent	<input type="checkbox"/>	Step-parent	<input type="checkbox"/>
Parent's partner (living together)	<input type="checkbox"/>	Adoptive parent	<input type="checkbox"/>
Foster parent	<input type="checkbox"/>	Other adult relative	<input type="checkbox"/>

4c. How involved is your partner with the upbringing of your child (index)?

NOT AT ALL	<input type="checkbox"/>
LOW (e.g. lives apart sees once/wk or less)	<input type="checkbox"/>
MID (e.g. sees everyday but not much involvement)	<input type="checkbox"/>
HIGH (e.g. sees everyday and carries out lot childcare or activities with child)	<input type="checkbox"/>

4d. Would your partner be available to join the parenting group?

YES NO

4e. Who else shares your household? What is their relationship to you and your child?

Child 1: RELATIONSHIP.....NAME:.....DOB.....
 Child 2: RELATIONSHIP.....NAME:.....DOB.....
 Child 3: RELATIONSHIP.....NAME:.....DOB.....
 Child 4: RELATIONSHIP.....NAME:.....DOB.....
 Child 5: RELATIONSHIP.....NAME:.....DOB.....
 Child 6: RELATIONSHIP.....NAME:.....DOB.....

Adult 1: RELATIONSHIP.....AGE(yrs).....
 Adult 2: RELATIONSHIP.....AGE(yrs).....
 Adult 3: RELATIONSHIP.....AGE(yrs).....

5. FAMILY HEALTH

5a. Have you, your partner or your child's father ever had problems with drugs and/or alcohol?

YES NO DON'T KNOW

If yes, which member of the family has the problem?

I.D. () () ()
Date () () () () () ()

5b. Have ANY of your children (or any other member of your family) - to your knowledge - been in trouble with the police (or been involved in any form of criminal activity)?

YES NO DON'T KNOW

6. RELATIONSHIPS (if applicable)

6a. Parents of children who show some difficult behaviour sometimes claim that these problems have an effect on their adult relationship(s). Do you feel that your child's behaviour is having such an effect on your relationship with your partner?

YES NO DON'T KNOW

6b. (If in relationship) How would you rate the quality of your relationship with your partner?

Bad	<input type="checkbox"/>	Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Mixed	<input type="checkbox"/>		

7. HOUSING:

7a. Is your home:

Owned	<input type="checkbox"/>
Council / housing association rented	<input type="checkbox"/>
Privately rented unfurnished	<input type="checkbox"/>
Privately rented furnished	<input type="checkbox"/>
Other	<input type="checkbox"/>

If 'other' Please give details.....

7b. Condition of the building (RATED BY RESEARCHER)

Good.....Acceptable.....Substandard

7c. How many bedrooms do you have use of?.....

8. INCOME

8a. Income: Which category would best describe your total weekly income? That is what you actually get in each week to spend on living costs.

£150 or below	<input type="checkbox"/>
£150 - £200	<input type="checkbox"/>
£201 - £250	<input type="checkbox"/>
£251 - £300	<input type="checkbox"/>
£301 - £350	<input type="checkbox"/>
£350 or above	<input type="checkbox"/>

8b. Is this income made up mostly of:

- State benefits (such as Job seeker's allowance / income support) ☐
Other benefits that subsidise wages (e.g. WFTC) ☐
Maintenance payments for child(ren) ☐
Wages ☐
Other ☐

8c. Are your children entitled to free school meals?

YES NO Not known

9. DEMOGRAPHICS

9a. Mother

What ethnicity/race would you say you are?

- White/North European ☐
Mediterranean (eg Greek, Italian, Turkish) ☐
Black Afro-Caribbean ☐
Indian subcontinent ☐
SE Asian/Chinese ☐
Mixed parentage ☐
Other (Please describe) ☐
Not known ☐

9b. Father

What ethnicity/race would you say your child's father is?

- White/North European ☐
Mediterranean (eg Greek, Italian, Turkish) ☐
Black Afro-Caribbean ☐
Indian subcontinent ☐
SE Asian/Chinese ☐
Mixed parentage ☐
Other (Please describe) ☐
Not known ☐

9c. Education – Mother

At what age did you leave school or finish education?

- Left school before 13 ☐
Left school at 13-16 ☐
Further secondary 16-18 ☐
Secretarial/technical qualification ☐
Teacher training ☐
University course not completed ☐

I.D. () () ()
Date () () () () () ()

Professional qualification without degree (eg SRN) ☐
Degree ☐
Further degree ☐
NA ☐
Other ☐
Not known ☐

9d. Education – Father

At what age did you leave school or finish education?

Left school before 13 ☐
Left school at 13-16 ☐
Further secondary 16-18 ☐
Secretarial/technical qualification ☐
Teacher training ☐
University course not completed ☐
Professional qualification without degree (eg SRN) ☐
Degree ☐
Further degree ☐
NA ☐
Other ☐
Not known ☐

**THANK YOU VERY MUCH FOR YOUR COOPERATION, WE GREATLY
APPRECIATE YOUR TIME.**