

For parents who are in a relationship

The Innovation Fund

Parental Conflict Questionnaire

For parents who are currently in a relationship

Important: Please only answer these questions if you are currently in a relationship with the parent with whom you are experiencing conflict.

If you are no longer in a relationship with the other parent then please ask the member of staff to give you the appropriate questionnaire.

There are two sections of questions to this part of the questionnaire. Please answer all questions to the best of your ability, even if they do not seem entirely relevant to you.

Once you have finished these questions, please return the questionnaire to the member of staff.

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Section 1: You and your spouse/partner

Please think about the times during the **past 4 weeks** when **you and your spouse/partner** have spent time talking or doing things together.

With those times in mind, please indicate how often your spouse/partner acted in the following ways towards you. During the past 4 weeks, how often did your spouse/partner...

	Always	Almost Always	Fairly Often	About Half	Not too Often	Almost Never	Never
1. Let you know they really care about you	1	2	3	4	5	6	7
2. Was loving and / or affectionate towards you	1	2	3	4	5	6	7
3. Let you know that they appreciate your ideas or the things you do	1	2	3	4	5	6	7
4. Help you to do something that is important to you	1	2	3	4	5	6	7
5. Was supportive and understanding towards you	1	2	3	4	5	6	7
6. Criticise you	1	2	3	4	5	6	7
7. Argue with you when you disagreed about something	1	2	3	4	5	6	7
8. Get angry at you	1	2	3	4	5	6	7
9. Shout at you because they were upset with you	1	2	3	4	5	6	7

Section 2: How you deal with relationship issues

The following are a series of statements that describe things people sometimes do and feel when disagreements arise. **Please answer as best as you can.**

The questions refer to your child's awareness of conflicts that occur between you and your spouse / partner. If you have more than one child, **please consider the child you are most concerned about** when answering this set of questions. If you are not concerned about a child please consider your youngest child.

Please indicate how often each statement applies to your family by ticking the relevant box for each question.

Child's first name: _____

	Never	Rarely	Occasionally	Often	Very Often
1. Sometimes it is difficult to keep financial discussions to specific times and places. How often would you say you and your spouse/partner argue over money in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Children often go to one parent for money or permission to do something after having already been refused by the other parent. How often would you say this child approaches you or your spouse/partner in this manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parents disagree on the subject of discipline. How often do you and your spouse/partner argue over disciplinary problems in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often does your spouse/partner complain to you about your behaviour in the home (e.g. drinking or smoking, nagging, sloppiness, etc.) in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Never	Rarely	Occasionally	Often	Very Often
5. In every normal relationship there are arguments. How often do you complain to your spouse/partner about their behaviour in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you and your spouse/partner argue in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do you and/or your spouse/partner display verbal hostility in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often do you and your spouse/partner show affection for each other in front of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF QUESTIONS

Thank you for completing this questionnaire