

## Dad Matters Referral – Closing Assessment

### *Dad Matters PI Questionnaire*

This Parent-Infant Questionnaire has been created to understand fathers' experiences of parenting and their relationships with their babies.

For each item, please tick the box that best describes what **you** think or feel (e.g. )

<i><b>I think that...</b></i>	Certainly True	Partly True	Not True	Don't Know
1 Babies are not aware of the outside world until they are born	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
2 Having a baby can affect my well-being	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
3 Once born a baby can focus on your face from several feet away	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
4 When a baby is born, his or her brain is fully developed	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 0
5 My baby's wellbeing depends on me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 0
6 When your baby gets upset the first thing you should do is pick them up and rock them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 0
7 The state of light sleep is particularly important for brain development	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
8 The first way your baby lets you know they are hungry is by crying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
9 Cuddling and stroking your baby can help brain development	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
10 Babies are ready to form relationships from the moment they are born	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
11 Your relationship with your baby can help reduce behaviour problems later on	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
12 When my baby turns away from me during play, it can be a sign that they need to slow down a bit	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0

Total

How can you support your partner's wellbeing?

Where would you go for support if you felt low or stressed?

What 3 things do you think your baby needs most?

1.

2.

3.

Anything else you would like to say about the support you have received from Dad Matters?

## IMPORTANT – PLEASE READ THIS FIRST

This form has 10 statements about how you have been **OVER THE LAST WEEK.**

Please read each statement and think about how often you felt that way in the last week.

Then tick the box closest to this.

*Please a dark pen (not pencil) and tick or cross clearly within the boxes.*

	<b>Over the Last Week...</b>	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1	I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	Talking to people has been too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6	I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7	I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8	I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9	I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10	Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Total (Clinical Score\*)

*Procedure: Add together the item scores (if all completed) to get the Clinical Score.*

*If some items not completed, then add up all scores, divide by number of questions answered (Mean Score) and multiply by 10 (Clinical Score.)*

**Thank you for taking time to complete this form.**

## Ending conversation and signposting

- Wellbeing groups
- PMH group
- Facebook Closed Groups
- Dad Matters Events and Walk and Talks
- DadPad
- Others

Any other notes...