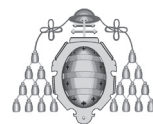




European Family Empowerment

# Questionnaire **Parent/Carer**



**■ ANONYMOUS CODE**

Your answers will be **CONFIDENTIAL** and will **NOT** be shown to anyone else. As this project is looking at families, we will need to link your questionnaire with your family members. **YOUR FAMILY MEMBERS OR SCHOOL STAFF WILL NOT SEE YOUR ANSWERS**, this is only for the researcher.

To do this we will need to create a code based upon a few of your details. Please fill in the answers to the questions below. Please only write inside the boxes.

**If several of your children have participated in the survey, please answer in relation to the eldest one .**

**First three letters of the SURVEYED CHILD mother's name** (e.g. Jane = **JAN**)

**Day number of the SURVEYED CHILD birthday** (e.g. December 14th = **14**, January 1st = **01**)

**First three letters of the SURVEYED CHILD name** (e.g. Albert = **ALB**)

**The month of birth of the SURVEYED CHILD** (e.g. July = **07**; December = **12**)


**Your children's first names** (in any order)

Name																			
Name																			
Name																			
Name																			
Name																			
Name																			
Name																			

In the following questionnaire you can answer most of the questions by putting an X in the box next to the answer that applies to you, like this: **X**

You will also be asked to write your answers in the empty boxes like this: 2 5

If you are asked to write in text please PRINT use CAPITAL LETTERS, like this: UNCLE

You may be told to skip over some questions. When this happens, you will see an arrow with a note that will tell you what question you should answer next:

➔ Please go to **Q 4.16** (Question 4.16)

If you make a mistake in any of your answers you should cross it out completely and write in the correct answer next to it

Example:

1.1 How old are you now? (Please write your age in the box) ~~14~~ ~~15~~ 39

**Office use only:**

Code 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Site postcode \_\_\_\_\_ Country code \_\_\_\_\_

## Section 1

## About you

**1.1** What is your postcode?

--	--	--	--	--	--	--	--	--	--

**1.2** How old are you now? (Please write your age in the box)

tengo 

--	--

 years old

**1.3** Are you male or female? (Please cross)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

**1.4** Who do you live with? (Please cross ALL THAT APPLY)

1) Partner or spouse	<input type="checkbox"/>
2) Mother or father (including in-laws)	<input type="checkbox"/>
3) Sons/s	<input type="checkbox"/>
4) Daughter/s	<input type="checkbox"/>
5) Stepchildren	<input type="checkbox"/>
6) Adopted/foster children	<input type="checkbox"/>
7) Other (please write who in the box)	<input type="text"/>

**1.5** How many children of each gender are living with you? (Please write number in box)

I have	<input type="text"/>	boys
I have	<input type="text"/>	girls

**1.6** How old are each of the children living with you?

(Please write the age of each child in a box below starting with the eldest child)

Child 1	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>
Child 6	<input type="text"/>	<input type="text"/>

**1.7** What country were you born in? (E.g. England)

**1.7b** If you were born outside of the UK, how long have you been living in this country?

(Please write the **number of years** in the box  
or **cross the box** if not applicable)

<input type="text"/>	<input type="text"/>	years
<input type="checkbox"/>	<input type="checkbox"/>	not applicable

**1.8** Which of the following best describes your ethnic background?

1) White	<input type="checkbox"/>
2) Mixed Race	<input type="checkbox"/>
3) Black/Black British	<input type="checkbox"/>
4) Chinese	<input type="checkbox"/>
5) Asian/Asian British	<input type="checkbox"/>
6) Other (Please write in the box)	<input type="text"/>

**1.9** Are you currently in... (Please cross all that apply)

1) Employment full time	<input type="checkbox"/>	(e.g. 35 hours a week)
2) Employment part time	<input type="checkbox"/>	
3) Unemployed	<input type="checkbox"/>	
4) Full time education	<input type="checkbox"/>	
5) Part time education	<input type="checkbox"/>	
6) Retired	<input type="checkbox"/>	
7) Unable to work because of sickness or disability	<input type="checkbox"/>	
8) Other	<input type="checkbox"/>	

**1.10** Please estimate your annual pre-tax family income? (Please cross one)

1) £20,000 or under	<input type="checkbox"/>
2) £20,001- £40,000	<input type="checkbox"/>
3) £40,001-£60,000	<input type="checkbox"/>
4) £60,001-£80,000	<input type="checkbox"/>
5) £80,001- £100,000	<input type="checkbox"/>
6) Over £100,000	<input type="checkbox"/>

**2.1 How often do you drink alcohol?** (Please answer only one for each)

	You	Your partner
Never	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
2-4 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Daily or almost	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

For questions 2.3 onwards, please refer to your **ELDEST SURVEYED CHILD** (under the age of 18)

**2.2 To the best of your knowledge, how often does your SURVEYED child drink alcohol?**

Never	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
2-4 times a week	<input type="checkbox"/>
Daily or almost	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**2.3 To the best of your knowledge, how many times has your SURVEYED child been drunk in the last month?** (So if they get drunk once a week, this would be 4 )

times                      I don't know

**2.4 If your SURVEYED child arrived home drunk, what would you do?** (Please cross all that apply)

I wouldn't do anything. I consider it normal at his/her age	<input type="checkbox"/>
I would tell him/her off	<input type="checkbox"/>
I would punish him/her	<input type="checkbox"/>
I wouldn't know what to do	<input type="checkbox"/>

**2.5 To the best of your knowledge, where does your SURVEYED child mostly get alcohol from?** (Please cross all that apply)

Don't know	<input type="checkbox"/>	Other adult	<input type="checkbox"/>
Given by a parent	<input type="checkbox"/>	Stolen from home	<input type="checkbox"/>
Older brother/sister	<input type="checkbox"/>	A bar/pub/club/disco	<input type="checkbox"/>
Friends	<input type="checkbox"/>	A shop/supermarket	<input type="checkbox"/>
Friends' parents	<input type="checkbox"/>	Other (please specify)	<input type="text"/>

**2.6 Where do you think your SURVEYED child mostly drinks alcohol?** (Please cross all that apply)

Don't know	<input type="checkbox"/>
At home	<input type="checkbox"/>
In a public place (park, street, beach)	<input type="checkbox"/>
At a friends house	<input type="checkbox"/>
At a family members house	<input type="checkbox"/>
In a bar/pub/club/disco	<input type="checkbox"/>
Somewhere else (please specify)	<input type="text"/>

**2.7 Do you allow your SURVEYED child to drink at home with you, even if it's just a small amount?**

Yes   
No

**2.7b** If you answered **YES** to the question above, **do you think that allowing your SURVEYED child to drink a little bit at home with you will teach the child to drink more sensibly?**

Yes   
No

### Section 3

## About smoking

**3.1** Now read the following statements and cross the box next to the one which best describes you and your partner (if applicable, otherwise leave blank)

	You	Your partner
Never smoked	<input type="checkbox"/>	<input type="checkbox"/>
Only ever tried smoking once	<input type="checkbox"/>	<input type="checkbox"/>
Smoke sometimes but I never smoke a cigarette now	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigarettes now but I don't smoke as many as one a week	<input type="checkbox"/>	<input type="checkbox"/>
Smoke between one and six cigarettes a week	<input type="checkbox"/>	<input type="checkbox"/>
Usually smoke more than six cigarettes a week	<input type="checkbox"/>	<input type="checkbox"/>

**3.2** Does your SURVEYED child smoke?

Yes

No

Don't know/unsure

### Section 4

## About Illegal drugs

**4.1** Have you ever used an illegal drug? Cross one box only.

Please answer honestly and remember that this survey is confidential and no one else will see your answer.

No	<input type="checkbox"/>
Yes, during the last 12 months	<input type="checkbox"/>
Yes, during the last 30 days	<input type="checkbox"/>
Yes, but more than a year ago	<input type="checkbox"/>

**4.2** How difficult do you think it would be for your SURVEYED CHILD to get hold of any of the following substances if they wanted to? (Please cross one box on each line)

	Muy difícil	Bastante difícil	Bastante fácil	Muy fácil
1) Cannabis (Marijuana/hashish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Mephedrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.3** To your knowledge, has your SURVEYED child ever taken an illegal drug?

Yes

No

Don't know

**4.4** To your knowledge, have any of your SURVEYED child's friends ever taken illegal drugs?

Yes

No

Don't know

**4.5** To your knowledge, have any children in your SURVEYED child's school/college classmates ever taken drugs?

Yes

No

Don't know

**Section 5**

**About family life and parenting**

**5.1** Below is a list of statements about family life and rules that may be used by you or your partner (if applicable). Please cross the box which indicates how each statement or rule applies to your family (Please cross one box on each line).

	Never	Sometimes	Often	Always
1) Either myself or my partner ask my child/ren if they have done their homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Either myself or my partner ask my child/ren to call if they are going to be late getting home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The rules in my family are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Either myself or my partner always knows where my child/ren are and who they are with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Either myself or my partner allow my child/ren to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Either myself or my partner allow my child/ren to drink alcohol outside of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) There is alcohol at home but I (or my partner) do not allow my child/ren to drink it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Either myself or my partner talk to my child/ren about alcohol and related risks/harms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Either myself or my partner talk to my child/ren about drugs, and related risks/harms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Either myself or my partner talk to my child/ren about smoking cigarettes, and related risks/harms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Either myself or my partner know the friends that my child/ren normally go out with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Either myself or my partner are in contact with my children's friend's parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.1b** If you have indicated that you set rules around alcohol, smoking and/or drugs, did you put these in place to prevent future problems, or in response to a particular issue? (e.g. child came home very drunk)

To prevent problems

In response to a problem

I don't set such rules

**5.2** Would you describe your SURVEYED child's relationship with your partner (i.e. his/her mother/stepmother, father/stepfather) as: (cross one box only)

Excellent

Very good

Good

Fair

Poor

Not applicable

**5.3** Would you describe YOUR relationship with your SURVEYED child as: (cross one box only)

Excellent

Very good

Good

Fair

Poor

**5.4** How good are you at really listening to your SURVEYED child? (Please cross one box)

Very good

Fairly good

Sometimes

Hardly ever

Prefer not to answer

**5.5** How often would you say you argue with your SURVEYED child? (Please cross one box)

All the time

Pretty often

Sometimes

Hardly ever

Prefer not to answer

**5.6** If you are married or cohabiting, how often would you say you argue with your spouse/partner? (Please cross one box)

All the time

Pretty often

Sometimes

Hardly ever

Not applicable to me

Prefer not to answer

**5.7** If you argue, how often would you say you and your spouse/partner argue in front of your children? (Please cross one box)

All the time

Pretty often

Sometimes

Hardly ever

Not applicable to me

Prefer not to answer

**5.8** In a typical week, on how many days do you and your SURVEYED child eat dinner/evening meal together? (Please cross one box)

0	1	2	3	4	5	6	7

**5.9** By having dinner/evening meal together, do you think you know more about what's going on in your SURVEYED child's life? (Please cross one box)

Yes

No

Don't eat dinner/evening meal together

**5.10** How often do you do any of these activities with your SURVEYED child? (Cross one box on each line)

	Never	Sometimes	Often	Always
1) Eating other meals together				
2) Participating in school activities				
3) Helping with homework				
4) Spending time together on weekends				
5) Taking holidays as a whole family				
6) Talk on the phone				
7) Take part in church or other community activities				

**5.11** When your SURVEYED child goes to someone's house for a party or social occasion, do you call the parents to ask about the party? (Cross one box only)

Yes

No

My child doesn't go to parties

**5.11b** If you answered YES when you call the parents to ask about the party, what do you want to know? (Please cross all that apply)

Whether the parents would be home during the party	<input type="checkbox"/>
Whether alcohol or drugs would be available at the party	<input type="checkbox"/>
Who would be attending the party (e.g. older children or young adults)	<input type="checkbox"/>
Other	<input type="checkbox"/>

**5.12** Do you agree with other parents who think it is okay to host a party and let teenagers drink alcohol at their house?

Yes, I agree

No, I don't agree

Depends on the circumstances

**5.13** How often do you discuss problems about following issues with your SURVEYED child?

Problems with...	Never	Sometimes	Often	Always
1) School performance (homework, grades)				
2) The type of friends your child has				
3) Arriving home later than expected				
4) The way your child dresses (clothes they choose to wear)				
5) Your child's use of the internet				
6) Your child's use of the television				
7) The amount of housework you child does				
8) Your child's use of alcohol				
9) Your child's use of tobacco				
10) Your child's use of cannabis				
11) Your child's use of cellular/mobile phones				
12) Your child's sexual behaviours (including kissing and relationships)				
13) The amount of money your child spends				

**5.14** Approximately, how many hours do you spend on shared activities with your SURVEYED child? (Please write the number of hours in the box)

a) At the weekend  hours

b) On a typical weekday  hours





**8.1** Do you use the Internet?

Yes	<input type="checkbox"/>	➡ Go to Q 8.2
No	<input type="checkbox"/>	➡ Answer Q 8.1b and then go to Q 8.5

**8.1b** If not, why do you not use the Internet? (Please write in the box below)
**8.2** Where do you access the Internet? (Please cross all that apply)

Home	<input type="checkbox"/>
Work	<input type="checkbox"/>
Internet café	<input type="checkbox"/>
Mobile Phone/iPad	<input type="checkbox"/>
Community centre	<input type="checkbox"/>
Other (Please state)	<input type="text"/>

**8.3** Do you think that having the internet at home might negatively affect the younger members of your family?

Yes	<input type="checkbox"/>	➡ Go to Q 8.3b
No	<input type="checkbox"/>	➡ Go to Q 8.4
Don't know	<input type="checkbox"/>	➡ Go to Q 8.4

**8.3b** If yes, what are your concerns? (Please write below)
**8.4** Have you ever seen alcohol advertising on the Internet?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**8.5** Are you concerned about your child/ren viewing alcohol advertising on the Internet?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**8.6** Do you have family rules about how long your child/ren can go online in your home?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**8.7** Have you ever checked to see what websites your child/ren have visited?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**8.8** Do you have monitoring software or a filter that keeps your child/ren from going to some types of websites?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>



**Section 9**

About social networks and support

**9.1** The next questions are about how often you personally contact relatives, friends and neighbours. Please read each item and cross the box under **HOW OFTEN** you...

	On most days	Once or twice a week	Once or twice a month	Less often than once a month	Never	Don't know
1) Speak to relatives on the phone?						
2) Speak to friends on the phone?						
3) Speak to neighbours (face-to-face)?						
4) Meet up with relatives who are not living with you?						
5) Meet up with friends?						

**9.2** During the last 12 months have you given any unpaid help (volunteer work) to any of the following groups, clubs or organisations? Please cross all that apply and write the number of hours you took part in this work per week.

Tipo de trabajo voluntario	He participado	Media de horas semanales
1) School events (e.g. fundraising for school)		
2) Political group (e.g. election campaign activity)		
3) Church group (e.g. helped at a church jumble sale)		
4) Youth group (e.g. Scouts or brownies event)		
5) Sports club (e.g. fundraising for equipment)		
6) Any other help (Please state)		

**9.3** Please read the following statements and select how much you agree with each. (Please cross the box under your selected response)

	A lot	A fair amount	Not very much	Not at all	No experience to comment	Don't know
1) I can trust the police						
2) I can trust the courts (e.g. magistrate or crown court)						
3) I can trust Members of Parliament (MPs)						
4) I can trust my local council						
5) People in my neighbourhood try to be helpful						
6) People in my neighbourhood tend to look out for themselves						
7) People in this neighbourhood can be trusted						
8) People around here are willing to help their neighbours						

**9.4** Do you ever attend any events at your SURVEYED child's school such as alcohol and drug awareness/prevention, health promotion, parenting skills, healthy eating and exercise?

Yes

No

**9.5** If you answered **NO** above, **why don't you attend?** (Cross all that apply)

1) Lack of time	
2) I'm not interested	
3) Fear of exposure/worried about what other parents might think	
4) Activities/lectures are not interesting enough or are too long	
5) School does not organise any prevention activities	
6) I prefer to deal with these issues in my own home	

**Many thanks for taking the time to complete this questionnaire!**

~~Ha terminado de rellenar el cuestionario.~~

~~Solo queda un paso más antes de terminar.~~

~~El cuestionario ha de devolverse a la escuela de forma apropiada.~~

~~Por favor, lea las instrucciones en la hoja adjunta donde se le indicará cómo retornarlo.~~

~~Si tiene dudas o quiere hacer cualquier consulta póngase en contacto con nosotras:~~

~~**Montse Juan /Maria Àngels Duch**~~

~~**Teléfono 971727434**~~

~~Correo electrónico: **irefrea@cop.es**~~

