Preventing Anxiety in Children through Education in Schools

UNIVERSITY OF BATH

Parent Interview Schedule

SECTION A: RECEIPT OF SERVICES

These questions are about your child and the medical contacts or support they have had over the last 6 months.

1. Over the **last 6 months** has your child had to stay **overnight in hospital**?

Yes ☐1 No ☐0

If YES, what was the reason(s) for their stay in hospital?

Admission 1…………………………………………………………….

Number of days they spent in hospital ☐☐

Admission 2…………………………………………………………………

Number of days they spent in hospital ☐☐

Admission 3…………………………………………………………………

Number of days they spent in hospital ☐☐

2. Has your child needed to attend **Accident & Emergency** (‘A & E’) in the **past 6 months?**

Yes ☐[1] No ☐[0]

If YES, how many times has your child attended A&E ☐☐

What was the reason for these visit(s)?

Visit 1…………………………………………………………….

Visit 2……………………………………………………………..

Visit 3……………………………………………………………..

3. Has your child visited **hospital or a health clinic for an out-patient appointment** in the **past 6 months?**

Yes ☐[1] No ☐[0]

If YES, how many times has your child attended an outpatient appointment ☐☐

What was the reason for your visit(s)?:

Visit 1…………………………………………………………….

Visit 2……………………………………………………………..

Visit 3……………………………………………………………..

4. Has your child visited your **Family Doctor** in the **past 6 months?**

Yes ☐1 No ☐0

If YES, how many times have they seen their Doctor ☐☐

How many of these visits were because of worry, anxiety or unhappiness? ☐☐

5. Has your child seen anyone to help them with problems such as worry, anxiety or unhappiness **in the last 6 months?**

Yes ☐1 No ☐0

If YES, who have they seen (e.g. school nurse, psychologist, psychiatrist, counsellor, hypnotists, aroma-therapist, etc.)

Professional 1……………………………………………………………

Number of times seen ☐☐ Average length of each appointment (min) ☐☐

Professional 2……………………………………………………………

Number of times seen ☐☐ Average length of each appointment (min) ☐☐

Professional 3……………………………………………………………

Number of times seen ☐☐ Average length of each appointment (min) ☐☐

6. Has a doctor **EVER** diagnosed your child with a problem such as

Depression: Yes ☐ 1 No ☐ 0

Anxiety: Yes ☐ 1 No ☐ 0

7. Over the **last 6 months** has your child been prescribed or given any medication **for anxiety or depression?**

Yes ☐ 1 No ☐ 0

If Yes, what are the Medicines

Medicine 1

- Name:…………………………………………………………………….
- Daily Dose………………………………………………………………….
- Weeks taken………………………………………………………………..

Medicine 2

- Name:…………………………………………………………………….
- Daily Dose………………………………………………………………….
- Weeks taken………………………………………………………………..

Medicine 3

- Name:…………………………………………………………………….
- Daily Dose………………………………………………………………….
- Weeks taken………………………………………………………………..

8. Over the **last 6 months** has your child had any days off school?

Yes ☐1 No ☐0

If Yes,

How many days has your child been off? ☐☐

How many of these were due to worry, anxiety or unhappiness? ☐☐

9. Over the **last 6 months** have you or someone else had to take any days out of paid employment to look after your child?

Yes ☐1 No ☐0

If YES,

How many days have you taken off? ☐☐

How many days has someone else taken off? ☐☐

10. Does your child have a statement of educational needs

Yes ☐1 No ☐0

11. Over **the last 6 months** has your child had any extra support or input at school to help with learning or because of their behaviour?

Yes ☐1 No ☐0

If Yes, what help or extra support have they received?

Help/Support 1……………………………………………………………..……………

Number of hours per week……………………………………………………

Duration (weeks)……………………………………………………………..

Help/Support 2……………………………………………………………..……………

Number of hours per week……………………………………………………

Duration (weeks)……………………………………………………………..

Help/Support 3……………………………………………………………..……………

Number of hours per week……………………………………………………

Duration (weeks)……………………………………………………………..

12. Over the **last 6 months** has your child received any help or support from Social Services?

Yes ☐1 No ☐0

If Yes, what help have they had

Help/Support 1 ………………………………Duration (weeks)………………………..

Hours per week ………………………..

Help/Support 2 …………………………… Duration (weeks)………………………..

Hours per week ………………………..

Help/Support 3 ………………………………Duration (weeks)………………………..

Hours per week ………………………..

13. Over the **last 6 months** has your child had any help or support from any voluntary organisations or agencies?

Yes ☐1 No ☐0

if Yes, what help have they had

Help/Support 1 ………………………………Duration (weeks)………………………..

Hours per week ………………………..

Help/Support 2 ……………………………… Duration (weeks)………………………..

Hours per week ………………………..

Help/Support 3 ………………………………Duration (weeks)………………………..

Hours per week ………………………..

SECTION B: SPARETIME

These questions are about the way your child spends their spare time.

1. Does your child **REGULARLY ATTEND** any **CLUBS OR ORGANISED ACTIVITIES** outside of **school lessons** e.g. drama club, cubs, music lessons (including afterschool clubs)?

Yes ☐ 1 No ☐ 0

If YES what clubs or organised activities do they regularly do?

Clubs/Activity	Days/week	Total hours/week
➢ 1.		
➢ 2.		
➢ 3.		
➢ 4.		

If NO, is there any particular reason for not doing this?

Any comments:

2. Does your child do any **SPORT or PHYSICAL ACTIVITY** such as swimming, football or dance outside of **school lessons** (including afterschool clubs and lunch-time clubs)?

Yes ☐1 No ☐0

If YES what sport or physical activity do they do?

Sport/Physical Activity	Days/week	Total hours/week
➢ 1.		
➢ 2.		
➢ 3.		
➢ 4.		

If NO, is there any particular reason for not doing this?

3. Do you know if your child **WOULD LIKE TO JOIN** any other clubs or do any other activity?

Yes ☐1 No ☐0

If YES what would they like to do?

- ➢ 1.
- ➢ 2.
- ➢ 3

Is there any reason why they aren't already doing this?

4. Has your child **EVER STOPPED ATTENDING** any clubs or doing any organised sport or activity over **the past 6 months**?

Yes ☐1 No ☐0

IF YES what did they stop and why?

	Sport/activity	Why stopped
➢ 1.		
➢ 2.		
➢ 3.		

5. Does your child have

- Access to a computer

Yes ☐1 No ☐0

- A face book, MSN or other chat room account

Yes ☐1 No ☐0

- Console/video games such as X-box, Wii, Nintendo DS, etc.

Yes ☐1 No ☐0

- Mobile phone

Yes ☐1 No ☐0

- TV in his/her bedroom

Yes ☐1 No ☐0

6. How much time **EACH DAY** do you think your child spends:
Hours per day

- Watching TV or DVDs
- Playing on their computer (games, internet, iPlayer, YouTube, etc)
- Chatting to friends on face book, MSN or other sites
- Playing console/video games, e.g. X-box, Wii, Nintendo DS, etc
- Talking or texting on their mobile phone.

Any Comments :

7. How many **GOOD or CLOSE FRIENDS** does your child have?

- None
- One
- Two or three
- Four or five
- More than five

8. How often does your child **PLAY WITH HIS/HER FRIENDS** outside of school

- Never
- Once a month
- Two or three times a month
- Once a week
- Two or three times a week
- Most days (four or more times per week)

9. In **the last 6 months** has your child been

	No	Once	Two or +
• Invited to a friend's house to play	☐	☐	☐
• Invited to tea or eat at a friend's house	☐	☐	☐
• Slept over at a friend's house	☐	☐	☐
• Invited (and gone) to any parties with friends	☐	☐	☐
• Gone out with a friend and their parent(s)	☐	☐	☐
• Gone away and stayed overnight with a friend and their family	☐	☐	☐
• Gone away on any organised day trips (without you)	☐	☐	☐
• Gone away overnight on organised trips (without you)	☐	☐	☐

SECTION C: LIFE EVENTS

These questions are about any major changes that may have happened to you and your family over the past 6 MONTHS

Event	Occurred		Impact		Impact on Child			
	No	Yes	Positive	Negative	None	Minimal	Moderate	Significant
Changes 1. Family moved house								
2. Child changed schools								
3. Birth of a brother or sister								
Parent Relationships 4. Increase in parental arguments								
5. Decrease in parental arguments								
6. Divorce/Separation of parents								
7. Marriage of parent								
Illness 8. Child been seriously ill.								
9. Serious illness of brother or sister								
10. Serious illness of a parent.								
11. Parent's mood or mental health has become worse.								
12. Parents' mood or feeling about life has become better.								
Work/Finances 13. Loss of job by parent								
14. Mother or father started a new job								
15. Worsening of parent's financial status/ major financial problems								
16. Improvement in parents' financial status.								
Family and Friends 17. Important family member or friend has moved away								
18. Major fall out or argument with family or friends								
Crime/Accident								

19. Family been a victim of crime (e.g. burglary, car theft)								
20. Child been a victim of violence								
21. Parent, immediate family or relative has been in trouble with the police.								
22. Someone in the family has had an accident								
Bereavement 23. Death of child's brother or sister								
24. Death of child's close friend								
25. Death of a parent								
26. Death of a close relative e.g. grandparent								
27. Death of a family pet								

- Is there anything else not on this list which has been important for you and your family **over the past 6 months?**

Yes ☐ 1 No ☐ 0

IF YES please describe what has happened?

Event 1:

Event: Positive Negative

Impact on Child: None Minimal Moderate Significant

Event 2:

Event: Positive Negative

Impact on Child: None Minimal Moderate Significant

SECTION D: YOU AND HOW YOU ARE FEELING

D0. These questions are about YOU, your HEALTH and how you have been FEELING recently.

- **What year were you born?** ☐ ☐ ☐ ☐

- **What is your relationship to the child?**

Birth Mother ☐

Birth Father ☐

Step Mother ☐

Step Father ☐

Carer ☐

Other (Please clarify)……………………………………………………………………………

- **What is the highest level of qualification you have achieved?**

No qualifications ☐

O level or GCSEs ☐

A or As Levels ☐

Diploma or vocational qualification ☐

Degree ☐

Postgraduate Degree ☐

- **What is your current employment status?**

Full-time paid employment ☐

Part-time paid employment ☐

Extended Sick leave from paid job ☐

Maternity leave from paid job ☐

Unemployed ☐

Voluntary Worker ☐

Student ` ☐

D1

1. **Overall how would you rate your health during the past 4 weeks**

Excellent	Very Good	Good	Fair	Poor	Very Poor
☐	☐	☐	☐	☐	☐

2. **During the past 4 weeks, how much did physical health problems limit your usual physical activities(such as walking or climbing stairs)?**

Not at all	A little	Somewhat	Quite a lot	Could not do physical activities
☐	☐	☐	☐	☐

3. **During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?**

Not at all	A little	Somewhat	Quite a lot	Could not do daily work
☐	☐	☐	☐	☐

4. **How much body pain have you had during the past 4 weeks?**

None	Very Mild	Mild	Moderate	Severe	Very Severe
☐	☐	☐	☐	☐	☐

5. **During the past 4 weeks, how much energy did you have?**

Very Much	Quite a lot	Some	A little	None
☐	☐	☐	☐	☐

6. **During the past <u>4 weeks</u>, how much did your physical health or emotional problems limit your usual social activities with family or friends?**

Not at all	A little	Somewhat	Quite a lot	Could not do social activities
☐	☐	☐	☐	☐

7. **During the past <u>4 weeks</u>, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?**

Not at all	Slightly	Moderately	Quite a lot	Extremely
☐	☐	☐	☐	☐

8. **During the past <u>4 weeks</u>, how much did personal or emotional problems keep you from doing your usual work or other activities?**

Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
☐	☐	☐	☐	☐

D2. Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?

	Not at all	***Several days***	***More than half the days***	***Nearly every day***
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worry	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3

6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

D3. Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?

	Not at all	*Several days*	*More than half the days*	*Nearly every day*
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3

8.	Moving or speaking so slowly that other people could have noticed? Or the opposite – being fidgety or restless, that you have been moving around a lot more than usual	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

D4.

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the solution.

1. Social situations due to a fear of being embarrassed or making a fool of myself

0	1	2	3	4	5	6	7	8
Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

2. Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)

0	1	2	3	4	5	6	7	8
Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

3. Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)

0	1	2	3	4	5	6	7	8
Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

D5

Rate each of the following statements on a scale of 1 (“not at all typical of me”) to 5 (“very typical of me”).

		Not typical of me				*Very typical of me*
1.	If I do not have enough time to do everything, I do worry about it	1	2	3	4	5
2.	My worries overwhelm me	1	2	3	4	5
3.	I do not tend to worry about things	1	2	3	4	5
4.	Many situations make me worry	1	2	3	4	5
5.	I know I should not worry about things, but I just cannot help it	1	2	3	4	5
6.	When I am under pressure I worry a lot	1	2	3	4	5
7.	I am always worrying about something	1	2	3	4	5
8.	I find it easy to dismiss worrisome thoughts	1	2	3	4	5
9.	As soon as I finish one task, I start to worry about everything else I have to do	1	2	3	4	5
10.	I never worry about anything	1	2	3	4	5

11.	When there is nothing more I can do about a concern, I do not worry about it any more	1	2	3	4	5
12.	I have been a worrier all my life	1	2	3	4	5
13.	I notice that I have been worrying about things	1	2	3	4	5
14.	Once I start worrying, I cannot stop	1	2	3	4	5
15.	I worry all the time	1	2	3	4	5
16.	I worry about projects until they are done	1	2	3	4	5

Thank you for taking part in this interview.

We would like to interview you again in 6 months time.

Would you be happy to be contacted again?

No ☐

Yes ☐

What is the best way of contacting you to arrange this?

Telephone Number

Email address