

Cognitive Interview Questionnaire

PLEASE DO NOT OPEN UNTIL YOU ARE ASKED TO DO SO

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn more about questions that may be used in healthy marriage and relationship education programming and evaluation. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0355 and it expires 01/31/2015.

Concern for Partner Wellbeing

Question 1.

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

Question 1.	None of the time	Some of the time	Half of the time	Most of the time	All of the time
a. I can tell what current stressors my partner is facing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know my partner's major goals in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know my partner's current major challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My partner is familiar with my current life stressors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My partner is familiar with my major goals in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My partner knows my current major challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2.

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

Question 2.	None of the time	Some of the time	Half of the time	Most of the time	All of the time
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. My partner and I talk about what we want to do when we have free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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. My partner and I communicate about our family's safety.	<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 mark 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's wishes are more important than a new partner's wishes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children's needs are more important than a new partner's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People who have divorced are likely to divorce again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 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"/>
h. 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"/>
i. My partner has no business seeing their previous partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 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"/>
k. Generally there is a feeling of happiness in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 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.

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. 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 more 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:

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

Question 7.	None of the time	Some of the time	Half of the time	Most of the time	All of the time
a. I find it difficult to clearly understand 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. I find it difficult to establish 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. I find it difficult to discipline my partner's children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I find it difficult to feel I have "my" place in the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I find it difficult to know 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 current involvement in the care of your child(ren). 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.	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I believe [PREVIOUS PARTNER] is a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [PREVIOUS PARTNER] and I communicate well about our child(ren).	<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 child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [PREVIOUS PARTNER] makes being a parent easier.	<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"/>
f. [PREVIOUS PARTNER] knows how to handle child(ren) well.	<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 child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I look forward to talking to [PREVIOUS PARTNER] about our child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. [PREVIOUS PARTNER] pays a great deal of attention to our child(ren).	<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 try to work out a good solution together.	<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"/>
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"/>

Question 9.

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

Question 9.	Strongly Disagree	Disagree	Agree	Strongly Agree
a. We could raise my child(ren) just as well without [PREVIOUS PARTNER].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 10.

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 when you talk about the following things.

Question 10. How often do you DISAGREE about:	Often Disagree	Sometim es Disagree	Hardly Ever Disagree	Never Disagre e	We Don't Talk About This
a. Setting rules for or disciplining the child(ren).	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Who takes care of the child(ren).	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
e. How your child(ren) is/are raised	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>