

Parental Overprotection Measure (POM)

Name:	Date:

This questionnaire is designed to gather information about various aspects of parenting. Each child has unique needs so there are no right or wrong answers. For each item, please circle a number indicating often each aspect of parenting represents your usual response to your child.

0 Not at all	1 A little	_		3 te often		4 Very much	
1. I comfort my child in	nmediately w	hen he/she cries	0	1	2	3	4
2. When playing in a playing in			0	1	2	3	4
3. I protect my child from	om criticism		0	1	2	3	4
4. I give my child extra	attention wh	en he/she clings to me	0	1	2	3	4
5. I would not allow my l were not present	y child to go c	out with family friends	if 0	1	2	3	4
 I almost always take unwell 	my child to t	he doctor if he/she is	0	1	2	3	4
7. I keep a close watch	on my child a	at all times	0	1	2	3	4
8. I tend to be over-pro	tective of my	child	0	1	2	3	4
9. I try to anticipate and might do something		ions where my child	0	1	2	3	4
10. I try to protect my ch	nild from mak	ing mistakes	0	1	2	3	4
11. I do not allow my ch	ild to climb tr	ees	0	1	2	3	4
12. I shelter my child fro	om life's diffic	ulties	0	1	2	3	4
13. When away from ho of my sight, even for		panic if my child is out	0	1	2	3	4
14. I am reluctant for my he/she might get hu		some sports for fear	0	1	2	3	4
15. I will only leave my o I have to go out	child with clos	se friends or relatives i	f 0	1	2	3	4
16. I accompany my chi	ld on all outin	gs	0	1	2	3	4
17. I shield my child from	m conflict		0	1	2	3	4
18. I do everything poss potential injury	ible to protec	t my child from	0	1	2	3	4
19. I protect my child fro	om his/her fea	irs	0	1	2	3	4

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Information in this document is not intended as a substitute for professional medical advice, diagnosis or treatment