

# The Incredible Years

## Parent Satisfaction Questionnaire

This questionnaire is part of our evaluation of the parenting classes. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

Time	<input type="text" value="2"/>	CID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mom/Other	<input type="radio"/>	Dad/Other	<input type="radio"/>			
	<input type="text"/>	PC Group Leader				
	<input type="text"/>	School Group Leader				
<b>Office Use Only</b>						

### A. The Overall Program

- At this point, my expectation for good results from The IncredibleYears parenting program are:
  - Very bad
  - Bad
  - Slightly bad
  - Neutral
  - Slightly good
  - Good
  - Very good
- Would you recommend the parent program to a friend or relative?
  - Strongly not recommend
  - Not recommend
  - Slightly not recommend
  - Neutral
  - Slightly recommend
  - Recommend
  - Strongly recommend
- How confident are you in your ability to manage *future* behavior problems in the home using what you learned from this program?
  - Very unconfident
  - Unconfident
  - Somewhat unconfident
  - Neutral
  - Somewhat confident
  - Confident
  - Very confident
- How confident are you in managing current child behavior problems in the home on your own?
  - Very unconfident
  - Unconfident
  - Somewhat unconfident
  - Neutral
  - Somewhat confident
  - Confident
  - Very confident
- My overall feeling about the parenting program for my child and family is:
  - Very negative
  - Negative
  - Somewhat negative
  - Neutral
  - Slightly positive
  - Positive
  - Very positive

### B. Teaching Format - Usefulness

In this section, we'd like to get your ideas of how useful each of the following types of teaching is for you *now*. Please mark the response that most clearly describes your opinion.

- |  |                       |
|--|-----------------------|
| 1. Content of information presented  | <input type="radio"/> |
| 2. Demonstration of parenting skills through use of videotape vignettes  | <input type="radio"/> |
| 3. Group discussion of parenting skills  | <input type="radio"/> |
| 4. Practice of play skills at home with your child   | <input type="radio"/> |
| 5. Other home activities (e.g., practice praise, positive commands, list of behaviors)                                       | <input type="radio"/> |
| 6. If you read the chapters from the book, did you find them:<br>Mark here if you did not read book: <input type="radio"/>   | <input type="radio"/> |
| 7. If you used the audiotapes of the chapters, did you find them:<br>Mark here if audiotapes not used: <input type="radio"/> | <input type="radio"/> |
| 8. If you used the handouts (refrigerator notes and other handouts), did you find them:                                      | <input type="radio"/> |
| 9. If you used the "buddy calls", did you find them:   | <input type="radio"/> |

Extremely useless  
 Not useful  
 Somewhat less  
 Neutral  
 Somewhat useful  
 Useful  
 Extremely useful



CID		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mom/Other		Dad/Other			
<input type="radio"/>		<input type="radio"/>			

**C. Specific Parenting Techniques Difficulty**

1. In this section, we'd like to get your ideas of how *difficult* it usually is to do each of the following techniques *now*. Please mark the response that most closely describes how difficult the technique is to do.

Extremely easy  
Easy  
Somewhat easy  
Neutral  
Somewhat difficult  
Difficult  
Extremely difficult

- a. Play
- b. Descriptive commenting (describing what the child does)
- c. Praise
- d. Rewards (stickers, charts, etc.)
- e. Ignoring
- f. Good commands
- g. Time-Out
- h. Natural and logical consequences
- i. Problem-solving with children
- j. This overall group of techniques

**Usefulness**

2. In this section, we'd like to get your ideas of the *usefulness* of each of the following techniques *now*. Please mark the response that most closely describes how useful the technique is.

Extremely useless  
Not use ful  
Somewhat useless  
Neutral  
Somewhat use ful  
Use ful  
Extremely use ful

- a. Play
- b. Descriptive commenting (describing what the child does)
- c. Praise
- d. Rewards (stickers, charts, etc.)
- e. Ignoring
- f. Good commands
- g. Time-Out
- h. Natural and logical consequences
- i. Problem-solving with children
- j. This overall group of techniques

**D. Leader**

Name of Parenting Clinic leader: \_\_\_\_\_

In this section we'd like to get your ideas about your parent group leaders. Please mark the response to each question that best expresses how you feel.

- |  |   |                       |                        |                       |                        |                       |                       |
|--|---|-----------------------|------------------------|-----------------------|------------------------|-----------------------|-----------------------|
|  | Very poor   | Fair                  | Slightly below average | Average               | Slightly above average | High                  | Superior              |
| 1. I feel that the leader's teaching was:                                  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| 2. The leader's preparation was:   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| 3. Concerning the leader's interest and concern in me and my child, I was: | <input type="radio"/> Extremely dissatisfied<br><input type="radio"/> Dissatisfied<br><input type="radio"/> Slightly dissatisfied<br><input type="radio"/> Neutral<br><input type="radio"/> Slightly satisfied<br><input type="radio"/> Satisfied<br><input type="radio"/> Extremely satisfied  |                       |                        |                       |                        |                       |                       |
| 4. At this point, I feel that the leader in the parenting program was:     | <input type="radio"/> Extremely unhelpful<br><input type="radio"/> Unhelpful<br><input type="radio"/> Slightly unhelpful<br><input type="radio"/> Neutral<br><input type="radio"/> Slightly helpful<br><input type="radio"/> Helpful<br><input type="radio"/> Extremely helpful   |                       |                        |                       |                        |                       |                       |
| 5. Concerning my personal feelings toward this leader:                     | <input type="radio"/> I dislike him/her very much<br><input type="radio"/> I dislike him/her<br><input type="radio"/> I dislike him/her slightly<br><input type="radio"/> I have a neutral attitude toward him/her<br><input type="radio"/> I like him/her slightly<br><input type="radio"/> I like him/her<br><input type="radio"/> I like him/her very much |                       |                        |                       |                        |                       |                       |



CID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mom/Other	Dad/Other		
	<input type="checkbox"/>	<input type="checkbox"/>		

D. Leader (continued)

Name of School Leader: \_\_\_\_\_

- |  |           |      |                        |         |                        |      |          |
|--|-----------|------|------------------------|---------|------------------------|------|----------|
|  | Very poor | Fair | Slightly below average | Average | Slightly above average | High | Superior |
|--|-----------|------|------------------------|---------|------------------------|------|----------|
- I feel that the leader's teaching was:  Very poor  Fair  Slightly below average  Average  Slightly above average  High  Superior
  - The leader's preparation was:  Very poor  Fair  Slightly below average  Average  Slightly above average  High  Superior
  - Concerning the leader's interest and concern in me and my child, I was:
    - Extremely dissatisfied
    - Dissatisfied
    - Slightly dissatisfied
    - Neutral
    - Slightly satisfied
    - Satisfied
    - Extremely satisfied
  - At this point, I feel that the leader in the parenting program was:
    - Extremely unhelpful
    - Unhelpful
    - Slightly unhelpful
    - Neutral
    - Slightly helpful
    - Helpful
    - Extremely helpful
  - Concerning my personal feelings toward this leader:
 

<input type="radio"/> I dislike him/her very much	<input type="radio"/> I like him/her slightly
<input type="radio"/> I dislike him/her	<input type="radio"/> I like him/her
<input type="radio"/> I dislike him/her slightly	<input type="radio"/> I like him/her very much
<input type="radio"/> I have a neutral attitude toward him/her	

E. Group

In this section we'd like to get your ideas about your group. Please mark the response to each question that best expresses how you feel.

- I feel the group was:
  - Very nonsupportive
  - Somewhat nonsupportive
  - Neutral
  - Somewhat supportive
  - Very supportive
- Concerning other group members' interest in me and my child, I felt they were:
  - Very uninterested
  - Somewhat uninterested
  - Neutral
  - Somewhat interested
  - Very interested
- I would like to continue meeting as a group  Yes  No
- How likely is it that you will continue meeting as a support group with some of the parents from the group?
  - Highly unlikely
  - Somewhat unlikely
  - Neutral
  - Somewhat likely
  - Very likely

F. Your opinion please

- What part of the parenting classes were most helpful to you? (Please mark only your top 2 choices.)
  - Play
  - Praise
  - Rewards
  - Commands
  - Ignore
  - Time Out
  - Consequences and Problem-Solving
- What did you like *least* about the parenting classes?

2. Rate each of these aspects of the parenting classes.

- |                                     |                       |                       |                       |                       |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Group support                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Making new friends               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Use of videotapes                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Mid-week phone calls from leader | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Group discussion                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Role playing/ in group practice  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Snacks/dinner                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Free babysitting                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Buddy calls                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Language translators             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Not helpful  
 Neutral  
 Somewhat helpful  
 Very helpful



34935

CID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mom/Other	Dad/Other		
<input type="radio"/>	<input type="radio"/>			

4. What did you like *most* about the parenting classes?

5. During the time you were in this program, did you receive any type of therapy for yourself or your child?  
Examples: counseling, family therapy, child therapy. If "yes", please elaborate.

No  Yes Elaborate: \_\_\_\_\_

6. At this time, do you feel the need for individual or group therapy? If "yes", please elaborate.

No  Yes Elaborate: \_\_\_\_\_

**G. Overall**

We thank you for your patience in filling out these questionnaires.  
Your input really helps us plan future programs.

Very negative  
 Negative  
 Somewhat negative  
 Neutral  
 Slightly positive  
 Positive  
 Very positive

1. My overall feeling about
  - a. Filling out questionnaires is:
  - b. Home observations is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Why did you decide to participate in the parenting program? Mark *one* top reason and *one* next important reason.

	Top Reason	Next Important Reason
a. To learn more about parenting	<input type="radio"/>	<input type="radio"/>
b. The counselor/family service worker recommended the program	<input type="radio"/>	<input type="radio"/>
c. The teacher recommended the program	<input type="radio"/>	<input type="radio"/>
d. Because I was concerned that my child had a behavior problem	<input type="radio"/>	<input type="radio"/>
e. To meet and make friends with other parents	<input type="radio"/>	<input type="radio"/>
f. To get the money or gift certificate	<input type="radio"/>	<input type="radio"/>
g. Because I felt I was out of control as a parent	<input type="radio"/>	<input type="radio"/>
h. My friend was going to the program	<input type="radio"/>	<input type="radio"/>
i. Other (specify) _____	<input type="radio"/>	<input type="radio"/>

3. Would you have participated in this project if you were not given the money/gift certificates?  Yes  No

4. For future parenting groups, would you be interested in:

- |                          |                           |                          |
|--------------------------|---------------------------|--------------------------|
| a. Recruiting families   | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Doing home interviews | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Providing child care  | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Co-leading a group    | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Other (specify) _____ | <input type="radio"/> Yes | <input type="radio"/> No |

5. Would you be interested in participating in other programs?

a. Similar videotape program for older children	<input type="radio"/> Yes	<input type="radio"/> No
b. Program for helping my child be successful in reading and writing	<input type="radio"/> Yes	<input type="radio"/> No
c. A summer program for my child focused on social skills and anger management	<input type="radio"/> Yes	<input type="radio"/> No
d. An ongoing parenting program next year	<input type="radio"/> Yes	<input type="radio"/> No
e. Parenting program focused on anger management and problem-solving	<input type="radio"/> Yes	<input type="radio"/> No
f. Videotape program focused on partner or spouse relationships (communication and problem-solving skills).	<input type="radio"/> Yes	<input type="radio"/> No
g. Controlling my depression	<input type="radio"/> Yes	<input type="radio"/> No
h. Parenting program with my partner	<input type="radio"/> Yes	<input type="radio"/> No
i. Other (specify) _____	<input type="radio"/> Yes	<input type="radio"/> No