

Thank you for all of your help and for supporting the Watch Them Grow project.

We hope that you and your child are finding the transition to school relatively smooth. My eldest started school this time last year so I know how it feels!

On the next few pages you will be asked to answer a series of questions about you and your child.

In total it should take about 30-40 minutes to complete the questions.

Many thanks,
Helen

(h.f.dodd@reading.ac.uk)

* 1. What is your ID (this should be in your email)?

* 2. What is your child's full name (including surname)?

* 3. What is your child's date of birth?

Date

* 4. Is your child

☐

Male

☐

Female

* 5. What is your relationship to the child?

☐

Mother

☐

Father

☐

Grandmother

☐

Grandfather

☐

Other (please specify)

* 6. Are you the child's primary caregiver?

☐

Yes

☐

No

☐

Shared

7. Does your child have any learning difficulty, mental health problem or atypical development including autism? Please include if they were born prematurely, they have experienced seizures, and whether they have any language delay or dyslexia. If so, please specify.

8. Does your child have any family history of learning difficulties, mental health problems, or atypical development (including autism)? If so, please specify.

* 9. Before starting school, did your child attend childcare on the same site as their new school?

☐ Yes

☐ No

☐ Other

(please specify)

* 10. Please rate how familiar you feel your child was with their new school before they started on day 1 using a scale from 0-10 (0 meaning they had never seen the school or entered the school before, 10 meaning that they had been to the school regularly and already knew their way around the entire school).

* 11. Briefly describe what organised visits your child attended to help their transition to school before the summer holidays (if none please state)

* 12. How many times did your child visit their new school for organised transition to school activities (before the first day of term in September)?

* 13. Approximately how many hours did your child spend in their new school during transition to school activities (before the first day of term in September)?

* 14. Please describe the arrangements for your child starting school (i.e. did they start full time on the first day of school/do one week of afternoons only/start the day before the older children etc.?)

* 15. Does your child have an older sibling at the school currently?

☐ Yes

☐ No

* 16. How many of the children in your child's school year did they know well before starting school? Please select:

☐ 0

☐ 1

☐ 2-5

☐ 6-10

☐ 10+

* 17. As part of the project we will be inviting your child's teacher to complete some questions about how well your child has settled into school. Their responses will come to us and won't be sent to you. Below we ask for their teacher's contact details. We plan to contact them directly but it would be great if you could mention the project to them so that they know what it's all about when they receive the letter/email from us! If you would prefer to give them the information yourself, let us know here and we will send the information to you to pass onto them.

☐ You can contact them and I will mention it to them

☐ I would prefer to give them a letter myself

☐ Other (please specify)

* 18. What is your child's teachers' name?

* 19. School name

20. School address

21. Email (if you know it, don't worry if not!)

22. Phone number

23. Any other information about how the school prefer to be contacted that might help us to get the information to your child's teacher?

Your child's school experiences

For each question below, please select the answer that best describes your child's current feelings about school.

To what extent does your child seem....

* 24. Excited about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 25. Upset about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 26. Distressed about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 27. Eager about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 28. Frustrated about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 29. Happy about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 30. Irritable about school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

* 31. Interested in school?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit

Maths and reading ability

For each question below, please select a number between 1 and 7 that best describes your child's skills in maths-related (e.g. number knowledge) and reading-related (e.g. letter knowledge) activities.

32. How good is your child in math-related activities?

- ☐ 1 (Not good at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 (Very good)

33. How good is your child in reading-related activities?

- ☐ 1 (Not good at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 (Very good)

PAS

Below is a list of items that describe children.

For each item please select the response that best describes your child.

**Please select whether the statement is
very often true, quite often true, sometimes true, seldom true or not true at all.**

Please answer all the items as well as you can, even if some do not seem to apply to your child

* 34. Please answer the following statements, selecting the response that best describes your child.

	Not true at all	Seldom true	Sometimes true	Quite often true	Very often true
Has difficulty stopping him/herself from worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries that he/she will do something to look stupid in front of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps checking that he/she has done things right (e.g. that he/she closed a door, turned off a tap)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is tense, restless or irritable due to worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is scared to ask an adult for help (e.g., a preschool or school teacher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is reluctant to go to sleep without you or to sleep away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is scared of heights (or high places)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 35. Please answer the following statements, selecting the response that best describes your child.

	Not true at all	Seldom true	Sometimes true	Quite often true	Very often true
Has trouble sleeping due to worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washes his/her hands over and over many times each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid of crowded or closed-in places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid of meeting or talking to unfamiliar people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries that something bad will happen to his/her parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is scared of thunder storms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spends a large part of each day worrying about various things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 36. Please answer the following statements, selecting the response that best describes your child.

	Not true at all	Seldom true	Sometimes true	Quite often true	Very often true
Is afraid of talking in front of the class (preschool group) e.g. show and tell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is nervous of going swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has to have things in exactly the right order or position to stop bad things from happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries that he/she will do something embarrassing in front of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid of insects and/or spiders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has bad or silly thoughts or images that keep coming back over and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 37. Please answer the following statements, selecting the response that best describes your child.

	Not true at all	Seldom true	Sometimes true	Quite often true	Very often true
Becomes distressed about your leaving him/her at preschool/school or with a babysitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid to go up to a group of children and join their activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is frightened of dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has nightmares about being apart from you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid of the dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks for reassurance when it doesn't seem necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 38. Has your child ever experienced anything really bad or traumatic (e.g. severe accident, death of a family member/friend, assault, robbery, disaster)? Please select Yes or NO and provide a brief description if yes.

- ☐ No
- ☐ Yes

If yes please specify

PAS Extra

39. Please answer the following statements ONLY if you answered YES, to Q25

Do the following statements describe your child's behaviour since the event

	Not at all true	Seldom true	Sometimes true	Quite often true	Very often true
Has bad dreams or nightmares about the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembers the event and becomes distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becomes distressed when reminded of the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly behaves as if he/she is reliving the bad experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows bodily signs of fear (e.g., sweating, shaking or racing heart) when reminded of the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HBQ-Parent 1

The following questions ask about your child's experiences with peers. For each question think about how much it is like your child and select your answer.

* 40. Please answer the following statements

	Not at all like	Very little like	Somewhat like	Very much like
Has lots of friends at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is often left out by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children refuse to let him/her play with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets along with peers of the same sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is not chosen as a playmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is picked on by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is actively disliked by other children, who reject him/her from their play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is liked by other children who seek him/her out for play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is avoided by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is teased and ridiculed by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets along with peers of the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is not much liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is pushed or shoved around by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 41. Below is a list of behaviours that some children exhibit during middle childhood. For each behaviour, please select how well it describes your child's behaviour in the past 6 months.

	Rarely applies	Applies somewhat	Certainly applies
If there's a quarrel or dispute he/she will try to stop it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offers to share materials or tools used in a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will invite bystanders to join in a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will try to help someone who has been hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apologises spontaneously after a misdemeanour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares sweets and extra food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is considerate of others feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stops talking quickly when asked to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spontaneously helps to pick up objects that someone has dropped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes time to praise the work of less abled children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows sympathy to someone who has made a mistake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offers to help other children who are having difficulty with a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps other children who are feeling sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can work easily in small peer groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comforts a child who is crying or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is efficient in carrying out tasks, such as helping with household chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Settles down to work quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Rarely applies	Applies somewhat	Certainly applies
Will clap or smile if someone does something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteers to help clean up a mess that someone else has made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to be fair in games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 42. Below is a list of more behaviours that some children exhibit during middle childhood. Please keep in mind that this questionnaire is intended to cover a wide range of behaviours and behaviour problems that may occur during this period of development and that, therefore, you may or may not find many items applicable to your child.

For each of the following behaviours select how well each statement describes how often or how true the behaviour is of your child **within the past 6 months.**

	Never or not true	Sometimes or somewhat true	Often or very true
Fidgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries about things in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When mad at a peer, will keep that peer from being in the play group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries that something bad will happen to people he/she is close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steals, takes things that do not belong to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't stay seated when required to do so	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries about past behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a solitary child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argues a lot with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argues a lot with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries about being separated from loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or not true	Sometimes or somewhat true	Often or very true
Lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeps more than most children during the day/night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive or acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to get others to dislike a peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distractible, has trouble sticking to any one activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teases and scares other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries about doing better at things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defiant, talks back to adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoids school, stays at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vandalises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wets the bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite, not hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has difficulty awaiting turn in a group or game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sets fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HBQ 2

* 43. Below is a list of more behaviours that some children exhibit during middle childhood. Please keep in mind that this questionnaire is intended to cover a wide range of behaviours and behaviour problems that may occur during this period of development and that, therefore, you may or may not find many items applicable to your child.

For each of the following behaviours select how well each statement describes how often or how true the behaviour is of your child **within the past 6 months.**

	Never or not true	Sometimes or somewhat true	Often or very true
Has aches and pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has nausea, feels sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has stomach aches or cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells others not to play with or be a peers friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does things that annoy others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared to go to sleep without parents being near	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likes to be alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interrupts, blurts out answers to questions too soon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blames others for his/hers own mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoids being alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shy with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has difficulty following directions or instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or not true	Sometimes or somewhat true	Often or very true
Tells a peer that he/she won't play with that peer or be that peer's friend unless that peer does what he/she asks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needs to be told over and over that things are ok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has nightmares about being abandoned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shy with unfamiliar adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous, high strung, or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is angry and resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoids peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complains of feeling sick before separating from those he/she is close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps from one activity to another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overly upset when leaving someone he/she is close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets back at people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destroys things that belong to his/her family or other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underactive, slow moving, or lacks energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or not true	Sometimes or somewhat true	Often or very true
Verbally threatens to keep peer out of the play group if the peer doesn't do what he/she wants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has difficulty playing quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overly upset when he/she is away from someone they are close too	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swears or uses obscene language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps peers at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid of being away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kicks, bites, or hits other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is afraid of strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cruel, bullies, or mean to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells a peer that they won't be invited to their birthday party unless that peer does what he/she wants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seems lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wets themselves during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interrupts or butts in on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withdraws from peer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses a weapon when fighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doesn't smile or laugh much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not seem to listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or not true	Sometimes or somewhat true	Often or very true
Loses things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does dangerous things without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RULES

* 44. For each of the following statements, please rate how well the statement describes your child.

	Not at all			Somewhat			Very much
1. My child gets tense when unexpected events or transitions occur in his/her environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child has a hard time coping with even minor changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child says, "It is unfair" when he/she cannot to know what will happen next.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child always wants to know ahead of the time what the plan is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child becomes upset if he/she has to enter a new situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child seeks reassurance prior to entering an unfamiliar situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child cries when he/she finds him/herself in an unfamiliar situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child gets down on him/herself if he/she does not know what will happen next.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My child performs best in highly structured environments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child tantrums when an unexpected event occurs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child avoids unstructured situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all			Somewhat			Very much
12. My child cannot relax if he/she does not know what will happen next.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. My child cannot sleep if he anticipates an upcoming change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. My child becomes fidgety during transitions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. My child freezes up in the face of unexpected events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16. Transitions are difficult for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. My child complains of physical symptoms (e.g., headaches, stomachaches) when he/she is about to enter a new situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

STAI

We have now finished asking questions regarding your child, and are now going to ask some questions about you.

A number of statements which people have used to describe themselves are listed below. Read each statement and select the option that indicates how you generally feel.

1 Almost Never

2 Sometimes

3 Often

4 Almost Always

* 45. Please answer the following statements

	Almost never	Sometimes	Often	Almost Always
I feel pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous and restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel satisfied with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could be as happy as other seem to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am "calm, cool and collected"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like difficulties are piling up so that I cant overcome them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry too much over something that doesn't really matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have disturbing thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lack self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 46. Please answer the following statements

	Almost never	Sometimes	Often	Almost Always
I feel secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make decisions easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some unimportant thought runs through my mind and bothers me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take disappointments so keenly that I can't put them out of my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a steady person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get in a state of tension and turmoil as I think over my recent concerns and interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPIN

* 47. Please read each statement and select an answer which indicates 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 one statement.

	Not at all	A little bit	Somewhat	Very much	Extremely
I am afraid of people in authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am bothered by blushing in front of people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties and social events scare me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid talking to people I don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being criticised scares me a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid doing things or speaking to people for fear of embarrassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating in front of people causes me distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid going to parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid activities in which I am the centre of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to strangers scares me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid having to give speeches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd do anything to avoid being criticised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations bother me when I am around people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of doing things when people might be watching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little bit	Somewhat	Very much	Extremely
Being embarrassed or looking stupid are among my worst fears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid speaking to anyone in authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trembling or shaking in front of others is distressing to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you so much! You have now completed all of the questions.

If you'd like any more information or have any questions please contact me at h.f.dodd@reading.ac.uk

You will receive a £20 voucher to thank you for your time completing these questionnaires and replying to the text messages. This will be emailed to you so please provide the email address you would like us to send it to below. Remember to look out for it! You should receive it by the end of the month.

Many thanks,
Helen

* 48. What email address would you like us to send your £20 voucher to?