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**NEWPIP – Initial Parent Questionnaire**

**Your name: Your baby’s name:**

**Date: Therapist’s name:**

Thinking about your relationship/connection with your baby please describe your **feelings and worries.**

Please circle how big a concern **these feelings and worries are to you.**

Tiny Medium Huge

How would you like things to be **different in the future** between you and your baby?

If your baby/young child could tell you, do you think there is anything **they would change** about the way you and he/she are together?

**Starting work with NEWPIP – which of the below do you think might be helpful? Please tick as many as you wish.**

Thinking about how events from your childhood might be affecting you now [ ]

A chance to discuss your child [ ]

Thinking about the relationship between you both [ ]

Being helped to see things from your child’s point of view [ ]

A sense that you were understood [ ]

Some time to focus just upon your child and yourself [ ]

A space to explore worries and difficult feelings [ ]

**Thank you for taking the time to complete this questionnaire**

**to help us to think about our work together.**