

## Cognitive Interview Questionnaire

**PLEASE DO NOT OPEN UNTIL YOU ARE ASKED TO DO SO**

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## Concern for Partner Wellbeing

### Question 1.

Please answer the following questions based on your relationship with your current partner.

<b>Question 1.</b>	<b>Yes</b>	<b>No</b>
a. I can tell what stresses my partner is facing.	<input type="checkbox"/>	<input type="checkbox"/>
b. I know my partner's major aspirations and hopes in life.	<input type="checkbox"/>	<input type="checkbox"/>
c. I know my partner's current major worries.	<input type="checkbox"/>	<input type="checkbox"/>
d. I know my partner pretty well.	<input type="checkbox"/>	<input type="checkbox"/>
e. My partner is familiar with my current life stresses.	<input type="checkbox"/>	<input type="checkbox"/>
f. My partner is familiar with my own hopes and aspirations.	<input type="checkbox"/>	<input type="checkbox"/>
g. My partner knows my current major worries.	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel that my partner knows me pretty well.	<input type="checkbox"/>	<input type="checkbox"/>

**Question 2.**

*Now please tell me how often you or your partner does the following things:*

<b>Question 2.</b>	<b>None of the time</b>	<b>Some of the time</b>	<b>Half of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
a. My partner helps me achieve my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My partner does whatever they can to make me happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I help my partner achieve their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I ask my partner what they want to do during their free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I think I know what my partner really wants in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I care about the well being of my partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I hope that good things will happen for my partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Knowledge/Attitudes about Healthy Blended Family Relationships

### Question 3.

Thinking about blended families in general, please circle the extent to which you agree or disagree with each of the following statements:

Would you say you strongly disagree, disagree, agree, or strongly agree that:

Question 3.	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Love should develop quickly between a child and a stepparent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adjustment to living in a blended family should occur quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family members should feel close to one another soon after a new family forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children should take priority over a new partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People who have divorced are likely to divorce again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People who have had bad relationships can still build good relationships that last.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Romantic feelings for an ex-spouse/partner should end with a new relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My partner has no business seeing their previous partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If my partner gets along with their previous partner, it would make me unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Generally there is a feeling of happiness in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Overall, there are more happy feelings, than unhappy feelings in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Relationship and Marriage Attitudes and Expectations

### Question 4.

Please report how much you agree or disagree with the following statements. Please select strongly agree, agree, disagree, or strongly disagree.

Since taking this class:

Question 4.	Strongly disagree	Disagree	Agree	Strongly agree
a. I feel that my partner and I communicate better since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am more committed to our relationship since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel disappointed in my relationship since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have given up on my relationship since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My expectations for my relationship have increased since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My expectations for my partner have increased since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Since taking this class, my expectations for myself have increased since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Since taking this class, I believe that working on this relationship can pay off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am less positive about my relationship since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I feel more negative about my relationship since taking this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 5.**

*Since taking this class, how likely is it that:*

<b>Question 5.</b>	<b>Much less likely</b>	<b>Somewhat less likely</b>	<b>About the same</b>	<b>Somewhat more likely</b>	<b>Much more likely</b>
a. Your relationship can succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your relationship can be happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your relationship can be good for your children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You will work to improve your relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your partner will work to improve your relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You have the skills to make a relationship last.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Child's Perception about Parent's Role and Responsibilities

### Question 6.

For each of these items, do you strongly agree, agree, disagree, or strongly disagree with the statement:

Question 6.	Strongly Disagree	Disagree	Agree	Strongly Agree
a. My child is confused about who their parents are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child is confused about who makes the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child is confused about whose rules to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child is confused about who has the authority to punish them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child is confused about who will pay for unexpected expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My child is confused about which parent to ask permission to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Blended family Co-Parenting

### Question 7.

*Below are a number of issues that may be experienced by blended families.*

*Please indicate how often you experience difficulty:*

<b>Question 7.</b>	<b>None of the time</b>	<b>Some of the time</b>	<b>Half of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
a. Clearly understanding my partner's expectations about my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Establishing a relationship of trust with my partner's children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Disciplining my partner's children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling I have "my" place in the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Knowing what to do when my partner's children express negative feelings about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Co-Parenting Relationship with Previous Partners

### Question 8.

The following statements are about [YOUR PRIOR PARTNER] and their involvement in the care of your children. Please answer if the statement is true none of the time, some of the time, half of the time, most of the time, or all of the time.

Question 8.	None of the time	Some of the time	Half of the time	Most of the time	All of the time
a. I believe [PREVIOUS PARTNER] is a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [PREVIOUS PARTNER] and I communicate well about our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel good about [PREVIOUS PARTNER]'s judgment about what is right for our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [PREVIOUS PARTNER] makes my job of being a parent easier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [PREVIOUS PARTNER] and I are a good team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [PREVIOUS PARTNER] knows how to handle children well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [PREVIOUS PARTNER] is willing to make personal sacrifices to help take care of our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Talking to [PREVIOUS PARTNER] about our children is something I look forward to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. [PREVIOUS PARTNER] pays a great deal of attention to our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. When there is a problem with the child(ren), [PREVIOUS PARTNER] and I work out a good solution together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. [PREVIOUS PARTNER] acts like the kind of parent I want for my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. When I have to make rules for the child(ren), [PREVIOUS PARTNER] backs me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 9.**

*Which of the following statements best describes your relationship with [PREVIOUS PARTNER] when it comes to parenting?*

- We get along very well
- We get along okay
- We do not get along well at all

**Question 10.**

*Please tell me if you strongly disagree, disagree, agree, or strongly agree with the following statement:*

Question 10.	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. I could raise our kids just as well without [PREVIOUS PARTNER].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 11.**

*Now I would like to read you a list of issues that parents may have disagreements about. Please tell me how often you and [PREVIOUS PARTNER NAME] disagree about the following things:*

<b>Question11.</b>	<b>Often</b>	<b>Sometime s</b>	<b>Hardly Ever</b>	<b>Never</b>
a. Setting rules for or disciplining the child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The activities that the child(ren) participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Who does child care tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The amount of time each parent spends with the child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How your child(ren) is/are raised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How you spend money on your child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your previous partner spends money on your child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

