

Children's Well-Being Survey



Parent/Carer Questionnaire

Some important points about this questionnaire before you begin:

- Please try and fill this questionnaire in as privately as possible
- Please try not to put your name or anyone else's name on the questionnaire
- This questionnaire will be seen only by the people carrying out the research. It will not be seen by anyone else
- This is not a test. There are no right or wrong answers. We just want to find out about what you think and how you feel about things. Try and answer the questions as honestly as you can.
- Some of these questions will be about quite personal areas of your life. These questions are important to this research and your answers will be treated in the strictest confidence, so I hope you don't mind answering them.

Children can be looked after by their dads and mums, or by other people, like step-parents, grandparents, aunts and uncles. In this questionnaire, these other people are called **Carers**.

Please GO TO the next page and begin filling in the questionnaire 

For the researcher to fill in:


- 1. Researcher/worker administering questionnaire:
- 2. Date when questionnaire completed:
- 3. Place where questionnaire completed:
- 4. How parent/carer was recruited:
- 5. Was self-completed or read out:
- 6. Time started: 7. Time finished:

About this child


Researcher to enter
Child Number:




1. Is the child a boy or a girl? ✓
A boy
A girl


2. How old is s/he?years 

3. What is his/her date of birth? 

4. How would you describe him/her or which of the following groups would you say s/he is in?


 If you want to give more information about how you would describe him/her or what group s/he is in, write it down on one of the lines below ↓

- White 
- Asian 
- Black 
- Mixed ethnic group 
- Other 

If you said 'Other', please describe your appearance/background/ethnicity here:
..... 

5. What country was s/he born in? 

6. Does s/he have a long-term disability, illness, medical condition or special need? ✓
Yes
No

If you said 'Yes', please write down what disability, illness, medical condition or special need s/he has:
.....
..... 

7. Does this child live with you at the moment?

- Yes
- No















8. Where does the child live at the moment?

- In his/her family home
- The home of a relative
- The home of a friend
- A foster home
- A children's home
- Other

If you said 'Other', please write down where this child lives:


..... 

9. Who does the child live with at the moment? Please write down the number of each of these people the child lives with at the moment:

- | | | | | | |
|--------------|---|--------------|--|------------|---|
| Birth mother | ..... | Birth father | ..... | Stepmother | ..... |
| Stepfather | ..... | Brother | ..... | Sister | ..... |
| Grandmother | ..... | Grandfather | ..... | Aunt | ..... |
| Uncle | ..... | Nephew | ..... | Niece | ..... |
| Friend | ..... | Other | ..... |  |  |

If you said 'Other', please write down how this person is related to, or knows, this child and the number of these people:

..... 

10. Which city, town or village does this 
child live in at the moment?

11. Did this child live with you just before his/her parent/carer went to prison?

- Yes
- No

12. Where did this child live just before his/her parent/carer went to prison?















- In his/her family home
- The home of a relative
- The home of a friend
- A foster home
- A children's home
- Other

If you said 'Other', please write down where this child lived before his parent/carer went to prison:

..... 

13. Who did this child live with just before his/her parent/carer went to prison?


Please write down the **number** of each of these people:

- | | | | | | |
|--------------|---|--------------|--|------------|---|
| Birth mother | ..... | Birth father | ..... | Stepmother | ..... |
| Stepfather | ..... | Brother | ..... | Sister | ..... |
| Grandmother | ..... | Grandfather | ..... | Aunt | ..... |
| Uncle | ..... | Nephew | ..... | Niece | ..... |
| Friend | ..... | Other | ..... |  |  |

If you said '**Other**', please write down how this person is related to, or knows, this child and the number of these people:

..... 

14. Which city, town or village did this child live in just before his/her parent/carer went to prison?

..... 

15. What is the total number of schools this child has been to? 


(primary, secondary, etc)


16. Has this child even been excluded from any school?

- Yes - permanently ✓
- Yes - temporarily
- No

17. Does this child go to school at the moment?

- Yes ✓
- No

 If you said '**No**', please answer question 18

 If you said '**Yes**', please GO TO the next page

18. Why doesn't this child go to school at the moment?

- Has turned 16 years ✓
- Is taught at home
- Excluded from school
- Other reason

If you said '**Other**', please write down what this reason is:

..... 

This child's physical activities and health*

 Please tick one of the circles for each of these questions

In general, how would your child rate her/his health?

1.

Excellent Very good Good Fair Poor

Thinking about the last week ...

2. Has your child felt fit and well?

not at all slightly moderately very extremely

not at all slightly moderately very extremely

3. Has your child been physically active (e.g. running, climbing, biking)?

not at all slightly moderately very extremely

4. Has your child been able to run well?

not at all slightly moderately very extremely

Thinking about the last week ...

5. Has your child felt full of energy?

never seldom quite often very often always

never seldom quite often very often always

General mood and this child's feelings

Thinking about the last week...

1. Has your child felt that life was enjoyable?

not at all slightly moderately very extremely

not at all slightly moderately very extremely

Thinking about the last week...

2. Has your child been in a good mood?

never seldom quite often very often always

never seldom quite often very often always

3. Has your child had fun?

never seldom quite often very often always

Thinking about the last week...

4. Has your child felt sad?

never seldom quite often very often always

never seldom quite often very often always

5. Has your child felt so bad that he/she didn't want to do anything?

never seldom quite often very often always

6. Has your child felt lonely?

never seldom quite often very often always

7. Has your child been happy with the way he/she is?

never seldom quite often very often always

Family and this child's free time

Thinking about the last week...

		never	seldom	quite often	very often	always
1.	Has your child had enough time for him/herself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Has your child been able to do the things that he/she wants to do in his/her free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Has your child felt that his/her parent(s) had enough time for him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Has your child felt that his/her parent(s) treated him/her fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Has your child been able to talk to his/her parent(s) when he/she wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Has your child had enough money to do the same things as his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Has your child felt that he/she had enough money for his/her expenses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Friends

Thinking about the last week...

		never	seldom	quite often	very often	always
1.	Has your child spent time with his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Has your child had fun with his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Have your child and his/her friends helped each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Has your child been able to rely on his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School and learning

Thinking about the last week...

		not at all	slightly	moderately	very	extremely
1.	Has your child been happy at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Has your child got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the last week...

		never	seldom	quite often	very often	always
3.	Has your child been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Has your child got along well with his/her teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This child's relationship to you

1. How exactly are you related to or how do you know this child?

I am his/her:

- | | |
|---|-------------------------------------|
| Mother/father | <input checked="" type="checkbox"/> |
| Stepmother/father | <input type="checkbox"/> |
| Grandmother/father | <input type="checkbox"/> |
| Stepgrandmother/father | <input type="checkbox"/> |
| Boy/girlfriend of this child's parent/carer | <input type="checkbox"/> |
| Brother/sister | <input type="checkbox"/> |
| Aunt/uncle | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you said '**Other**', please write down how you are related to or how you know this child:


..... 


2. How long have you KNOWN this child? months

(Answer in months OR years) years 

3a. Do you, or have you ever, LIVED with this child?

- | | |
|--|-------------------------------------|
| Living together at the moment | <input checked="" type="checkbox"/> |
| Not living together at the moment but have in the past | <input type="checkbox"/> |
| Never lived with child | <input type="checkbox"/> |

 If you **do live** or **have lived** with this child, please answer question 3b

 If you have **never lived** with this child, please answer question 4

3b. How long have you or did you LIVE with this child? months

(Answer in months OR years) years 

- | | | |
|---|-----------------|-------------------------------------|
| 4. How well would you say you get on with this child? | Very well | <input checked="" type="checkbox"/> |
| | Well | <input type="checkbox"/> |
| | OK | <input type="checkbox"/> |
| | Not well | <input type="checkbox"/> |
| | Not at all well | <input type="checkbox"/> |

This child's relationship with parent/carer in prison

1. How exactly are this child and his or her parent/carer in prison related to each other or how do they know each other?

This parent/carer is this child's:

- | | |
|---|-------------------------------|
| Mother/father | ✓ ☐ |
<input type="checkbox"/> |
| Stepmother/father | <input type="checkbox"/> |
| Grandmother/father | <input type="checkbox"/> |
| Stepgrandmother/father | <input type="checkbox"/> |
| The boy/girlfriend to this child's other parent/carer | <input type="checkbox"/> |
| Brother/sister | <input type="checkbox"/> |
| Aunt/uncle | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you said 'Other', please write down how this child and his/her parent/carer are related to or know each other:

.....

2. How long has this child and this parent/carer known each another? months
- (Answer in months OR years) years

- 3a. Has this child ever lived with this parent/carer? Yes No

If you said 'Yes', please answer question 3b

If you said 'No', please answer question 4

- 3b. How long did this child and this parent/carer live together - before this parent/carer went to prison? months
- (Answer in months OR years) years

4. How well would you say this child gets on with his/her parent/carer who is in prison? Very well Well OK Not well Not at all well

This child's personality*


1. Please read each of the statements below. For each statement tick (✓) one box to say whether this is Not True, Somewhat True OR Certainly True of this child

☞ Please give an answer for each statement as well as you can, even if you are not certain what to write or if the statement seems a bit silly!

☞ Give your answers for how things have been with this child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have any other comments or concerns about this child?


..... 

.....

*Strengths and Difficulties Questionnaire © R. Goodman

3a. Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 If you said 'Yes', please answer questions 3b - 3e about these difficulties

 If you said 'No', please GO TO the next page

3b. How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3c. Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3d. Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3e. Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This child's contact with parent/carer in prison

1. Does this child have any contact with his/her parent/carer? Yes
No ✓

(This could be any sort of contact, for example visiting, telephone calls and writing)

- ☞ If you said 'Yes', please answer questions 2-4
 ☞ If you said 'No', please GO TO questions 5-6 on the next page


2. What sort of contact does he or she have? ✓
- | | | |
|-------------------------------------|--|--------------------------|
| | Visits to parent/carer in prison | <input type="checkbox"/> |
| | Parent/carer is allowed out to visit child | <input type="checkbox"/> |
| | Telephone/mobile phone calls | <input type="checkbox"/> |
| (Tick as many boxes as you need to) | Text messages | <input type="checkbox"/> |
| | Email/internet chat | <input type="checkbox"/> |
| | Letters or postcards | <input type="checkbox"/> |
| | Video/DVD | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |

If you said 'Other', please write down what sort of contact this is:

.....

3. How often roughly does he or she have any sort of contact? ✓
- | | |
|--|--|
| | More than once a week <input type="checkbox"/> |
| | Once a week <input type="checkbox"/> |
| | Once every 2 weeks <input type="checkbox"/> |
| | Once a month <input type="checkbox"/> |
| | Once every 3 months <input type="checkbox"/> |
| | Once every 6 months <input type="checkbox"/> |
| | Once a year <input type="checkbox"/> |
| | Less than once a year <input type="checkbox"/> |

4. How does this child feel about this contact? ✓
- | | |
|--|--|
| | <u>Likes</u> it a lot <input type="checkbox"/> |
| | <u>Likes</u> it quite a bit <input type="checkbox"/> |
| | Thinks it's OK <input type="checkbox"/> |
| | <u>Doesn't</u> like it <input type="checkbox"/> |
| | <u>Doesn't</u> like it at all <input type="checkbox"/> |

If this child **doesn't** have **any** sort of contact with his/her parent/carer who is in prison 

5. What are the reasons why he or she doesn't have contact with his or her parent/carer?

(Tick as many boxes as you need to)

- | | |
|---|-------------------------------------|
| I don't want him/her to have any contact | <input checked="" type="checkbox"/> |
| His/her parent/carer in prison doesn't want him/her to have contact | <input type="checkbox"/> |
| He/she doesn't want to have contact | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |
| Other reason | <input type="checkbox"/> |

If you ticked the box that said '**Other**' reason, please write down here what the reason is:

..... 



6. How does he or she feel about not having contact with his or her parent/carer?

- | | |
|-------------------------------------|-------------------------------------|
| He/she is <u>happy</u> about this | <input checked="" type="checkbox"/> |
| He/she is <u>OK</u> about this | <input type="checkbox"/> |
| He/she is <u>unhappy</u> about this | <input type="checkbox"/> |

This child's needs



☞ Please tick the boxes below to say whether this child has had needs in any of the listed areas - *in the last 3 months* - and if s/he has whether s/he has received *professional* help and whether you were *satisfied* with this professional help

Type of need a child might have	Child has <u>needed</u> this type of help in the <i>last 3 months</i>	Child has <u>received</u> this type of <i>professional</i> help in the <i>last 3 months</i>	Were YOU <u>satisfied</u> with <i>professional</i> help child received
• Social contacts and free time			
1	Spending time with family members	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2	Spending time with other children - during school time	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3	Spending time with children - outside school time	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4	Exposure to bullying or harassment	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5	Playing sports	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
6	Going on holidays	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• School or work			
7	Help with homework	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
8	Following rules at school/work	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
9	Getting to school/work	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
10	Getting a place in school or a job	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
11	Dealing with school authorities	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Parent/carer being in prison			
12	Visiting imprisoned parent/carer	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
13	Information about having parent/carer in prison	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
14	Information about support for children of prisoners	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Psychological health			
15	Psychological problems (general)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
16	Psychological problems because parent/carer is in prison	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
17	Reducing self-harm (either thoughts or behaviours)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>

18	Reducing harm they cause to others	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
19	Reducing alcohol and/or drug use	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
20	Information about the mental health care system	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
21	Dealing with mental health authorities	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Physical health problems				
22	Physical health problems	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
23	Visiting child or family doctor	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
24	Visiting the dentist	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
25	Information about the general health care system	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
26	Dealing with general health authorities	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Housing				
27	Having a place to live	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Self-care				
28	Eating well enough	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
29	Basic body care (personal hygiene)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
30	Contraception (for children old enough)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Money				
31	Managing own money (pocket or earned)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Communication				
32	Using the internet	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
33	Using telephones (mobile or other)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
34	Dealing with social welfare authorities	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
• Other help needed				
35	.....	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
36	.....	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>


The effects on this child of a parent/carer being in prison

- 1a. Do you think that this child's parent/carer being in prison has had any bad effects for him/her?
- Yes ✓
 No
 Not sure



-  If you said 'Yes', please answer questions 1b
-  If you said 'No' or 'Not sure', please answer question 2a

- 1b. What were these bad effects?
- (Tick as many boxes as you need to)
- | | |
|--|--------------------------|
| What he/she does in his/her spare time | <input type="checkbox"/> |
| Things to do with his/her school | <input type="checkbox"/> |
| His/her friendships | <input type="checkbox"/> |
| How he/she is feeling | <input type="checkbox"/> |
| His/her behaviour | <input type="checkbox"/> |
| How much money he/she has | <input type="checkbox"/> |
| The home he/she lives in | <input type="checkbox"/> |
| The area he/she lives in | <input type="checkbox"/> |
| How his/her family gets on with each other | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you said 'Other', please write down what this is:

..... 

- 2a. Do you think that this child's parent/carer being in prison has had any good effects for him/her?
- Yes ✓
 No
 Not sure

-  If you said 'Yes', please answer questions 2b
-  If you said 'No' or 'Not sure', please GO TO the next page

- 2b. What were these good effects?
- (Tick as many boxes as you need to)
- | | |
|--|--------------------------|
| What he/she does in his/her spare time | <input type="checkbox"/> |
| Things to do with his/her school | <input type="checkbox"/> |
| His/her friendships | <input type="checkbox"/> |
| How he/she is feeling | <input type="checkbox"/> |
| His/her behaviour | <input type="checkbox"/> |
| How much money he/she has | <input type="checkbox"/> |
| The home he/she lives in | <input type="checkbox"/> |
| The area he/she lives in | <input type="checkbox"/> |
| How his/her family gets on with each other | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you said 'Other', please write down what this is:

..... 

Questions about the parent/carer who is in prison

1. Is the parent/carer male or female?

✓
 Male
 Female

2. How old is he or she?

..... years

3. How would you describe his or her appearance or background or ethnic group?

If you want to give more information about his or her appearance or background or ethnicity, write it down on one of the lines after the tick box:

- | | | | |
|--------------------|--------------------------|-------|--|
| | ✓ | | |
| White | <input type="checkbox"/> | | |
| Asian | <input type="checkbox"/> | | |
| Black | <input type="checkbox"/> | | |
| Mixed ethnic group | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | |

If you said 'Other', please describe his or her appearance/background/ethnicity here:

.....

4. What country was he or she born in?

.....

5. What was his or her employment status just before he or she went to prison?

✓
 Employed: full-time
 Employed: part-time
 Unemployed
 Retired
 Other

If you ticked 'Other', please explain what his or her employment status was:

.....

6. Please write down what his or her most recent job was (if he or she has not had a paid job before write 'None')

.....

7. Does he or she have a long-term disability, illness or medical condition or special need?

✓
 Yes
 No

If you said 'Yes', please write down what disability, illness, medical condition or special need he or she has:

.....

Parent/carer's imprisonment

1. What is this parent's/carer's prison status at the moment? ✓
- | | | |
|----------------------------|--------------------------|--|
| On remand (awaiting trial) | <input type="checkbox"/> | |
| Waiting to be sentenced | <input type="checkbox"/> | |
| Sentenced | <input type="checkbox"/> | |

2. How long has this child's parent/carer been in prison so far? months
- (Please answer in months OR years) years

3. How much longer will he or she be in prison? months
- (base this upon the time you think the parent/carer is most likely to serve) years

4. What offence(s) was he or she convicted of or charged with?

(Please fill in the table below)

Offence	✓	Offence	✓
Burglary	<input type="checkbox"/>	Criminal damage/vandalism	<input type="checkbox"/>
Deception or dishonesty	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Drugs offences	<input type="checkbox"/>	Firearms offences	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	Handling stolen goods or theft	<input type="checkbox"/>
Indecent images of children or indecency with children	<input type="checkbox"/>	Murder or manslaughter	<input type="checkbox"/>
Offensive weapons	<input type="checkbox"/>	Physical assault (not domestic violence)	<input type="checkbox"/>
Road traffic offences (e.g. dangerous driving)	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Sexual offences	<input type="checkbox"/>	Taking and driving away (car theft)	<input type="checkbox"/>

If he or she is in prison for any **Other** reason, please write it here:

.....


.....


5a. Has he or she ever been in prison BEFORE?

- Yes ✓
 No
 Not sure

☞ If you said 'Yes', please answer questions 5b - 5d
 ☞ If you said 'No' or 'Not sure', please GO TO the next page

5b. How many times has he or she been in prison BEFORE? times 

5c. What is the total amount of time he or she has been in prison BEFORE? months 


(Please answer in months OR years) years 

5d. What offence(s) was he or she convicted of or charged with?

(Please fill in the table below)

Offence	✓	Offence	✓
Burglary	<input type="checkbox"/>	Criminal damage/vandalism	<input type="checkbox"/>
Deception or dishonesty	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Drugs offences	<input type="checkbox"/>	Firearms offences	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	Handling stolen goods or theft	<input type="checkbox"/>
Indecent images of children or indecency with children	<input type="checkbox"/>	Murder or manslaughter	<input type="checkbox"/>
Offensive weapons	<input type="checkbox"/>	Physical assault (not domestic violence)	<input type="checkbox"/>
Road traffic offences (e.g. dangerous driving)	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Sexual offences	<input type="checkbox"/>	Taking and driving away (car theft)	<input type="checkbox"/>

If he or she has been in prison for any **Other** reason(s), please write it here:

..... 

Questions about you

1. Are you male or female?

Male
 Female

2. How old are you?

..... years

3. How would you describe yourself in terms of your appearance or background or ethnic group?

If you want to give more information about your appearance or background or ethnicity, write it down on one of the lines after the tick box:

	✓		
White	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	
Black	<input type="checkbox"/>	
Mixed ethnic group	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

If you said 'Other', please describe your appearance/background/ethnicity here:

.....

4. What country were you born in?

.....

5. What is your current employment status?

Employed: full-time
 Employed: part-time
 Unemployed
 Retired
 Other

If you ticked 'other', please explain what your employment status is:

.....

6. Please write down your current or most recent job (if you have not had a paid job before write 'None')

.....

7. Do you have a long-term disability, illness or medical condition or special need?

Yes
 No

If you said 'Yes', please write down what disability, illness medical condition or special need you have:

.....

Your relationship to this child's parent/carer in prison

1. How are you related to, or how do you know, this child's parent/carer?

I am his/her:

- | | |
|--|-------------------------------------|
| Wife/husband | <input checked="" type="checkbox"/> |
| Non-married partner (living together) | <input type="checkbox"/> |
| Boyfriend/girlfriend (not living together) | <input type="checkbox"/> |
| Ex-wife/husband | <input type="checkbox"/> |
| Mother/father | <input type="checkbox"/> |
| Stepmother/father | <input type="checkbox"/> |
| Grandmother/father | <input type="checkbox"/> |
| Stepgrandmother/father | <input type="checkbox"/> |
| Brother/sister | <input type="checkbox"/> |
| Aunt/uncle | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you said '**Other**', please write down how you are related to, or how you know, this child's parent/carer:

.....

2. How long have you known this child's parent/carer?

..... months

(Please answer in months OR years)

..... years

3a. Have you ever lived with this child's parent/carer (in the same accommodation)?

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

If you said '**Yes**', please answer question 3b

If you said '**No**', please answer question 4

3b. How long have you lived with this child's parent/carer?

..... months

(Please answer in months OR years)

..... years

4. How well would you say you get on with this child's parent/carer?

- | | |
|-----------------|-------------------------------------|
| Very well | <input checked="" type="checkbox"/> |
| Well | <input type="checkbox"/> |
| OK | <input type="checkbox"/> |
| Not well | <input type="checkbox"/> |
| Not at all well | <input type="checkbox"/> |

Your quality of life*

- This questionnaire asks how you feel about your quality of life, health and other areas of your life.
- Please answer all the questions. **Circle** the answer (one of the numbers) that appears most appropriate.
- If you are unsure about which response to give to a question, please choose the **ONE** that appears most appropriate. This can often be your first response.
- Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in **the last two weeks**

	Very poor	Poor	Neither poor nor good	Good	Very Good
1. How would you rate the quality of your life?	1	2	3	4	5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5
The following questions ask about how much you have experienced certain things in the <u>last two weeks</u>.					
	Not at all	A little	A moderate amount	Very much	An extreme amount
3. How much do you feel that pain prevents you from doing what you need to do?	5	4	3	2	1
4. How much do you need medical treatment to function in your daily life?	5	4	3	2	1
5. How much do you enjoy life?	1	2	3	4	5

*The World Health Organization Quality of Life (WHOQOL)-BREF © WHO 2004

	Not at all	A little	A moderate amount	Very much	Extremely
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last two weeks.

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. To what extent do you have enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

	Very poor	Poor	Neither poor nor good	Good	Very good
15. How well are you able to get around?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to health services?	1	2	3	4	5
25. How satisfied are you with your transport?	1	2	3	4	5
The following question refers to how often you have felt or experienced certain things in the last <u>two weeks</u>.					
	Never	Seldom	Quite often	Very often	Always
26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

