

KARITANE PARENTING CONFIDENCE SCALE

FOR PARENTS OF INFANTS

Reference as: Črnčec, R., Barnett, B., & Matthey, S. (in press: 2008). Development of an instrument to assess perceived self-efficacy in the parents of infant. Research in Nursing and Health.

Your name: _____

Baby's name: _____

Your age: _____

Baby's age (months): _____

You are baby's (circle): mother / father

Number of children including baby: _____

Cultural background: _____

Today's date: _____

This scale has 15 items. Please underline the answer that comes closest to how you generally feel.

Here is an example already completed:

eg. I am confident about holding my baby

No, hardly ever

No, not very often

Yes, some of the time

Yes, most of the time

Office use only.

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Page 2 _____+

Total _____

This would mean "I feel confident about holding my baby some of the time".

Please complete the other questions in the same way.

1. I am confident about feeding my baby

Not applicable (my partner feeds the baby)

No, hardly ever

No, not very often

Yes, some of the time

Yes, most of the time

2. I can settle my baby

No, hardly ever

No, not very often

Yes, some of the time

Yes, most of the time

3. I am confident about helping my baby to establish a good sleep routine

No, hardly ever

No, not very often

Yes, some of the time

Yes, most of the time

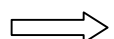
4. I know what to do when my baby cries

No, hardly ever

No, not very often

Yes, some of the time

Yes, most of the time



5. I understand what my baby is trying to tell me

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

6. I can soothe my baby when he / she is distressed

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

7. I am confident about playing with my baby

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

8. If my baby has a common cold or slight fever, I am confident about handling this

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

9. I feel sure that my partner will be there for me when I need support

Not applicable (I don't have a partner)

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

Reproductions of this scale must include the full scale title and reference and no alterations to wording or formatting.

Office use only:
All items scored 0,1,2,3. N/A=2.

10. I am confident that my baby is doing well

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

11. I can make decisions about the care of my baby

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

12. Being a mother / father is very stressful for me

- Yes, most of the time
- Yes, some of the time
- No, not very often
- No, hardly ever

13. I feel I am doing a good job as mother / father

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

14. Other people think I am doing a good job as a mother / father

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time

15. I feel sure that people will be there for me when I need support

- No, hardly ever
- No, not very often
- Yes, some of the time
- Yes, most of the time