For parents who are separated

Parent Relationship Questionnaire

The phrase “child’s other parent” will be used throughout to describe your ex-partner, whether you had one or more children together.

Please answer all questions to the best of your ability, even if they don’t always seem relevant to your situation.

Your scores will be used either to identify relevant support for you and your ex-partner, or to anonymously measure the effectiveness of the relationship course you are attending.

This questionnaire is an amended version of the Parental Conflict Questionnaire put together by the Department of Work and Pensions for a number of local authorities to use.

Your name:………………………………………………………………………………….

*Firstly, how would you rate your relationship with your child’s other parent overall, on a scale of 0-10?* ***Please write a number along this line.***

***0 10***

***Things are really bad Things are really great***

**Section 1: Ways you communicate:**

**How do you usually communicate with your child’s other parent?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Often** | **Sometimes** | **Hardly ever** | **Never****Due to…** |
|  | ***Conflict*** | ***Other reasons*** |
| **1.** | **Face to face** | a | b | c | d | e |
| **2.** | **Over the phone** | a | b | c | d | e |
| **3.** | **Texts/emails/online** | a | b | c | d | e |

**How often does conflict happen when you communicate in these ways?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Often** | **Sometimes** | **Hardly ever** | **Never** | **We don’t communicate this way** |
| **4.** | **Face to face**  | a | b | c | d | e |
| **5.** | **Over the phone**  | a | b | c | d | e |
| **6.** | **Texts/emails/online**  | a | b | c | d | e |

**When conflict does happen, how often do your child(ren) notice? (e.g. witness it, noticed a tense atmosphere or a change in you)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Often** | **Sometimes** | **Hardly ever** | **Never** | **We don’t communicate this way** |
| **7.** | **Face to face** | a | b | c | d | e |
| **8.** | **Over the phone** | a | b | c | d | e |
| **9.** | **Texts/emails/online** | a | b | c | d | e |

**Section 2: Interacting with each other**

**Think back over the last 4 weeks, how often does the following occur between you and your child’s other parent?** Please answer as best as you can, circling your response for each question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** |  |  |  | **Always** |
| **1.** | **When you and your child’s other parent discuss parenting issues, how often does it lead to an argument?** | a | b | c | d | e |
| **2.** | **How often is the atmosphere one** **of hostility and anger?** | a | b | c | d | e |
| **3.**  | **How often are your conversations stressful and tense?** | a | b | c | d | e |
| **4.**  | **Do you and your child’s other parent have basic differences of opinion about issues related to raising your child(ren) / parenting?**  | a | b | c | d | e |
|  |  | **Never** |  |  |  | **Always** |
| **5.** | **When you need help regarding your child(ren), do you ask for it from their other parent?** | a | b | c | d | e |
| **6.** | **Is your child’s other parent helpful to you in raising your child(ren)?** | a | b | c | d | e |
| **7.** | **Would you say that you are helpful to your child’s other parent in raising your child(ren)?** | a | b | c | d | e |
| **8.** | **If your child’s other parent needs to make a change to visiting arrangements, do you make a real effort to accommodate (make this work)?** | a | b | c | d | e |
| **9.** | **Does your child’s other parent make a real effort to accommodate any changes you need to make to visiting arrangements?** | a | b | c | d | e |
| **10** | **Do you feel that your child’s other parent understands and is supportive of your needs as a parent (whether your child(ren) live with you or not)?** | a | b | c | d | e |

**Section 3: Areas of agreement and conflict**

**How frequently do you and your child’s other parent argue about each of the following topics:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Often** | **Sometimes** | **Hardly ever** | **Never** |
| **1.** | **Your child(ren)**  | **a** | **b** | **c** | **d** |
| **2.** | **Money**  | **a** | **b** | **c** | **d** |
| **3.** | **Contact arrangements** | **a** | **b** | **c** | **d** |
| **4.** | **Parent responsibilities** | **a** | **b** | **c** | **d** |
| **5.** | **Religious beliefs** | **a** | **b** | **c** | **d** |
| **6.** | **Leisure time**  | **a** | **b** | **c** | **d** |
| **7.** | **Alcohol use**  | **a** | **b** | **c** | **d** |
| **8.** | **Substance use** | **a** | **b** | **c** | **d** |
| **9.** | **New partners**  | **a** | **b** | **c** | **d** |
| **10.** | **Relatives**  | **a** | **b** | **c** | **d** |
| **11.** | **Parenting styles/decisions** | **a** | **b** | **c** | **d** |

**Think back over the last 4 weeks, how well have you and your child’s other parent related in the following ways:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Very poorly** |  |  |  | **Very well** |
| **1.** | **How well do you share responsibility for raising your child(ren)?** | a | b | c | d | e |
| **2.** | **How well do you communicate about your child(ren)?** | a | b | c | d | e |
| **3.** | **How often do you agree when making decisions about your child(ren)?** | a | b | c | d | e |

**How satisfied are you with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Very dissatisfied** |  |  |  | **Very satisfied** |
| **4.** | **The amount of time your child(ren) spend with their other parent**  | a | b | c | d | e |
| **5.** | **How your child(ren) spend this time with their other parent** | a | b | c | d | e |
| **6.** | **Arrangements for child custody (who your child(ren) live with)** | a | b | c | d | e |
| **7.** | **Arrangements for visitation (with the other parent and relatives)** | a | b | c | d | e |
| **8.** | **Arrangements for child support (financial)** | a | b | c | d | e |

**Section 4: Children’s experiences**

**Think back over the last 4 weeks, how often do you think you:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Often** | **Sometimes** | **Hardly ever** | **Never** |
| **1.** | **Spoke negatively *to* your child(ren) about their other parent?** | a | b | c | d |
| **2.** | **Spoke negatively *about* the other parent when your child(ren) was within earshot?** | a | b | c | d |
| **3.** | **Spoke negatively *about* the other parent when your child(ren) seemed out of earshot?** | a | b | c | d |

**Think about your child(ren)’s responses when there is conflict between you and their other parent.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Very often** |
| **1.** | **Do you think your relationship with your child(ren) is affected by conflict between you and their other parent?** | a | b | c | d | e |
| **2.** | **Do you think your child(ren) may feel pressured to take sides when there are disagreements between you and their other parent?** | a | b | c | d | e |
| **3.**  | **Do you think your child(ren) pick up on any tension between you and their other parent when you are together?** | a | b | c | d | e |
| **4.**  | **Do you think your child(ren) ever want you and their other parent to get on better?** | a | b | c | d | e |
| **5.**  | **Do you think your child(ren) ever blame themselves when there is conflict between you and their other parent?** | a | b | c | d | e |

**Do you think conflict in your relationship with your child’s other parent has a negative effect on your child(ren)’s:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Very often** |
| **1.** | **Emotions and mental health?** | a | b | c | d | e |
| **2.** | **Behaviour (in and out of school/childcare)?** | a | b | c | d | e |
| **3.** | **Ability to concentrate and do well in school/childcare?** | a | b | c | d | e |

*Finally, now you have completed the questionnaire, please score your relationship with your child’s other parent again****. Please write a number along this line.***

***0 10***

***Things are really bad Things are really great***

***END OF QUESTIONS***

*Thank you for completing this questionnaire*