

	Parent Self Report Form		Non-Parent Self Report Form
Intro	About you : In relation to the children involved in the dispute, are you: <input type="checkbox"/> Mother <input type="checkbox"/> Same-sex parent <input type="checkbox"/> Donor <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Other		
1.	Your culture and religious background	1.	Your culture and religious background
1.1	Is there anything about your culture or religion that is important for us to understand in order to help you with this dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.1	Is there anything about your culture or religion that is important for us to understand in order to help you with this dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	<b>About the separation</b>	<b>2.</b>	<b>About the separation</b>
2.1	How many months/years ago did you separate from the other parent? <input type="text"/> Months <input type="text"/> Years <input type="text"/> Never lived together	2.1	How many months/years ago did you separate from the other parent? <input type="text"/> Months <input type="text"/> Years
2.2	In your view, who decided to end the relationship? <input type="checkbox"/> Me <input type="checkbox"/> Other parent <input type="checkbox"/> Both <input type="checkbox"/> Never in a relationship	2.2	In your view, who decided to end the relationship? <input type="checkbox"/> Me <input type="checkbox"/> Other parent <input type="checkbox"/> Both
2.3	Please select any words below that describe how you feel these days about being separated/divorced from the other parent: <input type="checkbox"/> fine/content <input type="checkbox"/> sad/down <input type="checkbox"/> frustrated/annoyed <input type="checkbox"/> hopeless/powerless <input type="checkbox"/> embarrassed/humiliated <input type="checkbox"/> angry/furious <input type="checkbox"/> accepting/resigned <input type="checkbox"/> distressed/upset <input type="checkbox"/> worried/anxious <input type="checkbox"/> scared/afraid <input type="checkbox"/> jealous/resentful <input type="checkbox"/> shocked/devastated	2.3	Please select any words below that describe how you feel these days about being separated/divorced from the other parent: <input type="checkbox"/> fine/content <input type="checkbox"/> sad/down <input type="checkbox"/> frustrated/annoyed <input type="checkbox"/> hopeless/powerless <input type="checkbox"/> embarrassed/humiliated <input type="checkbox"/> angry/furious <input type="checkbox"/> accepting/resigned <input type="checkbox"/> distressed/upset <input type="checkbox"/> worried/anxious <input type="checkbox"/> scared/afraid <input type="checkbox"/> jealous/resentful <input type="checkbox"/> shocked/devastated

2.4	<p>Have you spent regular time with your child(ren) in the past six months?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
		2.4	<p>How many times have you or your former partner taken you dispute(s) to court?</p> <p><input type="checkbox"/> None   <input type="checkbox"/> One   <input type="checkbox"/> Two   <input type="checkbox"/> Three or more times   <input type="checkbox"/> Don't know</p>
2.5	<p>In your view, does the current parenting arrangement work well for your child(ren)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If no, regarding time arrangements, do you think:</p> <p>a. Your child(ren) would benefit from having more time with their other parent   <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b. Your child(ren) would benefit from having less time with their other parent   <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>c. You personally deserve or are entitled to more time with your child(ren)?   <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
2.6	<p>How was the current parenting arrangement decided?</p> <p><input type="checkbox"/> Decided together                      <input type="checkbox"/> Other parent decided</p> <p><input type="checkbox"/> Mediation                                      <input type="checkbox"/> Court</p> <p><input type="checkbox"/> I decided                                        <input type="checkbox"/> Child(ren) decided</p> <p><input type="checkbox"/> Lawyer negotiations                      <input type="checkbox"/> Other</p>		

2.7	How many times have you or your former partner taken you dispute(s) to court? <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more times <input type="checkbox"/> Don't know		
<b>3</b>	<b>Managing conflict with your child(ren)'s other parent/carer</b>	<b>3</b>	<b>Managing conflict with your former partner</b>
3.1	These days, do you feel hostile or hateful towards the other parent? <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> No	3.1	These days, do you feel hostile or hateful towards your former partner? <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> No
	If you have not communicated with the other parent during the past 6months, please skip the following questions and go on to the next section		
	Over the past 6 months, how often did you and the other parent:		
3.2	Discuss and agree on decisions about your child(ren)? <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never	3.2	Over the past 6 months, how often did you and your former partner have angry disagreements? <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never <input type="checkbox"/> Had no communication
3.3	Have angry disagreements <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never		
<b>4</b>	<b>How are you coping</b>	<b>4</b>	<b>How are you coping</b>
4.1	Do you have any major worries about how you have been coping in the past six months <input type="checkbox"/> Yes <input type="checkbox"/> No	4.1	Do you have any major worries about how you have been coping in the past six months <input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	In the past 6 months, have you:	4.2	In the past 6 months, have you:
	a. felt very anxious or fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No		a. felt very anxious or fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. felt very angry or irritated? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. felt very angry or irritated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. felt very sad/empty/depressed <input type="checkbox"/> Yes <input type="checkbox"/> No		d. felt very sad/empty/depressed <input type="checkbox"/> Yes <input type="checkbox"/> No
	e. done or felt things that are unusual or out of character for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		e. done or felt things that are unusual or out of character for you? <input type="checkbox"/> Yes <input type="checkbox"/> No

4.3	In the past year:	4.3	In the past year:
	<p>a. have you drunk alcohol and/or used drugs more than you meant to? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your drinking and/or drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your alcohol and/or drug use these days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>a. have you drunk alcohol and/or used drugs more than you meant to? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your drinking and/or drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your alcohol and/or drug use these days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.4	In the past two years have you seen a doctor, psychologist or psychiatrist for a mental health problem or drug/alcohol problem <input type="checkbox"/> Yes <input type="checkbox"/> No	4.4	In the past two years have you seen a doctor, psychologist or psychiatrist for a mental health problem or drug/alcohol problem <input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Are you getting enough emotional support now (e.g. from friends, family, professionals)? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.5	Are you getting enough emotional support now (e.g. from friends, family, professionals)? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	How your child(ren)'s other parent/carer seems to be coping	5	<b>How your former partner seems to be coping</b>
	If you have not communicated with the other parent during the past six months, please skip these questions and go on to the next section		If you have not communicated with your former partner during the past six months, please skip these questions and go on to the next section
5.1	In the past 6 months, have you had any major worries about how the other parent has been coping/behaving? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.1	In the past 6 months, have you had any major worries about how your former partner has been coping/behaving? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	In the past 6 months, has the other parent behaved in a way that seemed: <p>a. very anxious/fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. very angry/irritated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. very sad/depressed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. out of character or unusual for them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	5.2	In the past 6 months, has your former partner behaved in a way that seemed: <p>a. very anxious/fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. very angry/irritated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. very sad/depressed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. out of character or unusual for them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.3	In the past year, have you worried about the other parent's drinking and/or drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.3	In the past year, have you worried about your former partner's drinking and/or drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No

5.4	In the past 2 years, to your knowledge, has the other parent seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.4	In the past 2 years, to your knowledge, has your former partner seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6a</b>	<b>About your baby/young child(ren)</b>		
	<b>Please skip these questions if you do not have a child under 5 years, OR if you have not spent time with your young child(ren)</b>		
	<i>These questions are about babies or pre-school children, under 5 years. If you have more than one child under 5 years, tick 'yes' if any question is true for ANY of your young children.</i>		
6a.1	Does your young child(ren) have any serious health or developmental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a.2	In the past 6 months, has any professional (teacher, doctor etc) been concerned about how your young child(ren) was doing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a.3	In the past 6 months, has your young child(ren) seemed: a. more stressed by normal separations than usual <input type="checkbox"/> Yes <input type="checkbox"/> No b. more fussy/aggressive/upset than usual? <input type="checkbox"/> Yes <input type="checkbox"/> No c. distressed/angry/withdrawn when going to or from either parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a.4	Has your child(ren) ever heard or seen very angry disagreements or violence at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6b</b>	<b>About your school-aged children</b>		
	<b>Please skip these questions if you do not have a child over 5 years, OR if you have not spent time with your school-aged children during the past 6 months</b>		
	<i>These questions are about your school-aged children, ages 5 to 17 years. If you have more than one child 5 years and older, tick 'yes' if any question is true for ANY of these children.</i>		
6b.1	Does your child(ren) have any serious health or developmental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		

6b.2	In the past 6 months, has any professional (teacher, doctor etc) been concerned about how your child was doing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6b.3	In the past 6 months, compared with how they usually are, do any of your children seem: a. more anxious/worried? <input type="checkbox"/> Yes <input type="checkbox"/> No b. more aggressive/angry? <input type="checkbox"/> Yes <input type="checkbox"/> No c. more dad/withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No d. more defiant/disobedient? <input type="checkbox"/> Yes <input type="checkbox"/> No e. behaving in concerning ways? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6b.4	<b>In the past 6 months</b> , did your children strongly resist seeing the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6b.5	Has your child(ren) ever heard or seen very Angry disagreements or violence at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6b.6	<b>In the past 2 months</b> , have any of your children missed more than 4 days at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<b>6a</b>	<b>Your safety</b>
		6.1	In the past year, have you in any way been frightened of or concerned for your own safety because of your former partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6.2	Are you <b>now</b> , in any way afraid for your own safety with your former partner or anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6.3	In the past year, has anyone else said they were worried for your safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6.4	If your former partner is disappointed with the outcome of a dispute, are you afraid that s/he would try to hurt someone or hurt him/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No

		6.5	<p>As a result of your former partner's behaviour with anyone, have the police ever been called, a criminal charge been laid, or intervention/restraining order been made against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an intervention/restraining order against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		6.6	<p>In the past year, has your former partner:</p> <p>a. Followed you or watched your movements in a way that felt worrying (e.g. driving by or watching your home, being in the same place when s/he had no business there)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control you or acted in a very jealous way (e.g. controlling your money, where you went, who you saw)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened your safety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Hurt you in a way that wasn't an accident, or used force to get you to do something you did not want to do? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		6.7	<p>Has your former partner ever threatened to or actually tried to hurt or kill himself/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		6.8	<p>Does your former partner have access to a gun or other weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		6.9	<p>If yes to any of the above: Are there any of these or similar behaviours by your former partner becoming worse or more frequent recently? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

		<b>6b</b>	<b>Behaving safely</b>
		6b.1	As far as you know, has anyone expressed concern about the safety of your behaviour toward your former partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6b.2	If you are disappointed with the outcome of the dispute, would you consider trying to hurt someone or yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6b.3	As a result of your behaviour, have the police <b>ever</b> been called, a criminal charge been laid, or intervention/restraining order been made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Is there now an intervention/restraining order in place against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6b.4	Would your former partner likely to say that you have done any of the following things <b>in the past year</b> ? a. Followed or watched his/her movements in a way that felt worrying to him/her (e.g. driving by or watching their home, being in the same place when you had no business there)? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Tried to control him/her, or acted in A very jealous way (controlling their money, where s/he went, who s/he saw)? <input type="checkbox"/> Yes <input type="checkbox"/> No c. You threatened his/her safety? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Hurt him/her in a way that wasn't an accident or used force to get him/her to do something s/he did not want to do? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6b.5	Do you think your former partner is afraid of you in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6b.6	Have things in your life ever felt so bad that you thought about hurting yourself, or even killing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, do you feel that way lately? <input type="checkbox"/> Yes <input type="checkbox"/> No



		6b.7	Do you have access to a gun or weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.</b>	<b>Managing as a parent</b>		
	<p><b>If you have not spent time with your child(ren) during the past 6 months, please skip these questions and go on to the next section.</b></p> <p>Given all that goes on at these times, parenting can be hard work. Thinking about the past 6 months:</p>		
7.1	Was it difficult to know how your child(ren) was feeling? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.2	Was it difficult to comfort and be warm with each of your children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.3	Was it difficult to set limits and deal with problem behaviour? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.4	Was it difficult to support your child(ren)'s activities and interests? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.5	Were you harsher towards your child(ren) than you wanted or meant to be? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8</b>	<b>Your child(ren)'s safety</b>		
	Consider all of your children, and tick 'yes' if any question is true for ANY of your children.		
8.1	<p>In the past 6 months did you have any concerns about your child(ren)'s safety</p> <p>a. when they were with their other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. when they were with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. when they were in the care of any other adult (e.g. step-parent, relative)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

8.2	Has anyone else said they were worried about your child(ren)'s safety with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.3	Have any child protection reports ever been made about your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No a. is there a current investigation into child protection matters? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.4	<b>Since separation</b> a. Has the other parent threatened to or actually taken the child(ren), or kept them without consent, <i>far beyond</i> the agreed time? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Have you threatened to or actually taken the child(ren), or kept them without consent, <i>far beyond</i> the agreed time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b>	<b>Your safety</b>		
9a.1	In the past year, have you <i>in any way</i> been frightened of, or concerned for your own safety because of the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a.2	Are you <b>now</b> , <i>in any way</i> afraid for your own safety because of the other parent or anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a.3	<b>In the past year</b> , has anyone else said they were worried for your safety? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a.4	If the other parent is disappointed with the outcome of the dispute, are you afraid that s/he would try to hurt someone or hurt him/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a.5	As a result of the other parent's behaviour, have the police <b>ever</b> been called, a criminal charge been laid, or intervention/restraining order been made against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Is there now an intervention/restraining order against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No		

9a.6	<p>In the past year, has the other parent:</p> <p>a. Followed you or watched your movements in a way that felt worrying (e.g. driving by or watching your home, being in the same place when s/he had no business there)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control you or acted in a very jealous way (e.g. controlling your money, where you went, who you saw)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened your safety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Hurt you in a way that wasn't an accident, or used force to get you to do something you did not want to do? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9a.7	<p>Has the other parent ever threatened to or actually tried to hurt or kill himself/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9a.8	<p>Does the other parent have access to a gun or other weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9a.9	<p>If yes to any of the above: Are these or similar behaviours by the other parent becoming worse or more frequent recently? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<b>9b</b>	<b>Behaving safely</b>		
9b.1	<p>As far as you know, has anyone expressed concern about the safety of your behaviour toward the other parent or towards your children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9b.2	<p>If you are disappointed with the outcome of the dispute, would you consider trying to hurt someone or yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9b.3	<p>As a result of your behaviour, have the police <b>ever</b> been called, a criminal charge been laid, or intervention/restraining order been made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

	Is there <b>now</b> an intervention/restraining order in place against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9b.4	<p>Would the other parent likely to say that you have done any of the following things <b>in the past year</b>?</p> <p>a. You followed or watched his/her movements in a way that felt worrying to him/her (e.g. driving by or watching his/her home, being in the same place when you had no business there)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control him/her, or acted in a very jealous way (controlling his/her money, where s/he went, who s/he saw)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. You threatened his/her safety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Hurt him/her in a way that wasn't an accident or used force to get him/her to do something s/he did not want to do? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9b.5	Do you think either the other parent or your child(ren) are afraid of you in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9b.6	<p>Have things in your life ever felt so bad that you thought about hurting yourself, or even killing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do you feel that way lately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
9b.7	Do you have access to a gun or weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10</b>	<b>Other stresses</b>	<b>10</b>	<b>Other stresses</b>
	Are these things happening <b>now</b> and causing major stress for you?		Are these things happening <b>now</b> and causing major stress for you?
10.1	Being unemployed/under-employed <input type="checkbox"/> Yes <input type="checkbox"/> No	10.1	Being unemployed/under-employed <input type="checkbox"/> Yes <input type="checkbox"/> No
10.2	Financial difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No	10.2	Financial difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No



