

UK PARENT

If you would like to participate in the Family Thinking Skills Study, then please complete this consent form.

	Yes	No
I agree to participate in this study.	<input type="radio"/>	<input type="radio"/>
I have read the information letter and understand the aim of the project.	<input type="radio"/>	<input type="radio"/>
I have the name and email of the researchers (see study information letter).	<input type="radio"/>	<input type="radio"/>

I understand that :

	Yes	No
I will be asked to complete computer tasks and online questionnaires.	<input type="radio"/>	<input type="radio"/>
The data will be kept confidential and stored in a secured location.	<input type="radio"/>	<input type="radio"/>
I can withdraw from this study at any time without giving a reason.	<input type="radio"/>	<input type="radio"/>
Group data may be presented at conferences or in academic manuscripts. If, in rare instances, individual data might be used, then no identifying information will allow others to trace my or my child's responses back to us.	<input type="radio"/>	<input type="radio"/>
This study has received ethical approval from the Psychology Research Ethics Committee of the University of Cambridge.	<input type="radio"/>	<input type="radio"/>

Thank you again for participating in this research project of Cambridge University. Before you begin the questionnaire, we would like to know when you completed our computer games (This is for our internal record).

* Questionnaire and the computer game should be finished by the same parent.

**If you have NOT visited our website for the computer games, we would like you to first complete the games before filling in this questionnaire.

Did you finish all our computer games in one sitting?

- Yes
- No

When did you complete all our computer games?

	Date and Time	
All challenges	YYYYMMDD	e.g. 9:15pm

When did you complete each of our computer games?

	Date and Time	
Soccer Challenge	YYYYMMDD	e.g. 9:15pm
Color-shape Challenge		
Pattern challenge		
Disk Challenge		

What is your assigned study number/ID? (You may obtain this number from the Thinking Skills Study instruction sheet) _____

When completing the questionnaires that follow, please complete them in regard to the child who is taking part in this project with you. We would like to know about the approach you take with the child participating in this project.

Please answer each question with the first response that comes to mind. There are no right or wrong answers. Parents take many different approaches to raising their children. We are just interested in what you do.

Remember that everything you and your child share with us as part of this project is confidential. We do not put your name on any information that we collect from you. Thank you for your time, effort and commitment to the project.

We would first like to ask about your interactions with your child.

	Not at All True	A Little Bit True	Kind of True	Pretty True	Very True
1. I allow my child to make choices whenever possible.	<input type="radio"/>				
2. I think my child should know about all the things I have done for his/her.	<input type="radio"/>				
3. I tell my child that if he/she really cared for me, he/she would not do things that cause me to worry.	<input type="radio"/>				
4. When my child has a problem, I always listen to his/her opinion or perspective.	<input type="radio"/>				
5. I tell my child how disappointed I am in him/her when he/she does not do things I approve of.	<input type="radio"/>				
6. I am less friendly with my child when he/she does not see things my way.	<input type="radio"/>				
7. I do not insist that my child does things my way.	<input type="radio"/>				
8. I tell my child that I know what is best for him/her and he/she should not question it.	<input type="radio"/>				
9. I allow my child to choose his/her own direction.	<input type="radio"/>				
10. If my child does something I do not like, I will not let him/her do things with me.	<input type="radio"/>				
11. I allow my child to decide things for his/herself.	<input type="radio"/>				
12. When my child makes a mistake, I remind him/her of his/her past mistakes.	<input type="radio"/>				

	Not at All True	A Little Bit True	Kind of True	Pretty True	Very True
13. I emphasize to my child that he/she should not argue with me.	<input type="radio"/>				
14. I tell my child of all the sacrifices I have made for him/her.	<input type="radio"/>				
15. I let my child know that he/she should feel guilty when he/she does not meet my expectations for him/her.	<input type="radio"/>				
16. I allow my child to make his/her own choices for things he/she wants to do in his/her life.	<input type="radio"/>				
17. I explain to my child why I want him/her to do something.	<input type="radio"/>				
18. I let my child know that he/she is not a good member of the family when he/she does something against my wishes.	<input type="radio"/>				
19. I let my child know that he/she should not question me.	<input type="radio"/>				
20. I let my child know that he/she should feel ashamed when he/she does something I think is wrong.	<input type="radio"/>				
21. I let my child make his/her own plans for things he/she wants to do.	<input type="radio"/>				
22. If my child does something I do not like, I sometimes act less friendly to him/her so that he/she knows I am disappointed.	<input type="radio"/>				
23. I tell my child that when he/she grows up he/she will appreciate all the decisions I have made for him/her.	<input type="radio"/>				

	Not at All True	A Little Bit True	Kind of True	Pretty True	Very True
24. I encourage my child to share his/her ideas and opinions when it comes to decisions about him/her.	<input type="radio"/>				
25. I tell my child that if he/she really loved me, he/she would do his/her best for the sake of the family.	<input type="radio"/>				
26. When my Child falls short of my expectations, I let him/her know that he/she is not as good as other kids.	<input type="radio"/>				
27. I often answer my child's arguments by saying things like, "You'll know better when you grow up."	<input type="radio"/>				

Now we have some questions about your relationship with your child.

	Not at All True	A Little Bit True	Kind of True	Pretty True	Very True
W1. I know a lot about what goes on for my child.	<input type="radio"/>				
W2. I really know how my child feels about things.	<input type="radio"/>				
W3. I do special things with my child.	<input type="radio"/>				
W4. I set aside time to talk to my child about what is important to him/her.	<input type="radio"/>				
W5. I can always find time for my child.	<input type="radio"/>				
R1. I don't understand my child very well.	<input type="radio"/>				
R2. Sometimes my child is hard to like.	<input type="radio"/>				
R3. At times, the demands that my child makes feel like a burden.	<input type="radio"/>				
R4. My child needs more than I have time to give him/her.	<input type="radio"/>				
R5. Sometimes I feel like I can't be there for my child when he/she needs me.	<input type="radio"/>				
S1. I make it clear what will happen if my child does not follow our rules.	<input type="radio"/>				
S2. I make it clear to my child what I expect from him/her.	<input type="radio"/>				
S3. When I tell my child I'll do something, I do it.	<input type="radio"/>				
S4. I expect my child to follow our family rules.	<input type="radio"/>				
S5. I explain to my child the reasons for our family rules.	<input type="radio"/>				

	Not at All True	A Little Bit True	Kind of True	Pretty True	Very True
Ch1. Sometimes I let my child get away with things I really shouldn't allow.	<input type="radio"/>				
Ch2. When my child gets in trouble, sometimes my reaction is not very predictable.	<input type="radio"/>				
Ch3. My child doesn't seem to know what I expect from him/her.	<input type="radio"/>				
Ch4. Sometimes I change the rules at home.	<input type="radio"/>				
Ch6. Occasionally I can get mad at my child with no warning.	<input type="radio"/>				
Ch7. When I make a promise to my child, sometimes other things prevent me from keeping it.	<input type="radio"/>				

Do you think your child...

	Not at All True	A Little Bit True	Kind of True	Pretty True	Very True
G1.is happy and enjoys life	<input type="radio"/>				
G2.is optimistic and self-confident	<input type="radio"/>				
G3.feels good about him/herself	<input type="radio"/>				
G4.has her/his own opinions and ideas	<input type="radio"/>				
G5.is able to stand up for him/herself	<input type="radio"/>				
G6.is able to rely on him/herself	<input type="radio"/>				
C1.Is able to curb negative impulses	<input type="radio"/>				
C2.Does not do things he/she is not supposed to do	<input type="radio"/>				
C3.Does not say inappropriate things (e.g., curse) or talk back to you	<input type="radio"/>				
C4.Does not interrupt or intrude on others	<input type="radio"/>				
C5.Can sit still and be quiet	<input type="radio"/>				
C6.Is not loud and rowdy	<input type="radio"/>				
C7.Can stay focused and follow directions	<input type="radio"/>				
C8.Does not get easily distracted	<input type="radio"/>				
C9.Is able to control his/her temper	<input type="radio"/>				
C10.Does not get upset easily	<input type="radio"/>				

How important is it to you that your child...

	Not Important at All	A Little Bit Important	Kind of Important	Pretty Important	Very Important
G1.is happy and enjoys life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2.is optimistic and self-confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G3.feels good about him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G4.has her/his own opinions and ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G5.is able to stand up for him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G6.is able to rely on him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1.Is able to curb negative impulses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C2.Does not do things he/she is not supposed to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C3.Does not say inappropriate things (e.g., curse) or talk back to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4.Does not interrupt or intrude on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5.Can sit still and be quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6.Is not loud and rowdy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7.Can stay focused and follow directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C8.Does not get easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C9.Is able to control his/her temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C10.Does not get upset easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section asks general questions about you and your family.

Your Age: _____

Your relation to your child:

- Biological mother
- Step-mother
- Adoptive mother
- Foster mother
- Biological father
- Step-father
- Adoptive father
- Foster father
- Other: Please specify your relation to your child: _____

Your child's date of birth: (yyyy-mm-dd)

	date of birth		
*	YYYY	MM	DD

Is your child a boy or a girl?

- Boy
- Girl

Age and gender of your child's siblings (If applicable):

	Gender		Age
	Male	Female	(Years)
Sibling 1	<input type="radio"/>	<input type="radio"/>	
Sibling 2	<input type="radio"/>	<input type="radio"/>	
Sibling 3	<input type="radio"/>	<input type="radio"/>	
Sibling 4	<input type="radio"/>	<input type="radio"/>	
Sibling 5	<input type="radio"/>	<input type="radio"/>	
Sibling 6	<input type="radio"/>	<input type="radio"/>	

What is the main language you speak at home?

- English
 - Other languages: Please specify the main language you speak at home: _____
-

What is the highest level of education you have completed?

- Primary School
- GCSE / CSE / O-Levels
- AS Levels
- A-Levels / GCE / Scottish Highers
- NVQs / SVQs
- Some University
- Bachelors Degree
- Some post-graduate
- Masters Degree
- Some doctoral
- Doctorate Degree
- Other: Please specify your the highest level of education you have completed: _____

What is your employment status?

- Full time
- Part time
- Homemaker
- Not currently employed

What is your job title : _____

How many members of staff are you responsible for?

- 1-5
- 6-10
- 11-15
- 16-20
- more than 20

How many hours a week do you work?

- less than 16
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- more than 50

What is your marital status?

- Married
- Have a partner
- Single (please go to the last question)
- Widowed (please go to the last question)
- Divorced (please go to the last question)
- Separated (please go to the last question)

What is the highest level of education your partner has completed?

- Primary School
- GCSE / CSE / O-Levels
- AS Levels
- A-Levels / GCE / Scottish Highers
- NVQs / SVQs
- Some University
- Bachelors Degree
- Some post-graduate
- Masters Degree
- Some doctoral
- Doctorate Degree
- Other: Please specify the highest level of education your partner has completed: _____

What is your partner's employment status?

- Full time
- Part time
- Home maker
- Not currently employed

What is your partner's job title? _____

How many members of staff is your partner responsible for?

- 1-5
- 6-10
- 11-15
- 16-20
- more than 20

How many hours a week does your partner work?

- less than 16
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- more than 50

What is your ethnic group?

- Asian British
- Bangladeshi
- British Chinese
- Chinese
- Pakistani
- Sri Lankan Tamil
- Other Asian background – (please specify)
- Black British
- African
- Caribbean
- Other Black background - please specify
- White and Asian
- White and Black-African
- White and Black-Caribbean
- Other Mixed background – (please specify)
- British
- Irish
- Lithuanian
- Polish
- Romanian
- Other European background – (please specify)
- Other White background – (please specify)
- Arab
- Irish Traveller
- Roma Gypsy
- Other – (please specify)

Please specify your European background: _____

Please specify your White background : _____

Please specify your mixed background: _____

Please specify your Asian Background: _____

Please specify your Black Background: _____

Please specify your Background (if other than the above): _____

- Prefer not to say