



Incredible Years®
Parent Program Satisfaction Questionnaire
BASIC Parent Program

(Hand out at end of the program)

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

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 preschooler since I took this program is

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

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

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

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

very dissatisfied slightly neutral slightly satisfied greatly
dissatisfied dissatisfied satisfied 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, your feelings of support in general)?

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

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

very pessimistic slightly neutral slightly optimistic very
pessimistic pessimistic optimistic optimistic

6. I feel that the approach used to enhance my child's social behavior in this program is

very inappropriate slightly neutral slightly appropriate greatly
inappropriate inappropriate appropriate appropriate

7. Would you recommend the 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 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 types of teaching 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. Group discussion of parenting skills was

extremely useless    useless    slightly useless    neutral    somewhat useful    useful    extremely useful

4. Use of practice/role play during group sessions was

extremely useless    useless    slightly useless    neutral    somewhat useful    useful    extremely useful

5. I found the “buddy calls” to be

extremely useless      useless      slightly useless      neutral      somewhat useful      useful      extremely useful

6. Reading chapters from the Incredible Years book or listening to the CD was

extremely useless      useless      slightly useless      neutral      somewhat useful      useful      extremely useful

7. Practicing skills at home with my child was

extremely useless      useless      slightly useless      neutral      somewhat useful      useful      extremely useful

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

extremely useless      useless      slightly useless      neutral      somewhat useful      useful      extremely useful

9. Phone calls from the group leaders were

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 Control Anger

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

9. Loss of Privileges, Logical Consequences

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

10. Helping My Children Learn to Problem Solve

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

11. Adult Anger Management Strategies

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

12. Adult Problem-Solving Strategies

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

13. This Overall Group of Techniques

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

**D. Evaluation of Parent Group Leader(s)**

In this section we would like you to express your opinions about your group leader(s). Please circle the response to each question that best describes how you feel.

Group Leader #1 \_\_\_\_\_

(name)

1. I feel that the group leader's preparation/teaching was

very poor	poor	below average	average	above average	superior	excellent
--------------	------	------------------	---------	------------------	----------	-----------

2. Concerning the group leader's interest and concern in me and my problems with my child, I was

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

3. At this point, I feel that the group leader in the program was

extremely unhelpful	unhelpful	slightly unhelpful	neutral	slightly helpful	helpful	extremely helpful
------------------------	-----------	-----------------------	---------	---------------------	---------	----------------------

If more than one group leader was involved in your program, please fill in the following. (Go to Section E if only one leader was involved.)

Group Leader #2 \_\_\_\_\_

(name)

1. I feel that the group leader's preparation/teaching was

very poor	poor	below average	average	above average	superior	excellent
--------------	------	------------------	---------	------------------	----------	-----------

2. Concerning the group leader's interest and concern in me and my problems with my child, I was

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

3. At this point, I feel that the group leader in the program was

extremely unhelpful	unhelpful	slightly unhelpful	neutral	slightly helpful	helpful	extremely helpful
------------------------	-----------	-----------------------	---------	---------------------	---------	----------------------

### ***E. Parent Group***

In this section we'd like to get your ideas about your group. Please circle the response that describes how you feel.

1. I feel the group was

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

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?

highly unlikely	unlikely	somewhat unlikely	neutral	somewhat likely	likely	very likely
--------------------	----------	----------------------	---------	--------------------	--------	----------------

### ***F. 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?