

Parent Wellbeing Survey 2008



The Parenting Research Centre is committed to helping parents raise happy and healthy children.

Thank you for taking the time to complete this survey. Parents of young children often report feeling very tired or fatigued. Your responses to this survey will help us learn about how fatigue affects parenting and will also help us develop resources that promote parent wellbeing.

Please complete and return this survey (no postage stamp required) to:

Parent Wellbeing Project
Parenting Research Centre
Reply Paid 65262
24 Drummond Street
Carlton VIC 3053

This survey is also available online at www.parentingrc.org.au. If you have any questions please phone (03) 8660 3500 or send us an email at parentwellbeing@parentingrc.org.au

1. About your family

Please indicate YOUR age and gender Please indicate the age and gender of YOUR PARTNER (if applicable)

Your age Male Female Partner's age Male Female

Which of the following best describes your household?	<input type="checkbox"/> Couple with dependent children	<input type="checkbox"/> One parent family with dependent children
In total, how many people live in your house? Include yourself, partner, children, other adults or relatives etc.	
How many children live in your house aged ...	0-5 years	6-12 years 13-18 years > 18 years
Besides children and a partner (if applicable) how many other adults live in your house?	

What is your country of birth?		
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
What is the main language spoken in your home?		
What is your postcode?		

What is the highest level of education you or your partner has achieved (if applicable)	Little or no primary school	Completed primary school	Some high school	Completed high school	TAFE, Trade Certificate, Diploma	Tertiary (degree, or postgrad degree)
You	1	2	3	4	5	6
Your partner	1	2	3	4	5	6

Please choose ONE of your children aged 6 years or under as the 'focus child' for this survey. You'll need to keep this child in mind when answering the remaining questions

Please indicate the age and gender of your 'focus child' Age Male Female

2. About your family's health

Please circle the number that best describes your response

	Poor	Fair	Good	Very good	Excellent
YOUR health	1	2	3	4	5
Your PARTNER's health (if applicable)	1	2	3	4	5
Your FOCUS CHILD's health	1	2	3	4	5

Does anyone in your household have a chronic illness, disability, ongoing medical condition or developmental delay?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Who has the condition?
	Please describe the condition

3. About your family's current employment status

	Employed full-time (wages or self-employed)	Employed part-time or casually	Not in paid employment (home duties, student, unable to work)
You	1	2	3
Your partner (if applicable)	1	2	3

Do you or your partner ever do night work or shift work?	Never	Shift work with NO night shifts	Shift work with OCCASIONAL night shifts	Permanent night shift
You	1	2	3	4
Your partner	1	2	3	4

On average how many hours do you or your partner (if applicable) spend on household work per day (washing, cleaning, preparing meals)?	You: hours	Your partner: hours
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4. About your family's routines

How closely does your family prefer to follow a regular routine (e.g., activities such as bedtime, dinner and bath time at the same time each night)?	Never	Occasionally	Sometimes	Mostly	Very closely
	0	1	2	3	4

5. About your diet and exercise

	Poor	Fair	Good	Very good	Excellent
How would you rate the quality of your diet?	0	1	2	3	4
How would you rate the level of your physical activity?	0	1	2	3	4

6. About fatigue

Please circle the number that best describes your response

Which response best describes how you usually feel?	Never	Sometimes	Regularly	Often	Always
1. I am bothered by fatigue.	1	2	3	4	5
2. I get tired very quickly.	1	2	3	4	5
3. I don't do much during the day.	1	2	3	4	5
4. I have enough energy for everyday life.	1	2	3	4	5
5. Physically, I feel exhausted.	1	2	3	4	5
6. I have problems starting things.	1	2	3	4	5
7. I have problems thinking clearly.	1	2	3	4	5
8. I feel no desire to do anything.	1	2	3	4	5
9. Mentally, I feel exhausted.	1	2	3	4	5
10. When I am doing something, I can concentrate quite well.	1	2	3	4	5

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1. Tiredness gets in the way of being the parent I would like to be.	1	2	3	4	4
2. I expected to be this tired while my children are young.	1	2	3	4	4
3. I get as much sleep as other parents with young children.	1	2	3	4	4
4. My child should be sleeping better than she/he is.	1	2	3	4	4
5. I thought I would be getting more sleep by now.	1	2	3	4	4
6. I don't expect to get enough sleep this week.	1	2	3	4	4
7. I expect I will be tired most of the time this week.	1	2	3	4	4

7. About your sleep

1. During the past month only, what time have you usually gone to bed? am/pm
2. During the past month only, how long (in minutes) has it taken you to fall asleep each night? minutes
3. During the past month only, what time have you usually gotten up in the morning? am/pm
4. During the past month only, how many hours of actual sleep have you gotten at night? (this may be different from the number of hours you spend in bed) hours

During the past month, how often have you had trouble sleeping because you ...	Not during the past month	Less than once a week	Once or twice a week	3 or more times a week
1. Cannot get to sleep within 30 minutes	0	1	2	3
2. Wake up in the middle of the night or early morning	0	1	2	3
3. Have to get up to use the bathroom	0	1	2	3
4. Cannot breathe comfortably	0	1	2	3
5. Cough or snore loudly	0	1	2	3
6. Feel too cold	0	1	2	3
7. Feel too hot	0	1	2	3
8. Have bad dreams	0	1	2	3
9. Have pain	0	1	2	3
10. Other reasons	0	1	2	3
11. During the past month, how often have you taken medicine (prescribed or over the counter) to help you sleep?	0	1	2	3
12. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	0	1	2	3

13. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	Not a problem at all 0	Only a very slight problem 1	Somewhat of a problem 2	A very big problem 3
14. During the past month, how would you rate your sleep quality overall?	Very good 0	Fairly good 1	Fairly bad 2	Very bad 3
15. Do you nap during the day?	Never 0	Occasionally (a few times a month) 1	Frequently (a few times a week) 2	Daily 3
16. On average how long is each nap? _____ Hours _____ Minutes				

8. About you and your partner (if applicable)

	Very strongly disagree	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Very strongly agree		
1. We have a good relationship.	1	2	3	4	5	6	7		
2. My relationship with my partner is very stable.	1	2	3	4	5	6	7		
3. My relationship with my partner is very strong.	1	2	3	4	5	6	7		
4. My relationship with my partner makes me feel happy.	1	2	3	4	5	6	7		
5. I really feel like part of a team with my partner.	1	2	3	4	5	6	7		
6. All things considered, what degree of happiness best describes your relationship?									
Unhappy		Happy				Perfectly Happy			
1	2	3	4	5	6	7	8	9	10

9. About your stress at home

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1. I often have the feeling that I cannot handle things very well.	1	2	3	4	5
2. I find myself giving up more of my life to meet my children's needs than I ever expected.	1	2	3	4	5
3. I feel trapped by my responsibilities as a parent.	1	2	3	4	5
4. Since having this child, I have been unable to do new and different things.	1	2	3	4	5
5. Since having this child, I feel that I am almost never able to do things that I like to do.	1	2	3	4	5
6. I am unhappy with the last purchase of clothing I made for myself.	1	2	3	4	5
7. There are quite a few things that bother me about my life.	1	2	3	4	5
8. Having a child has caused more problems than I expected in my relationship with my partner.	1	2	3	4	5
9. I feel alone and without friends.	1	2	3	4	5
10. When I go to a party, I usually expect not to enjoy myself.	1	2	3	4	5
11. I am not as interested in people as I used to be.	1	2	3	4	5
12. I don't enjoy things as I used to.	1	2	3	4	5
13. My child rarely does things for me that make me feel good.	1	2	3	4	5
14. Sometimes I feel my child doesn't like me and doesn't want to be close to me.	1	2	3	4	5
15. My child smiles at me much less than I expected.	1	2	3	4	5
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.	1	2	3	4	5

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
17. When playing, my child doesn't often giggle or laugh.	1	2	3	4	5
18. My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
19. My child doesn't seem to smile as much as most children.	1	2	3	4	5
20. My child is not able to do as much as I expected.	1	2	3	4	5
21. It takes a long time and it is very hard for my child to get used to new things.	1	2	3	4	5
22. I expected to have closer and warmer feelings for my child than I do and this bothers me.	1	2	3	4	5
23. Sometimes my child does things that bother me just to be mean.	1	2	3	4	5
24. My child seems to cry or fuss more often than most children.	1	2	3	4	5
25. My child generally wakes in a bad mood.	1	2	3	4	5
26. I feel that my child is very moody and easily upset.	1	2	3	4	5
27. My child does a few things which bother me a great deal.	1	2	3	4	5
28. My child reacts very strongly when something happens that my child doesn't like.	1	2	3	4	5
29. My child gets upset easily over the smallest thing.	1	2	3	4	5
30. My child's sleeping and eating schedule was much harder to establish than I expected.	1	2	3	4	5
31. There are some things my child does that really bother me a lot.	1	2	3	4	5
32. My child turned out to be more of a problem than I had expected.	1	2	3	4	5
33. My child makes more demands on me than most children.	1	2	3	4	5
34. The following best describes my feelings:..	I am not very good at being a parent 1	I have some trouble being a parent 2	I am an average parent 3	I am a better than average parent 4	I am a very good parent 5
35. I have found that getting my child to do something or stop doing something is:	Much harder than I expected 1	Somewhat harder than I expected 2	About as hard as I expected 3	Somewhat easier than I expected 4	Much easier than I expected 5
36. Think carefully and count the number of things your child does that bother you e.g. dawdles, refuses to listen, overactive, cries, interrupts, fights, whines. Please tick the item which includes the number of things you counted.					
1-3 <input type="checkbox"/>		4-5 <input type="checkbox"/>		6-7 <input type="checkbox"/>	
		8-9 <input type="checkbox"/>		10+ <input type="checkbox"/>	

10. About being a parent

Which response is most true for you?	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child; an understanding I have acquired.	1	2	3	4	5	6
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	1	2	3	4	5	6
3. I go to bed the same way that I wake up in the morning feeling that I have not accomplished a whole lot.	1	2	3	4	5	6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
5. My parents were better prepared to be a good parent than I am.	1	2	3	4	5	6
6. I would make a fine model for a new parent to follow to learn what she/he would need to know in order to be a good parent.	1	2	3	4	5	6
7. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
8. A difficult problem in being a parent is not knowing whether you are doing a good job or a bad one.	1	2	3	4	5	6
9. Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
10. I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
11. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
12. My talents and interests are in other areas, not being a parent.	1	2	3	4	5	6
13. Considering how long I have been a parent, I feel thoroughly familiar with this role.	1	2	3	4	5	6
14. If being a parent was only more interesting, I would be motivated to do a better job.	1	2	3	4	5	6
15. I honestly believe I have all the skills necessary to be a good parent to my child.	1	2	3	4	5	6
16. Being a parent makes me tense and anxious.	1	2	3	4	5	6

Over the last 6 months, how often did you:	Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost always
1. Show affection by hugging, kissing and holding your child?	1	2	3	4	5
2. Hug or hold your child for no particular reason?	1	2	3	4	5
3. Tell your child how happy he/she makes you?	1	2	3	4	5
4. Have warm, close times together with your child?	1	2	3	4	5
5. Enjoy doing things with your child?	1	2	3	4	5
6. Feel close to your child, both when he/she is happy and when he/she is upset?	1	2	3	4	5

Over the past 4 weeks, how often have you:	Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost always
1. Been angry with this child?	1	2	3	4	5
2. Raised your voice or shouted at this child?	1	2	3	4	5
3. Felt that the child's crying is getting on your nerves?	1	2	3	4	5
4. Lost your temper with this child?	1	2	3	4	5
5. Left my child alone in his/her bedroom when he/she was very upset or irritable?	1	2	3	4	5

Over the past week, how many days have you personally done the following activities with your child?	None	1 or 2 days	3 to 5 days	6 to 7 days of the week
1. Read from a book?	0	1	2	3
2. Told a story, not from a book?	0	1	2	3
3. Played with toys/games indoors?	0	1	2	3
4. Involved them in everyday activities?	0	1	2	3
5. Played a game outdoors/exercised together?	0	1	2	3

To what extent do the following statements describe your experience as a parent in the last 6 weeks?	Not at all	Slightly	Moderately	Very	Extremely
1. Parenting is rewarding.	1	2	3	4	5
2. Parenting is demanding.	1	2	3	4	5
3. Parenting is stressful.	1	2	3	4	5
4. Parenting is fulfilling.	1	2	3	4	5
5. Parenting is depressing.	1	2	3	4	5

11. About your wellbeing

Please circle the number that best describes your response

Please indicate how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me a considerable degree, or a good part of the time	Applied to me very much, or most of the time
1. I found it hard to wind down.	0	1	2	3
2. I was aware of dryness of my mouth.	0	1	2	3
3. I couldn't seem to experience any positive feeling at all.	0	1	2	3
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).	0	1	2	3
5. I found it difficult to work up the initiative to do things.	0	1	2	3
6. I tended to over-react to situations.	0	1	2	3
7. I experienced trembling (e.g. in the hands).	0	1	2	3
8. I felt that I was using a lot of nervous energy.	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3
10. I felt that I had nothing to look forward to.	0	1	2	3
11. I found myself getting agitated.	0	1	2	3
12. I found it difficult to relax.	0	1	2	3
13. I felt down-hearted and blue.	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3
15. I felt I was close to panic.	0	1	2	3
16. I was unable to become enthusiastic about anything.	0	1	2	3
17. I felt I wasn't worth much as a person.	0	1	2	3
18. I felt that I was rather touchy.	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).	0	1	2	3
20. I felt scared without any good reason.	0	1	2	3
21. I felt that life was meaningless.	0	1	2	3

12. About support

Which response best describes how you felt in the last month?	No need at all	Slight need	Moderate need	Great need	Very great need
1. Parents have a need to talk with people. How much did you need to talk with another person about things that were personal and private?	1	2	3	4	5
2. Another need of new parents is financial support. How much did you need people who could lend or give extra money that you needed?	1	2	3	4	5
3. Parents sometimes need advice and information about the care of their children. How much did you need advice and information about the care of your child?	1	2	3	4	5
4. Another need that people sometimes have is someone to let them know when they like your ideas or things that you do. How much did you need to have someone tell you when he or she liked your ideas or things that you did?	1	2	3	4	5
5. Sometimes parents also have a need to plan for someone to help care for their children. How much did you feel that you needed help with child care for your child?	1	2	3	4	5
6. Another possible need of parents is for someone to help with daily household tasks such as laundry, grocery shopping, cleaning and housework, and transportation to places you need to go. How much did you need people who could pitch in to help you with daily household tasks?	1	2	3	4	5
7. Parents also sometimes need to get together with other people to have fun or to relax. How much did you need to get together with other people to have fun or to relax?	1	2	3	4	5
8. Parents sometimes need help because they are feeling extremely tired. How much did you need people to help you because you were feeling tired, fatigued or burnt out?	1	2	3	4	5
9. Who did you get support from (e.g. GP, partner, parents, friends)?					

13. About your satisfaction with support

Please circle the number that best describes your response

During the past month ...	Very dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Slightly satisfied	Moderately satisfied	Very satisfied
1. How satisfied were you with the talks you had with others about your personal and private feelings?	1	2	3	4	5	6
2. How satisfied were you with the ease of borrowing or receiving extra money from these people?	1	2	3	4	5	6
3. How satisfied were you with the helpfulness of the advice that you were given?	1	2	3	4	5	6
4. How satisfied were you with those times when someone told you that they liked your ideas or things that you did?	1	2	3	4	5	6
5. How satisfied were you with the help you received with childcare?	1	2	3	4	5	6
6. In general, how satisfied were you with the amount of help you received with household tasks?	1	2	3	4	5	6
7. How satisfied were you with the time that you spent getting together with these people for fun and relaxation?	1	2	3	4	5	6
8. How satisfied were you with the support/assistance you received?	1	2	3	4	5	6

14. About coping

The following questions are about how you respond to difficult or stressful events. Please circle the number that best matches what is usually most true for you.	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
1. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
2. I try to come up with a strategy about what to do.	1	2	3	4
3. I try to see it in a different light, to make it seem more positive.	1	2	3	4
4. I accept the fact that it has happened.	1	2	3	4
5. I make jokes about it.	1	2	3	4
6. I find comfort in my spiritual beliefs and religion.	1	2	3	4
7. I seek emotional support from others.	1	2	3	4
8. I try to get advice or help from other people about what to do.	1	2	3	4
9. I turn to other activities or work to take my mind off things.	1	2	3	4
10. I tell myself that "this isn't real".	1	2	3	4
11. I say things to let my unpleasant feelings escape.	1	2	3	4
12. I use alcohol or other drugs to make myself feel better.	1	2	3	4
13. I have given up trying to deal with it.	1	2	3	4
14. I criticise myself.	1	2	3	4
15. I take action to try to make the situation better.	1	2	3	4
16. I think hard about what steps to take.	1	2	3	4
17. I look for something good in what has happened.	1	2	3	4
18. I learn to live with it.	1	2	3	4
19. I make fun of the situation.	1	2	3	4
20. I pray or meditate.	1	2	3	4
21. I seek comfort and understanding from others.	1	2	3	4
22. I get help and advice from other people.	1	2	3	4
23. I do something else to think about it less (e.g. go to the movies, watch TV, read, sleep, etc).	1	2	3	4
24. I refuse to believe that it has happened.	1	2	3	4
25. I express my negative feelings.	1	2	3	4
26. I use alcohol and other drugs to help me get through it.	1	2	3	4
27. I have given up the attempt to cope.	1	2	3	4
28. I blame myself for things that have happened.	1	2	3	4

Thank you for completing this questionnaire.
Please return to the Parenting Research Centre in the reply-paid envelope.