

CUDDLE QUESTIONNAIRE

Dear parents/guardians,

This form is intended to increase and support your awareness of your child's wellbeing, social interaction and different forms of violence that children experience and encounter.

This questionnaire defines violence as *any action, physical or otherwise, that has a repressive or diminishing impact on others*. Non-physical violence means for example creating an oppressive and unpleasant atmosphere or humorous rough play that makes a person feel uneasy.

In stressing non-violence, we aim to emphasise that every individual is significant, valuable, and powerful. Non-violence means—for example—positive, constructive conflict-resolution and learning of social and emotional skills, all of which is related to preventing violence and bullying and to promoting children's wellbeing through the development of a non-violent, safe environment.

The questionnaire provides tools for you to discuss important and sometimes difficult topics with your child and is not merely a 'question-answer' sheet. Discussion is particularly important if your child tells you about bad treatment or if you feel that there are reasons for concern. It is equally important for us to hear about how you and your child feel about these issues, so as to develop violence prevention and non-violence further in our (pre)school.

The questionnaire contains three different sections:

- 1. Cuddle** questionnaire is for you and your child. We hope that both parents/guardians could be present, if it is possible. If it is not possible to be present at the same time, we hope that both of you have this conversation with your child. Arrange time with your child and a situation in which both you and your child feel comfortable. You might for example ask your child to sit next to you or in your lap. Discuss the themes in the questionnaire and make the questions suitable for the child. Complete the form together with the child, either on a computer or in printed-version. If you wish to discuss the detailed information in this section with teachers or other professionals in the (pre)school, remember to ask for your child's approval first.
- 2. Summary of the Cuddle for Parents** The second section contains questions asking you to summarise your discussion with your child. We hope that both parents/guardians could fill out this part separately, if possible.
- 3. Checklist** Long-lasting unpleasant treatment can become systematic bullying. In these cases, your child may show some or all of the signs and symptoms in the following checklists. If your child did not tell you about unpleasant treatment but you still feel that there is reason to be worried, please use the checklists at the end of the questionnaire.

Please return the completed form to the (pre)school. Answers are handled with confidentiality. If your child's answers makes you worry, please do not hesitate to contact and cooperate with the teacher and staff. Thank you for your co-operation on this important issue.



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PART I

Name of the child: _____

Class/Group: _____



1. BEING IN (PRE)SCHOOL

Do you have at least one good friend?

Yes, in (pre)school. If yes, please name one _____

Yes, but not in (pre)school. If yes, please name one _____

No.

Is there an adult in (pre)school who

Listens to you? If yes, please name one _____

Treats you fairly? If yes, please name one _____

Helps you if something bad has happened? If yes, please name one _____

Praises you when you have done something good?

If yes, please name one _____

Who can you talk to if something unpleasant has happened? _____

daily or almost
daily

sometimes

never

I can't say or I don't
know

Do you

a) feel happy in (pre)school?

b) feel safe in (pre)school?

c) feel lonely in (pre)school?

d) feel uneasy with someone in
(pre)school?

You can tell me more if you want to, for example, about the situations or people that make you feel happy or uneasy.

2. UNPLEASANT TREATMENT IN PEER GROUPS IN (PRE)SCHOOL

While discussing the following questions, think about the ongoing semester.



IS THERE BAD TREATMENT IN YOUR (PRE)SCHOOL GROUP?

daily or almost
daily

sometimes

never

I can't say or
don't know

Has someone kicked you, hit you, pushed you or called your names?

Has someone touched you in a way that felt bad for you?

- Do some children cheat, imitate or lie to you?
- Do some children boss others around?
- Are you afraid to do or say something or be somewhere?
- Are there chats or action in your group that others find funny but which disturbs you?
- Are you persuaded to do, give, or lend something that you wouldn't want to?
- When playing do some children get often the last turn and worst things?

When is your turn usually? _____

If you want you can tell me more about situations in which you have been treated badly.

WE ARE ALL DIFFERENT, BUT HAVE YOU BEEN TREATED BADLY BECAUSE OF THE WAY YOU ARE?

daily or almost
daily sometimes never I can't say or
don't know

- Has your way of being a boy/girl been diminished by others?
- Have you felt less worthy than others?
- Have you felt worthier than others?
- Can you wear clothes you like, do things, or have toys you like without being laughed at?

If you want you can tell me more about situations where you have been treated badly.

Have you been treated badly after school?

Have you seen or heard that somebody has been treated badly? If you have, when and who?

If you have told the adults in preschool about bad treatment, have they stepped in? If so, how have they intervened?

3. POSITIVE, ACTIVE SOCIAL RELATIONS

always or
almost always sometimes never

FRIENDSHIP

Is it easy for you to start playing with others?

If you are treated badly do you stand up for yourself?

Do you comfort a classmate, if he/she is sad?

OBEYING THE RULES

Do you ask for permission to join games and play with other children's toys?

Do you wait for your turn?

TOLERATING DISAPPOINTMENT

Are you able to lose in a game?

Are you able to be happy when another child gets something and you don't?

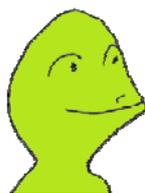
FEELING REGRET

Do you apologise if you have done something wrong?

How does it feel when you apologise? _____

What kind of things are fun and make you happy in preschool?

How did you feel when talking about these issues?



PART II

Questions for Parents

Name of the child:

This questionnaire was completed by:

mother

father

other guardian,

who? _____

How did the conversation with your child go? What thoughts or worries did it raise in you?

Please summarise the conversation with your child here. Ponder your child's *strengths* and the possible *challenges* in her/his social skills.

What other things about your child's wellbeing would you like the teacher or other staff in (pre)school to know?

PART III

CHECKLIST for signs and symptoms if your child is treating others in an unpleasant manner.

Long-lasting unpleasant treatment can become systematic bullying. In these cases, your child may show some or all of the signs and symptoms in the following checklists.

	daily or almost daily	sometimes	never	cannot say
Have you seen your child interact in a dominating or subduing way towards others?				
Have you seen your child interact in a diminishing way towards others?				
Have you seen your child interact in an intimidating way towards his or her siblings or other children?				
Does your child play with toys in a strange manner, for example with aggression?				
Does your child draw scenes of violence?				
Have you seen your child interact in a manipulative way towards others?				
Does your child behave unpredictably or in a hot-tempered manner?				
Does your child tolerate frustration?				
Do you have the impression that your child is cheating or not saying the truth?				
Have you observed your child showing defiant and/or aggressive behaviour towards adults?				
Does your child show aggression towards animals?				

CHECKLIST for signs and symptoms of being treated in an unpleasant manner.

daily or
almost daily

sometimes

never

cannot say

Does your child have torn, damaged clothes or books, or does he or she seem distressed?

Does your child have unexplainable bruises, cuts, and scratches?

Does your child seem afraid or reluctant to go to (pre)school in the morning?

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Has your child left preschool without permission?

Does your child repeatedly complain of headaches or stomach pain?

Is your child tired or does he or she have difficulties getting to sleep?

Does your child have bad dreams or cry in his or her sleep?

Has your child lost interest in (pre)school work?

Does your child seem sad or depressed, or show unexpected mood shifts, irritability, or sudden outbursts of temper?

Does your child play with toys in a strange manner, for example with aggression?

Does your child often draw scenes of violence or use only the colour black?

Does your child say that he or she is the worst in the class or group?

Has your child requested money for no good reason?

Does your child seem to be socially isolated?

Does your child show aggression towards animals?

Have you noticed changes in your child's eating habits recently?

(see Snyder M. <http://www.aets.org/article205.htm>)

If you think that your child is the target of unpleasant treatment or behaves in an unpleasant manner towards others, please do not hesitate to contact and cooperate with the teacher and staff in (pre)school.