

# 1. Přílohy

## Children's Perception of Interparental Conflict Scale

In every family there are times when the parents don't get along. Below are some things that kids sometimes think or feel when their parents have arguments or disagreements. We would like you to tell us what you think or feel when your parents argue or disagree by answering each of the sentences below.

T = TRUE

ST = SORT OF TRUE

F = FALSE

1. T ST F I never see my parents arguing or disagreeing.
2. T ST F When my parents have an argument they usually work it out
3. T ST F My parents often get into arguments about things I do at school
4. T ST F When my parents argue it's because one of them just had a bad day
5. T ST F My parents get really mad when they argue
6. T ST F When my parents argue I can do something to make myself feel better
7. T ST F I get scared when my parents argue
8. T ST F I feel caught in the middle when my parents argue
9. T ST F I'm not to blame when my parents have arguments
10. T ST F They may not think I know it, but my parents argue or disagree a lot
11. T ST F Even after my parents stop arguing they stay mad at each other
12. T ST F When my parents argue usually it has to do with their own problems
13. T ST F My parents have arguments because they are not happy together
14. T ST F When my parents have a disagreement they discuss it quietly
15. T ST F I don't know what to do when my parents have arguments
16. T ST F My parents are often mean to each other even when I'm around
17. T ST F When my parents argue I worry about what will happen to me
18. T ST F I don't feel like I have to take sides when my parents have a disagreement
19. T ST F It's usually my fault when my parents argue
20. T ST F I often see or hear my parents arguing

21. T ST F When my parents disagree about something, they usually come up with a solution
22. T ST F My parents' arguments are usually about me
23. T ST F The reasons my parents argue never change
24. T ST F When my parents have an argument they say mean things to each other
25. T ST F When my parents argue or disagree I can usually help make things better
27. T ST F When my parents argue I'm afraid that something bad will happen.
28. T ST F My mom wants me to be on her side when she and my dad argue
29. T ST F Even if they don't say it, I know I'm to blame when my parents argue
30. T ST F My parents hardly ever argue

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T = TRUE ST = SORT OF TRUE F = FALSE

30. T ST F When my parents argue they usually make up right away
31. T ST F My parents usually argue or disagree because of things that I do
32. T ST F My parents argue because they don't really love each other
33. T ST F When my parents have an argument they yell at each other
34. T ST F When my parents argue there's nothing I can do to stop them
35. T ST F When my parents argue I worry that one of them will get hurt
36. T ST F I feel like I have to take sides when my parents have a disagreement
37. T ST F My parents often nag and complain about each other around the house
38. T ST F My parents hardly ever yell when they have a disagreement
39. T ST F My parents often get into arguments when I do something wrong
40. T ST F My parents have broken or thrown things during an argument
41. T ST F After my parents stop arguing, they are friendly towards each other
42. T ST F When my parents argue I'm afraid that they will yell at me too
43. T ST F My parents blame me when they have arguments
44. T ST F My dad wants me to be on his side when he and my mom argue
45. T ST F My parents have pushed or shoved each other during an argument

46. T ST F When my parents argue or disagree there's nothing I can do to make myself feel better
47. T ST F When my parents argue I worry that they might get divorced
48. T ST F My parents still act mean after they have had an argument
49. T ST F My parents have arguments because they don't know how to get along
50. T ST F Usually it's not my fault when my parents have arguments
51. T ST F When my parents argue they don't listen to anything I say



# Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)			
GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl		CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE		FATHER'S TYPE OF WORK _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		MOTHER'S TYPE OF WORK _____	THIS FORM FILLED OUT BY: (print your full name)	
GRADE IN SCHOOL _____	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.			Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
NOT ATTENDING SCHOOL <input type="checkbox"/>				Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____		

**I. Please list the sports your child most likes to take part in.** For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Please list your child's favorite hobbies, activities, and games, other than sports.** For example: stamps, dolls, books, piano, cars, computers, singing, etc. (Do not include listening to radio or TV.)

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Please list any organizations, clubs, teams, or groups your child belongs to.**

None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Please list any jobs or chores your child has.** For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.