

OBVL

PARENTING STRESS QUESTIONNAIRE

VERSION FOR PARENTS OF CHILDREN AGED 0 TO 18

NAME OF CHILD:

DATE OF BIRTH:

GENDER:

MALE

FEMALE

QUESTIONNAIRE
COMPLETED ON:

PHASE OF TREATMENT:

QUESTIONNAIRE
COMPLETED BY:

MOTHER

FATHER

STEPMOTHER

STEPFATHER

ADOPTIVE MOTHER

ADOPTIVE FATHER

FOSTER MOTHER

FOSTER FATHER

BOTH PARENTS

OTHER

Explanation

Below you will find 34 statements about how you experience your child, how you interact with your child, how you feel and about your health. For every question there are four possible answers:

1. "Not true"
2. "Somewhat true"
3. "Quite true"
4. "Very true"

For each statement, **circle** the answer you feel is most applicable. Do not spend too much time thinking about your answer. Your first impression is usually the best one. **There are no right or wrong answers.** If you think you have made a mistake, cross out the selected answer and select the right answer. Could you please answer **all** statements? You may begin now.



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A.A. Vermulst, G. Kroes, R.E. De Meyer, L. Nguyen & J.W. Veerman
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		Not true ↓	Somewhat true ↓	Quite true ↓	Very true ↓
1	I feel happy with my child.	1	2	3	4
2	My child listens to me.	1	2	3	4
3	I enjoy life.	1	2	3	4
4	Raising my child leaves me with too little personal time.	1	2	3	4
5	I feel cheerful when my child is with me.	1	2	3	4
6	I can calm my child down when he/she gets angry.	1	2	3	4
7	I feel happy.	1	2	3	4
8	My child keeps me from other activities.	1	2	3	4
9	I feel satisfied with my child.	1	2	3	4
10	I am in charge when I am with my child.	1	2	3	4
11	Sometimes I do not see the point of living.	1	2	3	4
12	I would like to visit friends and acquaintances more often but I am unable to because of my child.	1	2	3	4
13	When I am with my child I feel good.	1	2	3	4
14	I am patient with my child.	1	2	3	4
15	I frequently feel good.	1	2	3	4
16	I have less contact with friends than I used to because of my child.	1	2	3	4
17	I feel calm when my child is with me.	1	2	3	4
18	Interaction with my child is easy.	1	2	3	4
19	I am frequently in a bad mood.	1	2	3	4
20	I cannot leave the house much at all because of my child.	1	2	3	4
21	My child is a source of enjoyment.	1	2	3	4
22	I know I am doing a good job as a parent.	1	2	3	4
23	I hate myself.	1	2	3	4
24	I have little contact with others because of my child.	1	2	3	4
25	I am good at correcting my child when necessary.	1	2	3	4
26	I view the future positively.	1	2	3	4
27	I have a bloated or pressing feeling in my stomach.	1	2	3	4

	Not true ↓	Somewhat true ↓	Quite true ↓	Very true ↓
28 I feel drained.	1	2	3	4
29 I feel pain in my chest or heart region.	1	2	3	4
30 My stomach hurts.	1	2	3	4
31 I feel sleepy or drowsy.	1	2	3	4
32 I feel tightness in my chest.	1	2	3	4
33 I have an upset stomach.	1	2	3	4
34 When I get up in the morning I am tired and not well rested.	1	2	3	4

YOU HAVE COMPLETED THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!