Parent Attachment Diary

Date: _____________________  Parent Code: ________________
Age of Child: _______________  Child Code: ________________

Directions: for each question, try to answer as honestly as possible. There are no “right” or “wrong” answers. Please remember that neither your name nor your child’s name should be anywhere on this form. This form will be identified by a code number and will only be seen by research staff. This diary works best when filled out each night. If, for some reason, you are not able to fill it out one night, you may fill it out first thing in the morning. Please do not fill it out any later.

I filled this diary out:  ☐ at the end of the day  ☐ first thing the next morning

For questions 1-3 try to think of a SPECIFIC INCIDENT THAT OCCURRED TODAY. Do not use the same incident for more than one question.
1. Think of one time today when your child got physically hurt and answer the following: (this includes anything like falling down, scraping a knee, bumping into something, etc.)

Describe this situation in 2-3 sentences (and be sure to include how you responded to your child):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

A. What did your child do to let you know he/she was hurt? NUMBER YOUR CHILD’S REACTIONS, IN ORDER. ONLY PUT A NUMBER IF THE BEHAVIOR OCCURRED.

___ looked at me for assurance
___ went off by him/herself
___ acted as if nothing was wrong
___ acted angry/frustrated (ex. Stomped feet, kicked legs)
___ called for me
___ looked at me briefly then looked away and went on
___ came to me
___ signaled to be picked up or held, reached for me
___ cried
___ did not indicate he/she wanted or needed me
___ cried and remained where he/she was, did not signal for me
___ moved closer to me (but actual contact did not occur)
___ other(s) ________________________________
B. After you responded to your child, what did your child do next? NUMBER YOUR CHILD’S REACTIONS, IN ORDER. ONLY PUT A NUMBER IF THE BEHAVIOR OCCURRED.

___ was soon calmed or soothed
___ pushed me away angrily or in frustration
___ continued to play, did not notice me
___ stomped and/or kicked feet
___ hit or kicked at me
___ remained upset, was difficult to soothe
___ turned from me angrily or in frustration
___ did not indicate he/she needed my help
___ ignored me
___ became quiet and then fussy again
___ turned away when picked up or made contact
___ sunk into me or held on to me until calmed down
___ did not easily let me hold him/her but remained upset (ex. arched back, put arm in between us
___ held on to me or went after me if I tried to put him/her down or go away
___ turned, walked, or crawled away from me as if nothing was wrong
___ other(s) ________________________________
2. Think of one time today when your child was frightened or afraid of something. (this should not include dropping child off, leaving child, or any other separations)

Describe this situation in 2-3 sentences (and be sure to include how you responded to your child):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

A. What did your child do to let you know he/she was hurt? NUMBER YOUR CHILD’S REACTIONS, IN ORDER. ONLY PUT A NUMBER IF THE BEHAVIOR OCCURED.

   ___ looked at me for assurance
   ___ went off by him/herself
   ___ acted as if nothing was wrong
   ___ acted angry/frustrated (ex. Stomped feet, kicked legs)
   ___ called for me
   ___ looked at me briefly then looked away and went on
   ___ came to me
   ___ signaled to be picked up or held, reached for me
   ___ cried
   ___ did not indicate he/she wanted or needed me
   ___ cried and remained where he/she was, did not signal for me
   ___ moved closer to me (but actual contact did not occur)
   ___ other(s) ________________________________
B. After you responded to your child, what did your child do next? NUMBER YOUR CHILD’S REACTIONS, IN ORDER. ONLY PUT A NUMBER IF THE BEHAVIOR OCCURED.

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___ became quiet and then fussy again
___ turned away when picked up or made contact
___ sunk into me or held on to me until calmed down
___ did not easily let me hold him/her but remained upset (ex. arched back, put arm in between us
___ held on to me or went after me if I tried to put him/her down or go away
___ turned, walked, or crawled away from me as if nothing was wrong
___ other(s) _____________________________________________________
3. **Think of a time today when you and your child were separated—preferably where your child became upset or distressed. (This can include leaving to go out, going to another room, dropping the child off, etc. This does not include putting the child to bed.)**

Describe this situation in 2-3 sentences (and be sure to include how you responded to your child):

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

A. **How did your child respond to the separation? NUMBER YOUR CHILD’S REACTIONS, IN ORDER. ONLY PUT A NUMBER IF THE BEHAVIOR OCCURRED.**

___ cried, screamed, or yelled
___ acted as if nothing happened
___ called after me
___ wanted to be picked up or held
___ hit, kicked, or pushed me
___ went off by him/herself
___ came after me
___ held on to me, wouldn’t let go
___ was happy to keep doing what he/she was doing
___ acted angry or frustrated (ex. Stomped feet, kicked legs)
___ was upset but did not indicate that he/she wanted or needed anyone
___ whimpered or cried briefly and kept going, did not look at me
___ other(s) _______________________________________________________
B. What was your child’s immediate reaction when he/she saw you again?  
NUMBER YOUR CHILD’S REACTIONS, IN ORDER. ONLY PUT A NUMBER IF THE BEHAVIOR OCCURED.

___ greeted me (ex: smiled, said my name, said hello)
___ stomped and/or kicked feet
___ signaled to be held and/or picked up
___ hit, kicked me
___ cried and remained where he/she was
___ cried, screamed
___ came to me
___ brought me a toy or other object
___ turned away as I picked up or made contact
___ if upset, was easily soothed and calmed by me
___ sunk into me or held on to me until calmed down
___ did not easily let me hold him/her but remained upset (ex. Arched back, put arm in between us)
___ whimpered quietly to him/herself (may have looked at me briefly)
___ wanted to be held, fussed and wanted to get down, then wanted to be picked right back up again
___ continued doing what he/she was doing before (didn’t notice me)
___ looked at me briefly then looked away, did not smile or greet me
___ started to approach me then turned and wondered somewhere else
___ if upset, was NOT easily soothed and/or calmed by me
___ other(s) ____________________________________________
4. Did your child have a visit with a member of his/her biological family today?

☐ Yes
☐ No

Who? _______________________

Was this person the child’s primary caretaker?

☐ Yes
☐ No