



Parent/Baby Questionnaire - Postnatal

Taking care of a baby can be satisfying, but it can also be frustrating at times. Now that you are parenting and/or a parent, please circle the answer that best describes how easy you think it will be to do the following things with your baby.

How easy will it be for you to:

1. Figure out how to soothe your baby when your baby cries.								
□ Not Easy at All	□ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
2. Keep your baby occupied when you have housework to do (like doing dishes).								
☐ Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
3. Understand what your baby wants when your baby fusses.								
☐ Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
4. Get your baby to understand what you want your baby to do.								
☐ Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
5. Give your baby the amount of attention your baby seems to want.								
☐ Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
6. Keep your baby amused.								
☐ Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
7. Know what your baby enjoys.								
☐ Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
8. Disengage from your baby when you have something else to do in a way that doesn't make your baby upset.								
\square Not Easy at All	☐ Not Easy	□ Easy	☐ Very Easy	☐ Not Applicable				
9. Perform routine tasks like feeding, changing, and bathing your baby.								
□ Not Fasy at All	□ Not Fasy	□ Fasv	□ Verv Fasv	☐ Not Applicable				





Please select one option:

10. In general, how god	od of a parent d	o you feel you are?		
☐ Not Very Good ☐ Okay	/ □ Good □	Very Good ☐ Not Appl	licable	
Rea	ding Activiti	es with Baby - Po	ostnata	ı
Please check the answe	er to the followi	ng questions:		
1. In the last month, he	ow often did yo	u read or tell your cl	hild a sto	ry?
\square More than once a day \square	About once a day	\square A few times a week	☐ Rarely	☐ Not at all
2. In the last month, he you one) from memo	_	_	ory (or ha	ave your child tell
\square More than once a day \square	About once a day	\square A few times a week	☐ Rarely	□ Not at all
3. In the last month, he	ow often did yo	u sing songs to/witl	h your chi	ld?
\square More than once a day \square	About once a day	\square A few times a week	☐ Rarely	☐ Not at all
4. In the last month ho (describe what you'l video, etc., naming o	re doing or seeil	ng, asking questions	s about a	TV show, song,
\square More than once a day \square	About once a day	\square A few times a week	☐ Rarely	□ Not at all
Participant's Name / Signature		Participant's ID		
Program Site		Date		