



Parent Program Satisfaction Questionnaire Group Plus Tele-format Version

This form updated March 2020

(Hand out at end of the program)

Participant's Name _____

Date _____

How many sessions did you attend in live face-to-face group format? _____

How many tele-sessions did you receive? _____

How long did your tele-sessions last? _____

Were your tele-sessions (check one):

One-on-one with group leader Group format Both methods

What parent program did you attend?

Toddler Preschool School-Age Advance Attentive Parenting



The following questionnaire is part of our evaluation of the Incredible Years parenting program that you have received. 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.

A. THE OVERALL PROGRAM

Please circle the response that best expresses how you honestly feel at this point.

1. The bonding/attachment that I feel with my child since I took this program is

- considerably worse worse slightly worse the same slightly improved improved greatly improved

2. My child's behavior problems which I/we have tried to change using the methods presented in this program are

- considerably worse worse slightly worse the same slightly improved improved greatly improved

3. My feelings about my child's social, emotional and academic developmental progress are that I am

- very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

4. To what degree has the Incredible Years parenting program helped with other personal or family problems not directly related to your child (for example, your marriage, a trauma-related event, your feelings of support in general)?

- hindered much more than helped hindered hindered slightly neither helped nor hindered helped slightly helped helped very much

5. My expectation for good results from the Incredible Years program is

- very pessimistic pessimistic slightly pessimistic neutral slightly optimistic optimistic very optimistic

6. I feel that the approach used to enhance my child's social behavior and emotional self-regulation skills in this program is

- very inappropriate inappropriate slightly inappropriate neutral slightly appropriate appropriate greatly appropriate

7. Would you recommend the IY program to a friend or relative?

- strongly not recommend
 not recommend
 slightly not recommend
 neutral
 slightly recommend
 recommend
 strongly recommend

8. How confident are you in parenting at this time?

- very unconfident
 unconfident
 slightly unconfident
 neutral
 slightly confident
 confident
 very confident

9. How confident are you in your ability to manage future behavior problems or child development issues in the home using what you learned from this program?

- very unconfident
 unconfident
 slightly unconfident
 neutral
 slightly confident
 confident
 very confident

10. My overall feeling about achieving my goal in this program for my child and family is

- very negative
 negative
 slightly negative
 neutral
 slightly positive
 positive
 very positive

B. TEACHING FORMAT

Usefulness

In this section, we would like you to indicate how useful each of the following methods of learning is for you now. Please circle the response that most clearly describes your opinion.

1. Content of information presented was

- extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

2. Demonstration of parenting skills through the use of video vignettes was

- extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

3. Discussion of parenting skills was

- extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

Parent Program Satisfaction Questionnaire

4. Use of practice/role play during sessions was

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

5. I found the "buddy calls" to be

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

6. Reading chapters from the Incredible Years book was

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

7. Practicing skills at home with my child was

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

8. Weekly handouts (e.g., refrigerator notes) were

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

9. Phone calls from the IY leaders were

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

10. Tele-sessions (individual or group) were

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

C. SPECIFIC PARENTING TECHNIQUES

Usefulness

In this section, we would like you to indicate how useful each of the following techniques is in improving your interactions with your child and decreasing his or her “inappropriate” behaviors now. Please circle the response that most accurately describes the usefulness of the technique.

1. Child-Directed Play

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

2. Descriptive Commenting/Social, Emotion, Academic, and Persistence Coaching

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

3. Praise and Encouragement

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

4. Tangible Rewards (charts)

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

5. Routines, Responsibilities, Rules

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

6. Ignoring

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

7. Positive Commands (e.g., “when-thens”)

extremely useless
 useless
 slightly useless
 neutral
 somewhat useful
 useful
 extremely useful

8. Time Out to Calm Down and Helping Child Emotionally Self-Regulate

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

9. Loss of Privileges, Logical Consequences

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

10. Helping My Children Learn to Problem Solve

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

11. Emotional self-regulation strategies and depression management

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

12. Adult Problem-Solving Strategies

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

13. This Overall Group of Techniques

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

D. PARENT GROUP

In this section we'd like to get your ideas about your group. Please circle the response that describes how you feel (skip this section if you had only one-on-one tele-sessions).

1. I feel the group was

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| very
unsupportive | unsupportive | somewhat
unsupportive | neutral | somewhat
supportive | supportive | very
supportive |

2. Concerning the other group members' interest in me and my child, I felt they were

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| very
uninterested | uninterested | somewhat
uninterested | neutral | somewhat
interested | interested | very
interested |

3. I would like to keep meeting as a group

- Yes No

4. How likely is it that you will continue meeting with one or more of the parents in your group?

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| highly
unlikely | unlikely | somewhat
unlikely | neutral | somewhat
likely | likely | very
likely |

E. YOUR OPINION

1. How could the program have been improved to help you more?

2. At this time do you feel the need for additional parenting assistance? Please elaborate.

3. What did you see as the main benefit of the Incredible Years Program?

4. Please share your experience and ideas about the tele-format sessions that you attended and whether you would do this again.
