



Social and Emotional Education and Development

PARENT / CARER QUESTIONNAIRE



CHECK & REMOVE

Please check child name

Please complete questionnaire
for this child.

If you have more than one child participating in the SEED Study, you will receive a questionnaire for each child – please complete the correct questionnaire for each child.



CHECK & REMOVE



**PLEASE REMOVE (AND DESTROY)
THIS PAGE FROM QUESTIONNAIRE
BEFORE COMPLETING**

Please think about your child's behaviour over the last SIX MONTHS if you can. For each of the following statements please say whether it is not true, somewhat true or certainly true of your child's behaviour.

<i>Please tick ✓ ONE box on EACH LINE</i>		Not True	Somewhat True	Certainly True
1.	Is considerate of other people's feelings	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2.	Is restless, overactive, cannot stay still for long	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3.	Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4.	Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5.	Often has temper tantrums or hot tempers	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

<i>Please tick ✓ ONE box on EACH LINE</i>		Not True	Somewhat True	Certainly True
6.	Is rather solitary, tends to play alone	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7.	Is generally obedient, usually does what adults request	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.	Has many worries, often seems worried	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9.	Is helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
10.	Constantly fidgets or squirms	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

<i>Please tick ✓ ONE box on EACH LINE</i>		Not True	Somewhat True	Certainly True
11.	Has at least one good friend	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
12.	Often fights with other children or bullies them	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
13.	Is often unhappy, down-hearted or tearful	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
14.	Is generally liked by other children	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
15.	Is easily distracted, concentration wanders	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Please tick ✓ ONE box on EACH LINE		Not True	Somewhat True	Certainly True
16.	Is nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
17.	Is kind to younger children	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
18.	Often lies or cheats	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
19.	Is picked on or bullied by other children	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
20.	Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Please tick ✓ ONE box on EACH LINE		Not True	Somewhat True	Certainly True
21.	Thinks things out before acting	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
22.	Steals from home, school or elsewhere	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
23.	Gets on better with adults than with other children	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
24.	Has many fears, is easily scared	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
25.	Sees tasks through to the end, good attention span	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

This next section will ask you questions about your child and their school.

26. What primary year is your child/the child you care for currently in? Please write in below

 _____ 1 Don't know 9

27. How many other schools has your child/the child you care for been to since starting school? Please write in below

 _____ 1 Don't know 9

How would you rate your child's current school in respect of each of the following?

Please tick ✓ ONE box for EACH QUESTION

		Poor	Average	Good	Very good
28.	Safety in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29.	Happiness of pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30.	Standards of teaching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31.	The playground	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32.	Behaviour of pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33.	Equipment (e.g. books, computers)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34.	Enthusiasm of the teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
35.	Condition of buildings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
36.	Happiness of your child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
37.	Overall, how do you rate your child's school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

We would like to ask you some more questions about your child's school and their teacher(s).

Please tick ✓ ONE box for EACH QUESTION		No, not really	Sometimes	Often	Yes, definitely
38.	Has your child settled in well at school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
39.	Is your child's school responsive to parent/carer views and opinions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
40.	Are you satisfied with your child's education at their present school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
41.	Do you believe you can positively influence your child's achievement at school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
42.	Do you respect your child's classroom teacher(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
43.	Do you feel comfortable talking to your child's teacher(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
44.	Do you think how well your child does in their education will affect how well they do in life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
45.	Does your child's school give parents/carers the opportunity to get involved in school activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
46.	Does your child's school respect parent/carer views?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
47.	Does your child's school give you clear information on how your child is getting on at school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
48.	Does your child's school care about its pupils?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
49.	Does your child say good things about the school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
50.	Does your child look forward to going to school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
51.	Does your child's classroom teacher(s) care about your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

52. What do you think could improve the wellbeing of your child at this school? Please write in below



Here are some questions about you and your child/the child you care for.

Please tick ✓ ONE box for EACH QUESTION		No, not really	Sometimes	Often	Yes, definitely
53.	I let my child know when he/she is doing a good job with something	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
54.	I compliment my child when he/she has done something well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
55.	I praise my child if he/she behaves well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
56.	I tell my child off when he/she has done something wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
57.	I check to make sure my child is doing OK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
58.	I ask my child about his/her day in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
59.	I am responsive to my child's needs and feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
60.	I encourage my child to freely "speak his/her mind", even if he/she disagrees with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
61.	I help my child with his/her homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
62.	I remind my child that I am his/her parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please tick ✓ ONE box for EACH QUESTION		No, not really	Sometimes	Often	Yes, definitely
63.	I can successfully change my child's behaviour for the better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
64.	I know the best way to discipline my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
65.	I respect my child as their own person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
66.	I am a good role model to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
67.	I am warm towards my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
68.	My child and I trust each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
69.	When my child is not at school, I know what he/she is doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
70.	My child can play outside without me being there with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
71.	Do you and your partner disagree over issues relating to bringing up your child (leave blank if you don't have a partner)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
72.	Is it ever okay to smack children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**The next section will ask questions about
you and your family structure.**

		<i>Please tick ✓ ONE box for EACH ACTIVITY</i>				
		Never	Less often than weekly	Weekly	Most days	Every day
73.	Watch TV or DVDs together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
74.	Play indoor games together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
75.	Eat a meal together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
76.	Go for a walk or play sports together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
77.	Go places together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
78.	Visit friends or relatives together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

79. Are you:
Please tick ✓ ONE box

Female ₀

Male ₁

Transgender ₂

80. What is your relationship to the child?

Please tick ✓ **ONE** box

Mother 1

Father 2

Grandparent 3

Step-parent 4

Foster-parent 5

Carer 6

Other 7

Please tick and write in below



.....

81. Has the child stayed with the same parents/carers since birth?

Please tick ✓ **ONE** box

Yes 1

No 2

82. How religious are you?

Please tick ✓ **ONE** box

Not at all religious 1


Not very religious 2

Fairly religious 3

Very religious 4

83. Thinking about income, which best describes where the main source of income comes from in your household?

Please tick ✓ ONE box

	Full-time work	<input type="checkbox"/>	1
	Part-time work	<input type="checkbox"/>	2
	Full-time education (funded)	<input type="checkbox"/>	3
	Part-time education (funded)	<input type="checkbox"/>	4
	Sick or disability allowance	<input type="checkbox"/>	5
	Unemployment allowance	<input type="checkbox"/>	6
	Other Please tick and write in below	<input type="checkbox"/>	7
			
	Prefer not to say	<input type="checkbox"/>	8

If the highest earner is working, please provide more details

Please write in below

84. Job Title

e.g. assistant chef



.....

 1

85. Description

e.g. makes meals



.....

 1

86. Employer type

e.g. school



.....

 1

87. If the highest earner is working, which one of these best describes the highest earner's work?

Please tick ✓ ONE box

Self-employed with paid employees	<input type="checkbox"/>	1
Self-employed with no paid employees	<input type="checkbox"/>	2
Employee	<input type="checkbox"/>	3
Manager	<input type="checkbox"/>	4
Supervisor	<input type="checkbox"/>	5
Doesn't apply	<input type="checkbox"/>	6

88. If the highest earner is working, how many people are employed where the highest earner works?

Please tick ✓ ONE box

Under 25 staff	<input type="checkbox"/>	1
Over 25 staff	<input type="checkbox"/>	2
Doesn't apply	<input type="checkbox"/>	3



CHECK & REMOVE

83. Thinking about income, which best describes where the main source of income comes from in your household?
Please tick ONE box

full-time work
 part-time work
 full-time education (funded)
 part-time education (funded)
 sick or disability allowance
 Unemployment allowance
 Other please tick and write in below
 prefer not to say

If the highest earner is working, please provide more details
Please write in below

84. Job Title
e.g. assistant chef

85. Description
e.g. makes meals

86. Employer type
e.g. school

87. If the highest earner is working, which one of these best describes the highest earner's work?
Please tick ONE box

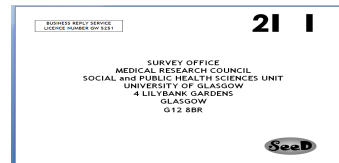
Self-employed with paid employees
 Self-employed with no paid employees
 Employee
 Manager
 Supervisor
 Doesn't apply

88. If the highest earner is working, how many people are employed where the highest earner works?
Please tick ONE box

Under 25 staff
 Over 25 staff
 Doesn't apply

SEED PARENT QUESTIONNAIRE BASELINE V7 21/11/12
UNIQUE PARENT Q IDNO 13

Please detach this completed page from the questionnaire return smaller FREEPOST envelope provided.



Social and Emotional Education and Development

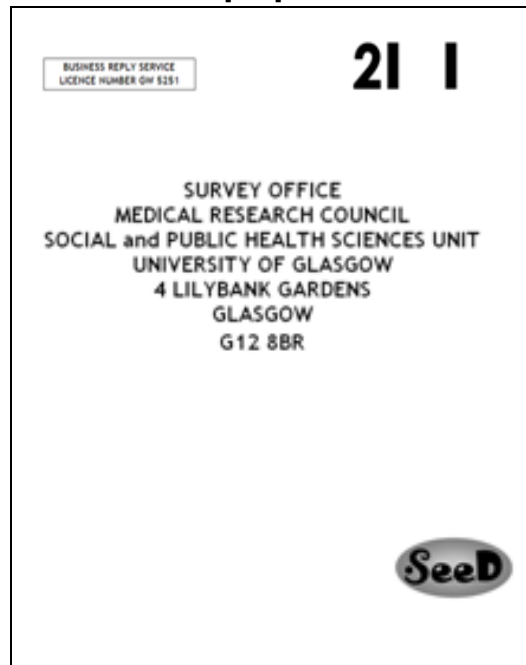
PARENT / CARER QUESTIONNAIRE



SEED PARENT QUESTIONNAIRE BASELINE V7 21/11/12
UNIQUE PARENT Q IDNO

1

Please detach completed questionnaire and return in the larger FREEPOST envelope provided.



END OF QUESTIONNAIRE

**THANK YOU VERY MUCH FOR TAKING
PART AND ANSWERING THE QUESTIONS**

If you have any thoughts on this questionnaire or feedback for the SEED team that may help us inform future aspects of this research please feel free to leave comments here



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