

LINEHAN PARENTAL INVENTORY

INSTRUCTIONS: The purpose of this inventory is to study parent response to typical behaviors of children. On the following pages are situations you probably have experienced, followed by scales of certain personal feelings and reactions. You are to pick one child in your family whose age falls in the range of 2 through 11 years, and fill out the whole inventory on that child.

THE CHILD I AM RESPONDING TO IS ____ YEARS OLD. MY CHILD'S DATE OF BIRTH IS ____ (month) ____ (day) ____ (year). THE SEX OF MY CHILD IS MALE FEMALE (please check the appropriate box).

There are 40 child behaviors described in this questionnaire. Think about each one and imagine that this particular child is ACTUALLY DOING IT. Then, rate what your response would be on each scale under each behavior. Do this by putting a check in one box on each scale to indicate the degree to which you would have that reaction or feeling.

IMPORTANT:

- (1) Place your check-marks in the middle of the boxes, not in between.
- (2) Be sure you check every scale for every situation
DO NOT OMIT ANY!
- (3) Never put more than one check-mark on a single scale.

Work at a fairly high speed through this inventory. Do not worry or puzzle over individual items. It is your first impressions, the immediate "feelings" about the items that we want. On the other hand, please do not be careless because we want your true impressions.

THERE ARE NO RIGHT OR WRONG ANSWERS ON THIS QUESTIONNAIRE. WHAT WE ARE INTERESTED IN IS YOUR FEELINGS AND REACTIONS.

ALL INFORMATION ON THE QUESTIONNAIRE IS CONFIDENTIAL.

HERE IS HOW TO USE THE SCALES:

If you would feel very closely related to one end of the scale, you should place your check-mark (✓) as follows:

FEEL GOOD FEEL BAD

FEEL GOOD FEEL BAD

If you believe that your response would be quite closely related to one or the other end of the scale (but not extremely), you should place your check-mark as follows:

FEEL TENSE FEEL RELAXED

FEEL TENSE FEEL RELAXED

If your response would be only slightly related to one side as opposed to the other side (but is not really neutral), then you should check as follows:

FEEL ANGRY FEEL PLEASED

FEEL ANGRY FEEL PLEASED

The direction you check, of course, depends upon which of the two ends of the scale seem most characteristic of the feelings you would have.

If you consider your response would be neutral on the scale, both sides of the scale equally associated with your response, or if the scale is completely irrelevant to your response, then you should place your check-mark in the middle space:

WANT TO HUG/KISS WANT TO HIT/SPANK

1. MY CHILD GETS INTO SOME THINGS THAT DON'T BELONG TO HIM/HER . . . I WOULD

FEEL GOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL BAD
FEEL ANGRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL PLEASED
FEEL RELAXED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL TENSE
FEEL ACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL PASSIVE
WANT TO HUG/KISS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO HIT/SPANK
WANT TO YELL AT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO PRAISE
WANT TO SMILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO FROWN
WANT TO SEND CHILD TO ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO BE WITH CHILD

2. MY CHILD DOES NOT LISTEN TO ME . . . I WOULD

FEEL PLEASED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL ANGRY
FEEL BAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL GOOD
WANT TO HIT/SPANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO HUG/KISS
WANT TO YELL AT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO PRAISE
FEEL PASSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL ACTIVE
FEEL TENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL RELAXED
WANT TO SMILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO FROWN
WANT TO SEND CHILD TO ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO BE WITH CHILD

3. MY CHILD TALKS BACK TO ME . . . I WOULD

FEEL RELAXED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL TENSE
FEEL ANGRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL PLEASED
WANT TO BE WITH CHILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO SEND CHILD TO ROOM
FEEL ACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL PASSIVE
WANT TO SMILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO FROWN
WANT TO YELL AT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO PRAISE
WANT TO HUG/KISS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO HIT/SPANK
FEEL BAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL GOOD

4. MY CHILD COMES HOME DIRTY AND MESSY . . . I WOULD

FEEL GOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL BAD
WANT TO YELL AT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO PRAISE
FEEL PLEASED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL ANGRY
FEEL ACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL PASSIVE
WANT TO SMILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO FROWN
FEEL TENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEEL RELAXED
WANT TO HUG/KISS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO HIT/SPANK
WANT TO SEND CHILD TO ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WANT TO BE WITH CHILD

