

# 2016

## COPE-R Program for Preschoolers

Early Years Coping Cards: Teaching Prosocial Skills and  
Empathy to Preschool Children



Thank you for your time in filling out these questionnaires.

They will take 10-15 minutes to complete. We appreciate your participation in our research program.

Many thanks,

The COPE-R research team, MGSE University of Melbourne.

Research ID:

Please fill in the following demographic questions on behalf of your child who is participating in the COPE-R program:

- 1) Please indicate your relationship to your child (eg. mother/father): \_\_\_\_\_
- 2) Please indicate the age of your child: \_\_\_\_\_ yrs \_\_\_\_\_ months
- 3) Please circle the gender of your child: **male / female**
- 4) Do you have other children? Please circle: **Yes/No**
- If Yes, please indicate their ages: Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_  
 Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_  
 Other \_\_\_\_\_
- 5) Please circle whether you are in a single or partnered parenting role: **single / partnered**

### Children's Coping Scale - Revised

On this questionnaire is a list of common coping strategies that young children use to cope with different situations. Please consider how your child copes **in general** and indicate by checking the appropriate box, how frequently your child uses a particular coping strategy.

	Never	Sometimes	A Lot
1. Notice what others are doing			
2. Play			
3. Try			
4. Worry			
5. Do nothing			
6. Give up			
7. Chat to friends			
8. Cry or scream			
9. Hope			
10. Keep feelings to self / not show how he/she feels			
11. Try to help others			
12. Get a teacher or grown-up to help			
13. Work hard			
14. Get sick			

15. Keep away from other children			
16. Work with others			
17. Feel sad			
18. Feel bad			
19. Don't let others know how they are feeling			
20. Ask a teacher for help			
21. Be happy with the way things are			
22. Get stomach aches or headaches			
23. Get angry with others			
24. Get mad with themselves			
25. Blame themselves / when things go wrong			
26. Have fun, play sport, draw, play games			
27. Spend a lot of time with a good friend			
28. 'lose it' – cry, scream or fight			
29. Go out and play and forget about their problem			

If there is anything else that he/she does to cope with problems write about them below.

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## Situation-Specific Coping

Please consider how your child copes **when saying goodbye (e.g. going to preschool, being left with a babysitter, being left at unfamiliar places without a familiar adult)** and indicate by checking the appropriate box, how frequently your child uses a particular coping strategy.

	Never	Sometimes	A Lot
1. Notice what others are doing			
2. Play			
3. Try			
4. Worry			
5. Do nothing			
6. Give up			
7. Chat to friends			
8. Cry or scream			
9. Hope			
10. Keep feelings to self / not show how he/she feels			
11. Try to help others			
12. Get a teacher or grown-up to help			
13. Work hard			
14. Get sick			
15. Keep away from other children			
16. Work with others			
17. Feel sad			
18. Feel bad			
19. Don't let others know how they are feeling			
20. Ask a teacher for help			
21. Be happy with the way things are			
22. Get stomach aches or headaches			
23. Get angry with others			
24. Get mad with themselves			
25. Blame themselves / when things go wrong			
26. Have fun, play sport, draw, play games			
27. Spend a lot of time with a good friend			
28. 'lose it' – cry, scream or fight			
29. Go out and play and forget about their problem			

If there is anything else that he/she does to cope in this situation write about them below.

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### Situation-Specific Coping

Please consider how your child copes **when he/she has to do something he/she does not like** and indicate by checking the appropriate box, how frequently your child uses a particular coping strategy.

	Never	Sometimes	A Lot
1. Notice what others are doing			
2. Play			
3. Try			
4. Worry			
5. Do nothing			
6. Give up			
7. Chat to friends			
8. Cry or scream			
9. Hope			
10. Keep feelings to self / not show how he/she feels			
11. Try to help others			
12. Get a teacher or grown-up to help			
13. Work hard			
14. Get sick			
15. Keep away from other children			
16. Work with others			
17. Feel sad			
18. Feel bad			
19. Don't let others know how they are feeling			
20. Ask a teacher for help			
21. Be happy with the way things are			
22. Get stomach aches or headaches			
23. Get angry with others			
24. Get mad with themselves			
25. Blame themselves / when things go wrong			
26. Have fun, play sport, draw, play games			
27. Spend a lot of time with a good friend			
28. 'lose it' – cry, scream or fight			
29. Go out and play and forget about their problem			

If there is anything else that he/she does to cope in this situation write about them below.

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# Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent / Teacher / Other (Please specify):

# PRESCHOOL ANXIETY SCALE (Parent Report)

Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the **4** if the item is **very often true**, **3** if the item is **quite often true**, **2** if the item is **sometimes true**, **1** if the item is **seldom true** or if it is **not true at all** circle the **0**. Please answer all the items as well as you can, even if some do not seem to apply to your child.

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
1 Has difficulty stopping him/herself from worrying.....	0	1	2	3	4
2 Worries that he/she will do something to look stupid in front of other people.....	0	1	2	3	4
3 Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap).....	0	1	2	3	4
4 Is tense, restless or irritable due to worrying.....	0	1	2	3	4
5 Is scared to ask an adult for help (e.g., a preschool or school teacher).....	0	1	2	3	4
6 Is reluctant to go to sleep without you or to sleep away from home.....	0	1	2	3	4
7 Is scared of heights (high places).....	0	1	2	3	4
8 Has trouble sleeping due to worrying.....	0	1	2	3	4
9 Washes his/her hands over and over many times each day.....	0	1	2	3	4
10 Is afraid of crowded or closed-in places.....	0	1	2	3	4
11 Is afraid of meeting or talking to unfamiliar people.....	0	1	2	3	4
12 Worries that something bad will happen to his/her parents.....	0	1	2	3	4
13 Is scared of thunder storms.....	0	1	2	3	4
14 Spends a large part of each day worrying about various things.....	0	1	2	3	4
15 Is afraid of talking in front of the class (preschool group) e.g., show and tell.....	0	1	2	3	4
16 Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again.....	0	1	2	3	4
17 Is nervous of going swimming.....	0	1	2	3	4

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
18	0	1	2	3	4
19	0	1	2	3	4
20	0	1	2	3	4
21	0	1	2	3	4
22	0	1	2	3	4
23	0	1	2	3	4
24	0	1	2	3	4
25	0	1	2	3	4
26	0	1	2	3	4
27	0	1	2	3	4
28	0	1	2	3	4
29	0	1	2	3	4
	<b>YES</b>	<b>NO</b>			

Please briefly describe the event that your child experienced.....

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If you answered **NO** to question 29, please **do not** answer questions 30-34. **If you answered YES, please DO** answer the following questions.

**Do the following statements describe your child's behaviour since the event?**

30	0	1	2	3	4
31	0	1	2	3	4
32	0	1	2	3	4
33	0	1	2	3	4
34	0	1	2	3	4

**Thank you very much for your participation .**