

# Parents' Concerns Questionnaire<sup>©</sup>

## Initial Form V9iii-Brief

*Reference as:* Matthey, S. & White, A. (2002). *The Parents' Concerns Questionnaire-v9ii-brief*. Sydney South West Area Health Service, Sydney Australia.  
*Contact:* stephen.matthey@sswahs.nsw.gov.au (to obtain excel scoring template)

Your First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Agency.....
Clinician.....
.....
Client I.D.....
Pre/ (Post / Follow-up: use <b>other</b> form)

**Boy / Girl** (circle one)

Many parents say there are certain times of the day when their child's behaviour is more stressful than other times (eg. at bedtime, or when out shopping, etc). Parents may also find that some of the things (or behaviours) their child does are stressful or bothers them (eg. being rude, not tidying up etc).

**A. Are there such times for you? Yes / No**  
 (1) (2)

If **YES** → please think about two **behaviours or situations you would most like to change** by coming to this service.

**A1. For Situation or Behaviour 1** (please write what this is) .....

**On average, over the last 2 weeks:**

a) How **often** has it happened? (Please circle one option)

5 or more times a day (7)	2-4 times a day (6)	once a day (5)	5-6 times a week (4)	2-4 times a week (3)	once a week (2)	once or twice a month (1)
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b) How much has it bothered or stressed **you**? (Please circle a number)

1	2	3	4	5	6	7
Not stressed or bothered at all		Moderately stressed or bothered			Extremely stressed or bothered	

c) How much has it bothered or stressed **your child**? (Please circle a number)

1	2	3	4	5	6	7
Not stressed or bothered at all		Moderately stressed or bothered			Extremely stressed or bothered	

Please go to the next page ⇒

Please go to the next page ⇒

**INITIAL FORM**

**A2. For Situation or Behaviour 2** (please write what this is:.....)

**On average, over the last 2 weeks:**

a) How **often** has it happened? (Please circle one option)

<i>5 or more times a day</i> (7)	<i>2-4 times a day</i> (6)	<i>once a day</i> (5)	<i>5-6 times a week</i> (4)	<i>2-4 times a week</i> (3)	<i>once a week</i> (2)	<i>once or twice a month</i> (1)
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b) How much has it bothered or stressed **you**? (Please circle a number)

1	2	3	4	5	6	7
<i>Not stressed or bothered at all</i>			<i>Moderately stressed or bothered</i>		<i>Extremely stressed or bothered</i>	

c) How much has it bothered or stressed **your child**? (Please circle a number)

1	2	3	4	5	6	7
<i>Not stressed or bothered at all</i>			<i>Moderately stressed or bothered</i>		<i>Extremely stressed or bothered</i>	



**B. In the last 2 weeks...**

✓ Please tick a box for each statement

	Never (5)	Hardly ever (4)	Some-times (3)	Fairly often (2)	Most of the time (1)
<b>1. I have had fun with my child</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. My child and I enjoyed talking to each other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. My child seemed happy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. When I asked my child to do something, I felt sure he/she would do it</b> (if your child is less than 2 years old, skip this question)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. I felt good about myself as a parent</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. I felt good about my child</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



*Thank you for completing this*

Remove this front sheet before giving the questionnaire to the client.
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**Notes on Parents' Concerns Questionnaire – End of Group/Service Form [v9-Brief]**

This questionnaire is designed to identify any changes in client self-reports over the period of the group or service.

At the end of the last session clients will be asked to reflect on their experience over the last two weeks. Prior to that session it will be necessary for the **worker** to write the two situations identified in the first questionnaire on the form, in the spaces provided.

We ask that the worker complete these details for two reasons:

- because clients may not remember the situations after some weeks,
- because if clients are given their first questionnaire as a reminder, they will see their initial scores. This would affect their reporting in the second questionnaire.

**Thus Clients *SHOULD NOT* be given their initial form when completing this end of service form.**

However, we feel that after the post/follow-up form has been completed, it is appropriate, and beneficial, that clients are given copies of their forms (initial & post) so that differences can be discussed with them. This can be especially useful when clients feel they have not made progress, yet their ratings may indeed show substantial improvements.

**Scoring the PCQ:** There is an excel scoring spreadsheet available from Stephen Matthey, which provides 'plain English' summaries of the number of people who have had problem situations improve etc.

If you have any questions please contact:

Dr. Stephen Matthey or Angela White

e: [stephen.matthey@sswahs.nsw.gov.au](mailto:stephen.matthey@sswahs.nsw.gov.au) (ph: 02 9616 4262)

<p>Dr Stephen Matthey            ICAMHS            Sydney South West Area Health Service            Area Mental Health,            Mental Health Building (Level 1),            Locked Bag 7103            Liverpool BC            NSW 1871</p>
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***Email: [stephen.matthey@sswahs.nsw.gov.au](mailto:stephen.matthey@sswahs.nsw.gov.au)***

# Parents' Concerns Questionnaire<sup>©</sup>

## End of Service or Follow-up Form V9iii-Brief

**Reference as:** Matthey, S. & White, A. (2002). *The Parents' Concerns Questionnaire-v9-brief*. Sydney South West Area Health Service, Sydney Australia.

**Contact:** stephen.matthey@sswahs.nsw.gov.au, (to obtain excel scoring template)

**Group/Service Leader to Complete**

Service attended: individual / group (type: \_\_\_\_\_) / Other:..... Client ID: \_\_\_\_\_

Dates of sessions attended: ..... Post / Follow-up \_\_\_\_\_

Number of sessions attended:..... Time since attended last session:.....

Who attended?.....

Which sessions were attended?.....

The questionnaire was completed: in person / by phone / mailed back

*N.B. Please remember to fill in situations 1 & 2 before handing out this questionnaire*

Your First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Age: \_\_\_\_\_ **Boy / Girl** (circle one)



**A.** Listed below are the two behaviours or situations that you said you would most like to change by coming to this service. We would like to know what has been happening with these behaviours or situations over the last two weeks.

**A1. For Situation or Behaviour 1** (worker to complete): .....

.....

**On average, over the last 2 weeks:**

a) How **often** has it happened? (Please circle one option)

5 or more times a day (7)	2-4 times a day (6)	once a day (5)	5-6 times a week (4)	2-4 times a week (3)	once a week (2)	once or twice a month (1)
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b) How much has it bothered or stressed **you**? (Please circle a number)

1	2	3	4	5	6	7
<i>Not stressed or bothered at all</i>			<i>Moderately stressed or bothered</i>			<i>Extremely stressed or bothered</i>

c) How much has it bothered or stressed **your child**? (Please circle a number)

1	2	3	4	5	6	7
<i>Not stressed or bothered at all</i>			<i>Moderately stressed or bothered</i>			<i>Extremely stressed or bothered</i>

POST & FOLLOW-UP FORM

d) Has the situation or behaviour **changed** since coming to the service? (*Please circle a number*)

5	4	3	2	1
<i>It has got a lot worse</i>	<i>It has got a little worse</i>	<i>It hasn't changed</i>	<i>It has got a little better</i>	<i>It has got a lot better</i>

If it has changed, **why** do you think this is? .....

.....

.....

**A2. For Situation or Behaviour 2** (*worker to complete*):.....

.....

**On average, over the last 2 weeks:**

a) How **often** has it happened? (*Please circle one option*)

<i>5 or more times a day</i> (7)	<i>2-4 times a day</i> (6)	<i>once a day</i> (5)	<i>5-6 times a weeks</i> (4)	<i>2-4 times week</i> (3)	<i>once a week</i> (2)	<i>once or twice a month</i> (1)
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b) How much has it bothered or stressed **you**? (*Please circle a number*)

1	2	3	4	5	6	7
<i>Not stressed or bothered at all</i>			<i>Moderately stressed or bothered</i>			<i>Extremely stressed or bothered</i>

c) How much has it bothered or stressed **your child**? (*Please circle a number*)

1	2	3	4	5	6	7
<i>Not stressed or bothered at all</i>			<i>Moderately stressed or bothered</i>			<i>Extremely stressed or bothered</i>

d) Has the situation or behaviour **changed** since coming to the service? (*Please circle a number*)

5	4	3	2	1
<i>It has got a lot worse</i>	<i>It has got a little worse</i>	<i>It hasn't changed</i>	<i>It has got a little better</i>	<i>It has got a lot better</i>

If it has changed, **why** do you think this is? .....

.....

.....

*Please go to the next page ⇒*

*Please go to the next page ⇒*

POST & FOLLOW-UP FORM

**B. In the last 2 weeks...**

✓ Please tick a box for each statement

	Never (5)	Hardly ever (4)	Some- times (3)	Fairly often (2)	Most of the time (1)
1. I have had fun with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child and I enjoyed talking to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child seemed happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I asked my child to do something, I felt sure he/she would do it (if your child is less than 2 years old skip this question)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt good about myself as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt good about my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C1.** Since coming to this service are there any other situations or behaviours that are bothering you ?  
Yes<sup>1</sup> / No<sup>2</sup>

If YES → what are they?

- 1.....
- 2.....

**C2.** Since coming to this service are you using any new ways of handling situations or behaviours that are working well for your family ? Yes<sup>1</sup> / No<sup>2</sup>

If YES → what are they?

- 1.....
- 2.....



**D1. Overall, how helpful did you find this service? (Please circle a number)**

1	2	3	4	5
<i>Not at all helpful</i>	<i>A little helpful</i>	<i>Quite helpful</i>	<i>Very helpful</i>	<i>Extremely helpful</i>

**D2. Any other comments about this service?**  
.....  
.....

★ We may like to arrange for someone to contact you in a few months to see how everything is going. Is this OK with you? Yes / No. Signature: \_\_\_\_\_ Phone: (if 'Yes'): .....