

Self-Complete Questionnaire for 9 year olds (M)

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Date: ____ / ____ / ____

We would now like to ask you some questions about your mum!

1. Do you think your mum encourages you to do well at school?

Always Sometimes Never
₁ ₂ ₃

2. How well do you get on with your mum?

Very well Fairly well You and your mum do not get on
₁ ₂ ₃

3. Here are some things you might think about your mum. Please tick the answer that suits you best.

a. Does your mum really expect you to follow family rules?

Always Sometimes Never
₁ ₂ ₃

b. Does your mum like you to tell her when you are worried?

Always Sometimes Never
₁ ₂ ₃

c. Does your mum usually praise you for doing well?

Always Sometimes Never
₁ ₂ ₃

d. Does your mum really let you get away with things?

Always Sometimes Never
₁ ₂ ₃

e. Does your mum punish you if you do not behave yourself?

Always Sometimes Never
₁ ₂ ₃

f. Can you count on your mum to help you out if you have a problem?

Always Sometimes Never
₁ ₂ ₃

g. Does your mum point out ways you could do better?

Always Sometimes Never
₁ ₂ ₃

h. Does your mum spend time just talking to you?

Always Sometimes Never
₁ ₂ ₃

i. Does your mum let you know when you do something wrong?

Always Sometimes Never
₁ ₂ ₃

j. Do you and your mum do things together that are just for fun?

Always Sometimes Never
₁ ₂ ₃

4. When you are bold how often does your mum?

- | | Always | Sometimes | Never |
|---|---|---|---------------------------------------|
| a. Explain to you what you have done wrong | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Ignore you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Smack you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Shout at you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Send you out of the room
or to your bedroom | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Stop your treats or pocket money | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Give out to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Offer you treats to be good..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i. Ground you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |