

Fadonummer: _____

ENGELSK
Spørreskjema FamilieForSK

FAMILIES IN NORWAY

The family dynamics study (FamilieForSK)

Questionnaire for parents

Date for completion of the questionnaire: dd.mm.yyyy (_ _ _ _ _)

Thank you for participating in the FamilieForSK-study! In this questionnaire, we will ask you about your relationship with your partner/ex-partner, and how you and your youngest child aged 2 years or more are doing. This questionnaire is developed for many different types of families. Therefore, we use the concept "the mother" or "the father" when referring to your partner or ex-partner. In this way, the wording of the questions fits both parents who live together and parents who live apart.

BACKGROUND

F_1 Gender: Female __ (2) Male __ (1)

F_2 Birth year _ _ _ _

F_3 Country of birth: Norway __ (1) Other (please specify) _____ (2)

F_5 If country of birth is other than Norway: What year did you move to Norway? _ _ _ _

F_6 How important is religion to you? Not important/not religious __ (0) A little important __ (1)
Quite important __ (2) Very important __ (3)

F_7 How many children do you and the mother / the father have together? _ _

F_8 Have you got any other children, in addition to those you have with the mother /the father?
Yes __ (1) No __ (0)

F_12 What is your current employment status?

<input type="checkbox"/>	Paid work or self-employed, full time (80 % or more) (1)
<input type="checkbox"/>	Paid work or self-employed, part time (less than 80 %) (2)
<input type="checkbox"/>	Student (3)
<input type="checkbox"/>	In parental leave (4)
<input type="checkbox"/>	In sick leave or receiving disability benefits (5)
<input type="checkbox"/>	Applying for jobs (6)
<input type="checkbox"/>	Other (7)

F_13 How has the family managed financially ?

<input type="checkbox"/>	We have managed very well (1)
<input type="checkbox"/>	We have managed well (2)
<input type="checkbox"/>	We have just managed (3)
<input type="checkbox"/>	We have managed poorly (4)
<input type="checkbox"/>	We have managed very poorly (5)

F_14 How do you expect to manage financially from now on?

<input type="checkbox"/>	I will manage very well (1)
<input type="checkbox"/>	I will manage well (2)
<input type="checkbox"/>	I will just manage (3)
<input type="checkbox"/>	I will manage poorly (4)
<input type="checkbox"/>	I will manage very poorly (5)

F_15 Please specify what best describes the *living arrangement* between you and the mother /the father

<input type="checkbox"/>	We live together (1)
<input type="checkbox"/>	We are about to move apart (2)
<input type="checkbox"/>	We have lived apart for less than 6 months (3)
<input type="checkbox"/>	We have lived apart for more than 6 months (4)
<input type="checkbox"/>	We have never lived together (5)

Please specify what best describes the relationship status between you and the mother /the father

<input type="checkbox"/>	F_17 We are married (1)
<input type="checkbox"/>	F_17 We cohabit (2)
<input type="checkbox"/>	SAM_1 We used to be married (3)
<input type="checkbox"/>	SAM_1 We used to cohabit (4)
<input type="checkbox"/>	F15 We have never been neither married nor cohabiting (5)

F_20 In what year did you and the mother / the father become a couple? _ _ _ _

F_18 Have you, during the last six months, been in contact with any other services than the family counselling centre regarding problems in the family? (*Several options possible*)

No (0)	<input type="checkbox"/>
Educational psychological services (PPT) (1)	<input type="checkbox"/>
Child and adolescent outpatient mental health clinic (BUP) (2)	<input type="checkbox"/>
Outpatient mental health clinic for adults (DPS) (3)	<input type="checkbox"/>
The Child Welfare Service (Barnevernet) (4)	<input type="checkbox"/>
Alternative to Violence (ATV) (5)	<input type="checkbox"/>
Family teams or other community family services (6)	<input type="checkbox"/>
Norwegian Labour and Welfare Service (NAV) (7)	<input type="checkbox"/>
Habilitation services (8)	<input type="checkbox"/>
Private practicing psychologists or psychiatrist (9)	<input type="checkbox"/>
School nurse or the child welfare centre/child health centre (Helsestasjonen) (10)	<input type="checkbox"/>
A shelter service (Krisesenteret) (11)	<input type="checkbox"/>
Children's house (Barnehuset) (12)	<input type="checkbox"/>
Others (13)	<input type="checkbox"/>

THE RELATIONSHIP BETWEEN YOU AND THE OTHER PARENT

The following questions address your family and your relationship with the other parent

CPSSAT Overall, how happy are you with this relationship?

<input type="checkbox"/>	Extremely unhappy (0)
<input type="checkbox"/>	Fairly unhappy (1)
<input type="checkbox"/>	A little unhappy (2)
<input type="checkbox"/>	A little happy (3)

<input type="checkbox"/>	Fairly happy (4)
<input type="checkbox"/>	Extremely happy (5)

SAM_4 Are you currently experiencing any problems in the co-parenting relationship?		Yes (1)	Sometimes(2)	No (0)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAM_5 If yes or sometimes on the previous question: For how long have you experienced these problems?	More than six months (1)	Less than six months (2)		
	<input type="checkbox"/>	<input type="checkbox"/>		

Following is a list of different subjects you and the other parent may disagree on

To what degree is this currently a problem between the two of you? Please rate from 1 (no problem at all) to 5 (a severe problem)		1-5
CPSC_1	Childrearing/ issues concerning child/children	
CPSC_2	Career decisions	
CPSC_3	Balancing demands of work and home-life	
CPSC_4	Household tasks, who does what around house	
CPSC_5	Money, handling family finances	
CPSC_6	Recreation, leisure time activities	
CPSC_7	Relationships with in-laws	
CPSC_8	Relationships with friends	
CPSC_9	Jealousy/mistrust/extramarital affairs	
CPSC_10	Our sexual relationship	
CPSC_11	Communication between us	
CPSC_12	Demonstrating affection, intimacy, closeness	
CPSC_13	Amount of time spent together	
CPSC_14	Alcohol and/or drug use	
CPSC_15	Aims, goals, values, philosophy of life	
CPSC_16	How we make decisions, who "calls the shots"/ is going to be the "boss"	
CPSC_17	Different opinions on gender equality or traditional gender roles	
CPSC_18	Strains related to work or unemployment	
CPSC_19	Strains related to children's illnesses or handicaps	
CPSC_20	Organising and making decisions concerning the child's daily routines	
CPSC_21	Practical involvement in children's activities and everyday lives (e.g. bringing/accompanying to children's activities)	
CPSC_22	One parent's psychological problems	
CPSC_23	One parent's physical illness	

CPSFR_1 How often do you and your and the other parent have <u>minor</u> disagreements (e.g. "spats", getting on each other's nerves)?	
Once a year or less (0)	<input type="checkbox"/>
Every 4-6 months (1)	<input type="checkbox"/>
Every 2-3 months (2)	<input type="checkbox"/>
Once or twice a month (3)	<input type="checkbox"/>
Once or twice a week (4)	<input type="checkbox"/>
Just about every day (5)	<input type="checkbox"/>

CPSFR_2 How often do you and the other parent have *major* disagreements (e.g. big fights, “blow-ups”)?

Once a year or less (0)	<input type="checkbox"/>
Every 4-6 months (1)	<input type="checkbox"/>
Every 2-3 months (2)	<input type="checkbox"/>
Once or twice a month (3)	<input type="checkbox"/>
Once or twice a week (4)	<input type="checkbox"/>
Just about every day (5)	<input type="checkbox"/>

What strategies do you and the other parent use when you have disagreements with each other? Using the four-point scale below, show how often YOU use each strategy *on the left side* and how often THE OTHER PARENT uses each strategy on the right side.

Me					The other parent			
Never (0)	Rarely (1)	Sometimes (2)	Often (3)		Never (0)	Rarely (1)	Sometimes (2)	Often (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_1 Talk it out with her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_3 Listen to her/his point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_4 Try to understand what she/he is really feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_6 Try to find a solution that meets both of our needs equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_8 Compromise, meet her/him half way, “split the difference”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_10 Give in to her/his viewpoint to escape argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_13 Try to ignore problem, avoid talking about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_14 Change the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_15 Clam up, hold in feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_20 Complain, bicker without really getting anywhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_21 Enlist friends or family to support own point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_22 Become angry with child when really angry with the mother/father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_23 Argue in front of the child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_24 Involve the child(ren) in our argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_25 Argue when the child(ren) might be able to overhear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_26 Confide in child(ren) about problems with the mother/father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_30 Interrupt/don't listen to her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_32 Make accusations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_33 Name-calling, cursing, insulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_34 Say or do something to hurt her/his feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_35 Threaten to end relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_36 Withdraw love or affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_37 Throw objects, slam doors, break things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_38 Throw something at her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_39 Threaten to hurt her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPSS_X Push, pull, shove, grab, handle her/him roughly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each statement, please circle the rating that best describes the outcomes of your disagreements:	Never (0)	Rarely (1)	Sometimes (2)	Usually (3)
CPSRE_1 We feel that we've resolved it, or come to an understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPSRE_7 We feel like talking about it was a big waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPSRE_8 We don't resolve the issue; we continue to hold grudges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPSRE_9 We end up feeling angry and annoyed with one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPSRE_11 We stay mad at one another for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you agree or disagree on the following statements concerning the relationship between you and your partner/ex-partner? (1 = completely disagree and 5 = Completely agree)	1	2	3	4	5
SUPP_1 We help and support each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPP_2 There is a feeling of unity between us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPP_3 I feel closely related to the mother/ father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPP_4 The mother/father listens to my opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPP_5 I feel alone, lonely or like an outsider when I am together with the other parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes 1	No 0
SAM_6 Do you or the other parent have drug or alcohol-related problems?	<input type="checkbox"/>	<input type="checkbox"/>
SAM_7 Do you or the other parent have problems related to violence?	<input type="checkbox"/>	<input type="checkbox"/>
SAM_8 Do you or the other parent have serious mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>

YOUR WELL-BEING

For each of the following statements, please circle the number that describes you the best	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
SWLS_1 In most ways my life is close to the way I would want it to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWLS_2 The things in my life are excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWLS_3 I am happy with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWLS_4 So far I have got the important things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWLS_5 If I could live my life over, I would have it the same way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here is a list of some things that other people do for us or give us that may be helpful or supportive. Please read each statement carefully and place an 'X' in the column that is closest to your situation. Give only 1 answer per row.

FFSQ_1 I have people who care about what happens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFSQ_2 I get love and affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFSQ_3 I get chances to talk to someone I trust (about my problems and matters that concern me) (my personal or family problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFSQ_4 I get chances to talk to someone I trust about concerns about my child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFSQ_5 I get practical help with my child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFSQ_6 I get invitations to go out and do things with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFSQ_7 I get help when I am sick in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Many of these questions will refer to your heritage culture, meaning the original culture of your family (other than American). It may be the culture of your birth, the culture in which you have been raised, or any culture in your family background. Please place an 'X' in the column to the right of each question to indicate your degree of agreement or disagreement.

	1	2	3	4	5	6	7	8	9
	Disagree								Agree
VIA_1 I often participate in my heritage cultural traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_2 I often participate in mainstream Norwegian cultural traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_3 I would be willing to marry a person from my heritage culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_4 I would be willing to marry a Norwegian person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_5 I enjoy social activities with people from the same heritage culture as myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_6 I enjoy social activities with typical Norwegian people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_7 I enjoy entertainment (e.g. movies, music) from my heritage culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIA_8 I enjoy Norwegian entertainment (e.g. movies, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_9 I often behave in ways that are typical of my heritage culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_10 I often behave in ways that are typically Norwegian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_11 I believe in the values of my heritage culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_12 I believe in mainstream Norwegian values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_13 I am interested in having friends from my heritage culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIA_14 I am interested in having Norwegian friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the past 2 weeks, have you been afflicted by any of the following?	Not afflicted (0)	A little afflicted (1)	Quite afflicted (2)	Very afflicted (3)
SCL_1 Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_2 Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_3 Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_4 Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_5 Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_6 Feeling everything is an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_7 Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCL_8 Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRINKING HABITS


AUDIT_1 How often do you have a drink containing alcohol?	
<input type="checkbox"/>	Never (0)
<input type="checkbox"/>	Less than once a month (1)
<input type="checkbox"/>	About 1-3 times a month (2)
<input type="checkbox"/>	About once a week (3)
<input type="checkbox"/>	About 2-3 times per week (4)
<input type="checkbox"/>	About 4-5 times per week (5)
<input type="checkbox"/>	About 6-7 times per week (6)

ABOUT THE FAMILY ENVIRONMENT YOU GREW UP IN

- o_1 Did your parents live together when you grew up?
 Yes ___ (1) No ___ (0) One or both of my parents died during my childhood ___ (2)
- o_2 If they did not live together, how old were you when they split up? __ years

Think about the family you grew up in. How often did you witness/experience the following:	Never (0)	Rarely (1)	Sometimes (2)	Very often (3)
<input type="radio"/> _3 Were your parents physically abusive against each other? (e.g. beating, kicking, fighting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _4 Were your parents verbally aggressive/ abusive against each other (e.g. yelling, offensive)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _5 Were you physically abused by one or both of your parents during your childhood (e.g. hit or beaten up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _6 Did your parents put you down or shout hurtful words at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _7 Were there severe conflicts between your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _8 Did your parents express love and affection towards each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _9 Were you confident that your mother loved you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> _10 Were you confident that your father loved you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOUR YOUNGEST CHILD THAT IS ABOVE 2 YEARS/ ABOUT YOUR YOUNGEST CHILD OVER 2 YEARS OLD

The following questions are about your youngest child who is over 2 years old. If you don't have any children above 2 years, you can skip to:  **EXPERIENCES WITH MEDIATION**

B1_B1 What is the child's exact age? __ years __ months

B2_B1 What is the child's gender: Girl __ (2) Boy __ (1)

B3_B1 What is your child's country of birth? Norway __ (1) Other __ (2)

If *other*: In what year did the child move to Norway? _ _ _ _

B5_B1 Does the child have any illness or disability (mental, physical, and/or cognitive)?

No __ (0) Yes __ (1)

ABOUT THE RELATIONSHIP BETWEEN YOU AND YOUR CHILD

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child.	Definitely does not apply (0)	Not really (1)	Neutral, not sure (2)	Applies somewhat (3)	Definitely applies (4)
PIANT_1 I share an affectionate, warm relationship with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIANT_2 If upset, my child will seek comfort from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIANT_3 My child values his/her relationship with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIANT_4 When I praise my child, he/she beams with pride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIANT_5 My child spontaneously shares information about himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIANT_6 My child openly shares his/her feelings and experiences with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Following are some more questions about the relationship between you and your child	Definitely false (0)	Probably false (1)	Probably true (2)	Definitely true (3)
PEQ_1 I often criticise my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEQ_2 There are often misunderstandings between my child and myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEQ_3 I often hurt my child's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEQ_4 My child and I often get into arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEQ_5 My child often makes me angry or annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEQ_6 I often lose my temper with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOURS CHILD'S WELL-BEING, REACTIONS AND BEHAVIOUR

To what extent do the following statements apply to your child's behaviour?	Not at all typical (0)	Not so typical (1)	Neither/nor (2)	Quite typical (3)	Very typical (4)
EAS_1 Your child cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_2 Your child is always on the go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_3 Your child prefers playing with others rather than alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_4 Your child is off and running as soon as he/she wakes up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_5 Your child is very sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_6 Your child takes a long time to warm up to strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_7 Your child gets upset or sad easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_8 Your child prefers quiet, inactive games to more active ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_9 Your child likes to be with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_10 Your child reacts intensely when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_11 Your child is very friendly with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_12 Your child complains that some clothes are too tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS_13 The child gets upset when washing his/her face or hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give your answer on the basis of the child's behaviour over the last six months.	Not true (0)	Somewhat true (1)	Certainly true (2)
SDQ_1 Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_2 Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_3 Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_4 Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_5 Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_6 Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_7 Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_8 Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_9 Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SDQ_10 Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_11 Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_12 Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_13 Nervous or clingy in new situation, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_14 Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_16 Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_17 Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_18 Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_20 Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_21 Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_22 Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_15 Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDQ_19 Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOUR CHILD'S SCHOOL FUNCTIONING

Only applicable if your child is attending school

How is your child functioning at school?	Far below average (1)	Below average (2)	Average (3)	Above average (4)
SKOLV_1 Norwegian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKOLV_2 Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCES WITH MEDIATION

The following questions only apply to you if you don't live with the other parent, or you are about to move apart. If this does not apply to you, you have completed the questionnaire.

Following are some statements about the mediation you have been through at the family counselling centre. If the mediation has not yet been concluded, you can answer based on your experiences so far	Completely disagree (0)	Somewhat disagree (1)	Somewhat agree (2)	Completely agree (3)
MEKL_1 The mediation has helped me to better understand the child's/children's views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_2 The mediation has contributed to a larger focus on the child's/children's best interest in the agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_3 The mediation has helped reducing the level of conflict between us parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEKL_6 Have you agreed on custody arrangement for the child?	
We have made a written agreement (3)	<input type="checkbox"/>
We have made a verbal agreement (2)	<input type="checkbox"/>
We have not reached an agreement yet (1)	<input type="checkbox"/>
We have concluded the mediation without reaching an agreement (0)	<input type="checkbox"/>

MEKL_8 Is this agreement what you were hoping for?	To a large extent (2) <input type="checkbox"/>	To some extent (1) <input type="checkbox"/>	Not at all (0) <input type="checkbox"/>	Don't know (3) <input type="checkbox"/>
To what extent did the following influence the agreement you made?		To a large extent(2)	To some extent(1)	Not at all (0)
MEKL_9 My wishes/opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_10 The other parent's wishes/opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_11 The child/ children's own wishes/opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_12 The child/ children's age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_13 The child/children's relationship to each of us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_14 The child/children's relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_15 The child/children's specific needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_16 Input from the mediator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_17 Input from others (e.g. friends and family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_18 Because we believe this is most common/ widespread practise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_19 Advice and knowledge from research/ media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_20 Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_21 Practical considerations (e.g. living conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_22 Mine or the other parent's health condition (psychological or physical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_23 Conflicts between us parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_24 New partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEKL_25 The agreement is a compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEKL_26 What kind of agreement did you reach?	
<input type="checkbox"/>	Shared custody. The child will live equal parts with both of us (1)
<input type="checkbox"/>	Shared custody, but the child will live most of the time with one of us (2)
<input type="checkbox"/>	The mother will be custodian (3)
<input type="checkbox"/>	The father will be custodian (4)
<input type="checkbox"/>	We have not reached an agreement (3)

SAM_2 Who initiated the parental breakup?			
<input type="checkbox"/>	We agreed (1)		
<input type="checkbox"/>	Only me (2)		
<input type="checkbox"/>	Mostly me (3)		
<input type="checkbox"/>	Mostly the other parent (4)		
<input type="checkbox"/>	Only the other parent (5)		
SAM_3 Do you have disagreements about custody and living arrangements?	Yes (1) <input type="checkbox"/>	Sometimes (2) <input type="checkbox"/>	No (0) <input type="checkbox"/>
SAM_11 Do you trust the other parent as a caregiver?	Yes (1) <input type="checkbox"/>	Somewhat (2) <input type="checkbox"/>	No (0) <input type="checkbox"/>
SAM_12 Have you previously been in court with custody disputes?	Yes (1) <input type="checkbox"/>		No (0) <input type="checkbox"/>

Thank you!