

# PARENT-CHILD COMMUNICATION (CHILD)

Please fill in the blanks with the name of the relationship that the primary caregiver has to the child (e.g., mom, grandma, father).

Almost Always  
Often  
Sometimes  
Once in a While  
Almost Never

How often . . .

1. Is your _____ a good listener?	1	2	3	4	5
2. Can your _____ tell how you are feeling without asking you?	1	2	3	4	5
3. Does your _____ try to understand what you think?	1	2	3	4	5
4. Are there things that you do not discuss with your _____ ?	1	2	3	4	5
5. Do you discuss problems with your _____ ?	1	2	3	4	5
6. Does your _____ insult you when she/he is angry with you?	1	2	3	4	5
7. Do you think that you can tell your _____ how you really feel about some things?	1	2	3	4	5
8. Can you let your _____ know what is bothering you?	1	2	3	4	5
9. Are there certain things which your _____ does not allow you to discuss with her/him?	1	2	3	4	5
10. Can you have your say even if your _____ disagrees with you?	1	2	3	4	5