

Dad Matters Referral - Initial 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>I think that...</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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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.

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.

	Over the Last Week...	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.



Initial conversation and action points