

Incredible Years® Babies Program Survey



| First Name | Last Name |
|----------------------------------|----------------------------------|
| Baby Birthdate (mo./day/yr.) | Today's Date (mo./day/yr.) |
| Daby Diffidate (1110.7 day/ y1.) | 10day 5 Date (1110.7 day 7 y 1.) |

Parents learn from their experiences interacting with their baby. Use this inventory to think about your strengths and what parenting strategies and activities work or don't work with your baby. Your answers will be kept confidential.

| Never | Rarely (monthly) | Sometimes (weekly) | Often (daily) | Consistently (multiple times a day) |
|-------|---------------------------------------|---|---|--|
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
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| 1 | 2 | 3 | 4 | 5 |
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| When my Baby is Crying: | Not at all likely | Unlikely | Somewhat likely | Likely | Very Likely |
|--|----------------------|----------|--------------------|--------|----------------|
| I find it hard to soothe my baby when s/he is crying | 1 | 2 | 3 | 4 | 5 |
| I stay calm and use a calm down strategy when my baby is crying | 1 | 2 | 3 | 4 | 5 |
| 3. I figure out the reason for my baby's crying (hunger, dirty diaper, amount of stimulation needed) | 1 | 2 | 3 | 4 | 5 |
| I ask for help when I feel overwhelmed and stressed | 1 | 2 | 3 | 4 | 5 |
| 5. I modulate the amount of stimulation my baby needs when s/he is crying | 1 | 2 | 3 | 4 | 5 |
| I feel confident I can help my baby feel safe, loved and secure | 1 | 2 | 3 | 4 | 5 |
| 7. I sing to my baby when s/he cries | 1 | 2 | 3 | 4 | 5 |
| 8. I label my baby's negative emotions | 1 | 2 | 3 | 4 | 5 |
| 9. I yell at my baby when s/he cries too long | 1 | 2 | 3 | 4 | 5 |
| 10.I touch my baby in soothing and loving ways | 1 | 2 | 3 | 4 | 5 |

| My Baby's Development: | Never | Rarely | Sometimes | Often | Always |
|---|-------|--------|-----------|-------|--------|
| I keep track of my baby's physical, motor and language developmental progress (e.g., journal) | 1 | 2 | 3 | 4 | 5 |
| I try to be flexible and baby-directed in terms of my baby's feeding schedule | 1 | 2 | 3 | 4 | 5 |
| I worry about my baby's sleep schedule and patterns | 1 | 2 | 3 | 4 | 5 |
| I plan activities I know will enhance my baby's language and physical development | 1 | 2 | 3 | 4 | 5 |
| 5. I am comfortable calling the doctor or nurse when I am unsure whether my baby is sick or not developing normally | 1 | 2 | 3 | 4 | 5 |
| 6. I assess my home to make it baby proof and safe (e.g., have car safety seat, water heater turned down, have smoke detectors) | 1 | 2 | 3 | 4 | 5 |
| 7. I am worried about my baby's development | 1 | 2 | 3 | 4 | 5 |
| 8. I feel my baby is bonded to me | 1 | 2 | 3 | 4 | 5 |
| 9. I am baby-directed and put my baby in a central place in the household where s/he can see family action and I can talk to him or her | 1 | 2 | 3 | 4 | 5 |
| 10.1 make everyday things such as diapering, feeding, and bath time fun rituals. | 1 | 2 | 3 | 4 | 5 |
| 11.I am baby directed in my feeding approach | 1 | 2 | 3 | 4 | 5 |

| Caring for Myself: | Not at All | A Little | Somewhat | Often | Frequently |
|--|----------------------|----------|-----------|-------|-------------------|
| 1. I get a sitter so I have time for myself | 1 | 2 | 3 | 4 | 5 |
| I know how to use calm down strategies when I am frustrated | 1 | 2 | 3 | 4 | 5 |
| I work at developing my family and friend support system | 1 | 2 | 3 | 4 | 5 |
| 4. I pay attention to my needs for rest and self-care (taking naps, time with friends, exercise,) | 1 | 2 | 3 | 4 | 5 |
| 5. I find it helpful to share parenting ideas with other parents | 1 | 2 | 3 | 4 | 5 |
| 6. I find it helpful to share my parenting worries with others | 1 | 2 | 3 | 4 | 5 |
| I involve other family members in understanding my baby's interests and favorite games | 1 | 2 | 3 | 4 | 5 |
| Please select the degree to which you agree or disagree with the following items. | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| a. I am happy in my role as a parent. | 1 | 2 | 3 | 4 | 5 |
| b. Caring for my baby sometimes takes more time and energy than I have to give. | 1 | 2 | 3 | 4 | 5 |
| c. I feel overwhelmed by the responsibility of being a parent. | 1 | 2 | 3 | 4 | 5 |
| d. I feel close to my baby. | 1 | 2 | 3 | 4 | 5 |
| e. I feel confident as a parent. | 1 | 2 | 3 | 4 | 5 |
| | | | | | |