

ISPCAN PARENT QUESTIONNAIRE: DISCIPLINE AND PUNISHMENT IN THE HOME

Please answer all of the following questions for the child who brought you this questionnaire.

1. Child's Gender

- Girl
- Boy

2. Child's Date of Birth ____ / ____ / ____ (please, write only the month and year)

3. Child's Age? _____ (completed years)

4. What position was (index child) born into the family? (please, check all that apply)

(If position has changed because of sibling death please, record his/her current position in the family)

- Only child
- First (Oldest)
- Middle
- Last (Youngest)
- Twins
- Not biological child

5. What is the relationship that YOU have to this child? (please, check ONLY one)

*If you are **a female** choose from the column below:*

- Mother
- Stepmother
- Foster mother
- Sister
- Grandmother
- Other relative (e.g. aunt, cousin): _____
- Other (please write: _____)

*If you are **a male**, choose from the column below:*

- Father
- Stepfather
- Foster father
- Brother
- Grandfather
- Other relative (e.g. uncle, cousin): _____
- Other (please write: _____)

5.1. Who do you live in the same house with the child (on the basis of their relationship to the child)? (please, check all that apply in both columns)

- | | |
|--|---|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Stepfather (mother's spouse) | <input type="checkbox"/> Stepmother (father's spouse) |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Mother's partner | <input type="checkbox"/> Father's partner |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Brother/s (write their ages: ____ ____ ____ ____) | <input type="checkbox"/> Sister/s (write their ages: ____ ____ ____ ____) |
| <input type="checkbox"/> Other relative/s. Who? _____ | |
| <input type="checkbox"/> People who are not relatives. Who? _____ | |

6. Is there another parent or adult caregiver (except you) who looks after the child on a frequent basis?

- Yes
- No → go to the next page

7. If yes, what is this person's relationship to this child? (please, check ONLY one)

If this person is a woman, please choose from the column below:

- Mother
- Stepmother
- Foster mother
- Sister
- Grandmother
- Other relative (e.g. aunt, cousin): _____
- Other (please write: _____)

If this person is a man, please choose from the column below:

- Father
- Stepfather
- Foster father
- Brother
- Grandfather
- Other relative (e.g. uncle, cousin): _____
- Other (please write: _____)

All adults use certain methods to teach children the right behavior or to address a behavior problem. In the following section you will read various methods that might be used; please, check the appropriate box in order to show how often you (or your husband/partner or any other person who takes care of the child) have used each method with this child in the last year.

Please check the boxes of the **1st row** (the white row) in order to show **if you have done this** to the child who brought you this questionnaire. If you have done it during the last year (namely, during the previous 12 months) check one box to show how many times: *1-2 times (once or twice); 3-5 times (several times a year); 6-12 times (monthly or bimonthly); 13-50 times (several times a month); or more than 50 times (once a week or more often)*. **If you** have not done this in the past year but you **have done it previously**, please indicate this, by checking the box: *Not in the past year, but it has happened before*. **If you** have **never done this**, please check the box “*never in my life*”.

Please check the boxes of the **2nd row** (the grey row) in order to show **if your spouse/partner or another person** who looks after this child have used this method with the child in the last year, or previously.

7.1. The second person (other parent/adult carer) for whom, I will complete the questions 8-39, in the following table is:

- The other parent of the child
- My spouse/partner, who is not the physical parent of the child
- The person that I declared in question No. 7 that is looking after this child
- Other person: Who? _____
- There is no other person that is looking after this child; I will answer only for myself

Has this ever happened, during the last year or before:	Parent/Adult carer	During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
		1-2	3-5	6-12	13-50	more than 50			
		Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
8. Explained him/her why something s/he did was wrong?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1. Gave him/her an award for behaving well?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Told her/him to start or stop doing something (e.g. start doing your homework or stop watching TV)?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10a. Grabbed him/her by clothes or some part of his/her body and shook him/her?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this ever happened, during the last year or before:	Parent/Adult carer	During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
		1-2	3-5	6-12	13-50	more than 50			
		Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
11. Hit her or him on the buttocks with an object such as a stick, broom, cane, or belt?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Gave him/her something else to do in order to distract his/her attention (e.g. to tell him/her to do something else in order to stop watching TV)?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14a. Roughly twisted her/his ear?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hit him/her on head with knuckle or back of the hand?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pulled her/his hair?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17a. Threatened to leave or abandon him/her?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18a. Shouted, yelled, or screamed at her/him very loud and aggressively?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Threatened to invoke ghosts or evil spirits or harmful people against him/her?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this ever happened, during the last year or before:	Parent/Adult carer	During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
		1-2	3-5	6-12	13-50	more than 50			
		Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
20a. Pushed or kicked her/him?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Put chili pepper, hot pepper, or spicy food in his/her mouth (to cause pain)?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22a. Forced him or her to hold a position that caused pain or humiliated him/her as a means of punishment?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.1. Read his/her diary or his/her SMS or e-mail messages without his/her permission?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.2. Went through his/her bag, drawers, pockets etc. without his/her permission?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Cursed him/her?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Spanked her/him on the bottom with bare hand?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25a. Choked or smothered him/her (prevent breathing by use of a hand or pillow) or squeezed his/her neck with hands (or something else)?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26a. Threatened to kick out of house or send away?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this ever happened, during the last year or before:	Parent/Adult carer	During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
		1-2	3-5	6-12	13-50	more than 50			
		Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
27. Locked out of home?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28a. Took away pocket money or other privileges?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28b. Forbade something that s/he liked?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28c. Forbade him or her from going out?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Insulted him/her by calling him/her dumb, lazy or other names like that?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30a. Pinched her/him roughly?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31a. Slapped him/her?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Refused to speak to him/her (ignore him/her)?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.1. Blamed him/her for your bad mood?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this ever happened, during the last year or before:	Parent/Adult carer	During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
		1-2	3-5	6-12	13-50	more than 50			
		Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
33.1. Told her/him that you wished s/he was dead or had never been born?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34a. Threatened to hurt or kill her/him?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35a. Intentionally burned or scalded him/her?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Hit her or him over and over again with object or fist ("beat-up")	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Threatened him/her with a knife or gun?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38a. Locked her or him up in a small place or in a dark room?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.1. Tied him/her up or tied him/her to something using a rope or a chain?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.2. Compared him/her to other children in a way that s/he felt humiliated?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39a. Ashamed or embarrassed her/him intentionally in front of other people in order to make him/her feel very bad or humiliated?	Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other parent/adult carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40a. Was there a time in the past year that your child did not taken care of when s/he was sick or injured, for example not taken to see a doctor when she or he were hurt or not given the medicines s/he needed?

During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

41a. Was there a time in the last year that your child did not get enough to eat (went hungry) and/or drink (was thirsty) even though there was enough for everyone, as a means of punishment?

During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

41.1. Was there a time in the last year that your child had to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?

During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

42a. Was there a time, in the past year that your child was hurt or injured because no adult was supervising him or her?

During the past year (previous 12 months)					Not in the past year, but it has happened before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

42.1 Did you ever happen to learn/be informed that your child has been bullied (teased, embarrassed) so that he/she felt sad or bad, by another child at home?

- Yes
 - No
 - I don't want to answer
- } → go to question 43.1

42.1a. If yes, would you like to say more?

43.1 Did you ever happen to learn/be informed that your child has been made upset by someone speaking to him/her in a sexual way or writing sexual things about her/him?

- Yes
 No
 I don't want to answer } → go to question 43.2

43.1 ^a . If "Yes", this person was: (please, check all that apply)											
Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
43.1 ^b . What was his relation to the child?			What was her relation to the child?			What was his relation to the child?			What was her relation to the child?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Would you like to say more?

43.2 Did you ever happen to learn/be informed that someone made your child to watch a sex video or look at sexual pictures in a magazine or computer when he or she did not want to do so?

- Yes
 No
 I don't want to answer } → go to question 43.3

43.2 ^a . If "Yes", this person was: (please, check all that apply)											
Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
43.2 ^b . What was his relation to the child?			What was her relation to the child?			What was his relation to the child?			What was her relation to the child?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Would you like to say more?

43.3 Did you ever happen to learn/be informed that someone made your child to look at his/her private parts or wanted to look at your child's?

- Yes
 No
 I don't want to answer } → go to question 43.4

43.3 ^a . If "Yes", this person was: (please, check all that apply)											
Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
43.3 ^b . What was his relation to the child?			What was her relation to the child?			What was his relation to the child?			What was her relation to the child?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Would you like to say more?

43.4 Did you ever happen to learn/be informed that someone made a sex video or took photographs of your child alone, or with other people, doing sexual things?

- Yes
 No
 I don't want to answer
 } → go to question 43.A

43.4 ^a . If "Yes", this person was: (please, check all that apply)											
Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
43.4 ^b . What was his relation to the child?			What was her relation to the child?			What was his relation to the child?			What was her relation to the child?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Would you like to say more?

43.A. Did you ever happen to learn/be informed that someone touched your child's private parts in a sexual way, or made her/him to touch his/hers?

- Yes
 No
 I don't want to answer
 } → go to question 44.A

43.A ^a . If "Yes", this person was: (please, check all that apply)											
Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
43.A ^b . What was his relation to the child?			What was her relation to the child?			What was his relation to the child?			What was her relation to the child?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Would you like to say more?

44.A. Did you ever happen to learn/be informed that someone tried to have sex with your child when he or she did not want to?

- Yes
 No
 I don't want to answer
 } → go to question 45

44.A ^a . If "Yes", this person was: (please, check all that apply)											
Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
44.A ^b . What was his relation to the child?			What was her relation to the child?			What was his relation to the child?			What was her relation to the child?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Would you like to say more?

45. Which of the following do you do, which convinces your child to change his/her behavior? (check ALL that apply from both columns)

- | | |
|--|--|
| <input type="checkbox"/> Discussing/having dialogue with him/her | <input type="checkbox"/> Withholding food, water, or locking in home |
| <input type="checkbox"/> Explaining him/her why something is right or wrong | <input type="checkbox"/> Physically punishing him/her (e.g. hitting/beating, slapping) |
| <input type="checkbox"/> Depriving him/her something (e.g. computer use, TV, shopping, sport activities, pocket money, cell phone) | <input type="checkbox"/> Warning him/her about potential consequences of his/her actions |
| <input type="checkbox"/> Rewarding him/her verbally / Praising him/her | <input type="checkbox"/> Yelling/scolding at him/her |
| <input type="checkbox"/> Promising rewards to him/her (e.g. buying gifts) | <input type="checkbox"/> Setting the rules jointly with my child |
| <input type="checkbox"/> Comparing him/her with other children | <input type="checkbox"/> I am setting strict rules to him/her |
| <input type="checkbox"/> Trying to convince him/her to do something | <input type="checkbox"/> I am setting firm/consistent rules to him/her |
| <input type="checkbox"/> Giving advice to him/her | <input type="checkbox"/> I am acting as I advice him/her to (giving the good example) |
| <input type="checkbox"/> Stop talking to him/her when doing something unwanted | <input type="checkbox"/> Other (please write): _____ |
| <input type="checkbox"/> Letting him/her to suffer the consequences in order to learn from mistakes | _____ |
| <input type="checkbox"/> Listening the explanations s/he can give me about his/her behaviour | <input type="checkbox"/> Other (please write): _____ |
| | _____ |

46. Do you believe that corporal punishment of children must be used as a method of discipline?

- No
 Rather not
 Rather yes
 Yes

<i>How many parents do you think they use corporal punishment as a means for teaching the right behavior to their children</i>	Almost all	More than half	About half	Less than half	Almost none/ None
47a. in our country?	<input type="checkbox"/>				
47b. in your municipality/prefecture/region?	<input type="checkbox"/>				
47c. in your city/village?	<input type="checkbox"/>				
47d. in your neighborhood?	<input type="checkbox"/>				
47e. among your friends?	<input type="checkbox"/>				
47f. among your family members?	<input type="checkbox"/>				

<i>In how many couples in our country do you think that behaviours such as the following occur?</i>	Almost in all	In more than half	In about half	In less than half	Almost in none/ in none
48a. The man insults or swears at the woman	<input type="checkbox"/>				
48b. The man hits the woman	<input type="checkbox"/>				
48c. The man forces the woman to have sexual contact with him	<input type="checkbox"/>				
48d. The woman insults or swears at the man	<input type="checkbox"/>				
48e. The woman hits the man	<input type="checkbox"/>				
48f. The woman forces the man to have sexual contact with her	<input type="checkbox"/>				

When you were a child, did it ever happen to you to experience any of the following?	Many times	Sometimes	Once or twice	Never	I don't know/ don't remember	I don't want to answer
49a. Your father/stepfather was insulting or swearing at your mother/stepmother?	<input type="checkbox"/>	<input type="checkbox"/>				
49b. Your father/stepfather was hitting your mother/stepmother?	<input type="checkbox"/>	<input type="checkbox"/>				
49c. Your father/stepfather was forcing your mother/stepmother to have sexual contact with him?	<input type="checkbox"/>	<input type="checkbox"/>				
49d. Your mother/stepmother was insulting or swearing at your father/stepfather?	<input type="checkbox"/>	<input type="checkbox"/>				
49e. Your mother/stepmother was hitting your father/stepfather?	<input type="checkbox"/>	<input type="checkbox"/>				
49f. Your mother/stepmother was forcing your father/stepfather to have sexual contact with her?	<input type="checkbox"/>	<input type="checkbox"/>				
49g. Were they insulting or swearing at you?	<input type="checkbox"/>	<input type="checkbox"/>				
	(If yes, who? _____)					
49 ^h . Were they hitting you?	<input type="checkbox"/>	<input type="checkbox"/>				
	(If yes, who? _____)					
49i. Had any adult sexually assaulted you?	<input type="checkbox"/>	<input type="checkbox"/>				
	(If yes, who? _____)					
49j. Did any adult force you to have sex when you didn't want to?	<input type="checkbox"/>	<input type="checkbox"/>				
	(If yes, who? _____)					

50. Do you think that corporal punishment is effective as a method of children's discipline?

- No, it is never effective
- Most of the times it is not effective
- Most of the times it is effective
- Yes, it is always effective

51. Do you know if there is a law in our country prohibiting corporal punishment of children?

- No, does not exist
- Yes, it does exist
- I don't know

Parents' Demographic Information

Child's Mother

Child's Father

1. Age: _____ years old

Age: _____ years old

2. Mother's Nationality

- insert name of your Nationality
- XXXX
- XXXX
- XXXX
- other: _____

Father's Nationality

- insert name of your Nationality
- XXXX
- XXXX
- XXXX
- other: _____

3. What is your marital status?

Mother

- married
- separated
- divorced
- remarried
- cohabitating
- single mother
- widow
- other: _____

4. Place of Permanent Residence

Mother

- City (more than 10.000 habitants)
- Town (from 2.000 to 9.999 habitants)
- Village (up to 1.999 habitants)
- Other: _____

Father

- City (more than 10.000 habitants)
- Town (from 2.000 to 9.999 habitants)
- Village (up to 1.999 habitants)
- Other: _____

5. What is your educational level?

Mother's education

- Has not attended school
- Some grades of primary school (how many?____)
- Primary school
- Middle School
- High School/ Lyceum
- Vocational/Technical School
- University
- Post-graduate studies

Father's education

- Has not attended school
- Some grades of primary school (how many?____)
- Primary school
- Middle School
- High School/ Lyceum
- Vocational/Technical School
- University
- Post-graduate studies

6. Are you working?

Mother

- No
- Yes (**Occupation:** _____)
- Unemployed (since **how long:** _____)
- Retired (since **how long:** _____)

Father

- No
- Yes (**Occupation:** _____)
- Unemployed (since **how long:** _____)
- Retired (since **how long:** _____)

7. How would you rate your economic situation?

- very bad
- bad
- moderate (neither good, nor bad)
- good
- very good

8. Do either you or a member of your family have/has a chronic illness or disability?

- No → *go to question 9*
- Yes

8^a. If yes, who and what kind of problem does he/she has?

- the child that brought you this questionnaire: _____
- the child's mother: _____
- the child's father: _____
- the child's sister/brother: _____
- Other (_____): _____

9. Do either you or a member of your family have/has ever visited a Mental Health Service for a problem that you were facing (i.e. severe depression or anxiety, delusions, concentration difficulties or memory problems, difficulty in controlling violent behaviour, suicidal thoughts or suicide attempt)?

- No → *go to question 10*
- Yes

9^a. If yes, who – for what kind of problem?

- the child that brought you this questionnaire: _____
- the child's mother: _____
- the child's father: _____
- the child's sister/brother: _____
- Other (_____): _____

10. Do either you or a member of your family have/has ever taken medicine for a psychological problem that you were facing?

- No → *end of questionnaire*
- Yes → *go to question 10a*

10^a. If yes, who – for what kind of problem – what kind of medicine

- the child that brought you this questionnaire: _____
- the child's mother: _____
- the child's father: _____
- the child's sister/brother: _____
- Other (_____): _____

Thank you for your help!