Stevig Ouderschap

Why this questionnaire?

'Supportive Parenting' provides support to parents of a newborn child who, for whatever reason, would welcome some additional aid and attention from the child health centre. This can be in the form of a listening ear, tips or advice. The aim of the enclosed questionnaire is to verify whether you qualify for this additional support.

You may find some questions in this questionnaire rather personal or even upsetting. Hence an explanation below as to why these questions are asked. A few examples:

- *If you, as a child, were underprivileged, you can still excel as a parent, yet this past can also act as a restraint. This could, for instance, make you insecure.* Hence some questions are about your youth.
- *Sometimes the group of people that can help you (family, neighbours, friends) is very small, as a result of which raising a child can be a handful.* This explains the questions about the people close to you.
- *Sometimes parents can be under quite some pressure. This can be due to complications with the baby (early birth, disability, illness) or personal problems. As tension rises, looking after the baby can become a burden, making additional support a huge relief.* Hence the questions enquiring after any pressure you may be under.

Note: the only purpose of the enclosed questionnaire is to verify whether you qualify for additional support. Your answers to the questions of this questionnaire will not be filed in the youth healthcare dossier of your child.

Interested? Read the folder on Practical Parenthood or go to www.stevigouderschap.nl

General

1. How much did your child weigh at birth?
   Less than 2500 grams ❑ *2500 grams or more* ❑
2. How long did the pregnancy last?
   37.^{0} 7. weeks or less ❑ *More than 37.^{0} weeks* ❑
3. Do you live together with the other parent?
   Yes ❑ *No* ❑
4. Age of the mother:
   17 or younger ❑ *18* ❑ *19 or older* ❑
5. Age of the other parent:
   17 or younger ❑ *18* ❑ *19 or older* ❑

The next question is for your paediatric nurse

6. Would you recommend this family support by Practical Parenthood?
   Yes ❑ *No* ❑

PTO Code

Questions for the mother

	Always	Often	Sometimes	Never	n/a
1. Do you feel comfortable in your neighbourhood?	❑	❑	❑	❑	
2. Do you maintain close relations with your family?	❑	❑	❑	❑	
3. Do you receive support from your network of family, neighbours, friends)?	❑	❑	❑	❑	
4. Do you receive support from your partner?	❑	❑	❑	❑	❑
5. Are you worried about raising your child?	❑	❑	❑	❑	
6. During your pregnancy, did you feel unhappy about becoming a mother?	❑	❑	❑	❑	
7. Did your parents (or carers) have a loving relationship?	❑	❑	❑	❑	
8. As a child, did you feel safe with your parents (or carers)?	❑	❑	❑	❑	
9. Were you hit as a child?	❑	❑	❑	❑	
10. Do any quarrels with your partner ever become physical?	❑	❑	❑	❑	❑

	Yes	No
11. Do you think hitting should be part of a child's upbringing?	❑	❑

	Always	Often	Sometimes	Never
12. Do you sometimes lose your temper to the extent that you no longer know what you are doing (or that you do things you later regret)?	❑	❑	❑	❑

	Yes	No
13. Has anyone ever told you that you should use less alcohol or drugs? (or have you ever thought this yourself?)	❑	❑
14. Have you ever had one or more negative sexual experiences?	❑	❑

	Always	Often	Sometimes	Never	n/a
15. Does this still affect you (see question 14)?	❑	❑	❑	❑	❑
16. Have you ever felt unhappy in the past three years? (Examples include: anxieties, depressions, mourning etc.)	❑	❑	❑	❑	
17. Do you find it difficult to ask for help?	❑	❑	❑	❑	

PTO Code

Questions for the father (or the other parent)

1. Do you feel comfortable in your neighbourhood?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
2. Do you maintain close relations with your family?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
3. Do you receive support from your network of family, neighbours, friends)?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
4. Do you receive support from your partner?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
5. Are you worried about raising your child?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
6. During the past months, did you feel unhappy about becoming a father?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
7. Did your parents (or carers) have a loving relationship?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
8. As a child, did you feel safe with your parents (or carers)?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
9. Were you hit as a child?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
10. Do any quarrels with your partner ever become physical?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	*n/a* ❑
11. Do you think hitting should be part of a child's upbringing?	*Yes* ❑			*No* ❑	
12. Do you sometimes lose your temper to the extent that you no longer know what you are doing (or that you do things you later regret)?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
13. Has anyone ever told you that you should use less alcohol or drugs? (or have you ever thought this yourself?)	*Yes* ❑			*No* ❑	
14. Have you ever had one or more negative sexual experiences?	*Yes* ❑			*No* ❑	
15. Does this still affect you (see question 14)?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	*n/a* ❑
16. Have you ever felt unhappy in the past three years? (Examples include: anxieties, depressions, mourning etc.)	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	
17. Do you find it difficult to ask for help?	*Always* ❑	*Often* ❑	*Sometimes* ❑	*Never* ❑	

Code