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The Incredible Years Project

University of Washington Parenting Clinic (206) 543-6010

Yr 2 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 CID

Mom/Other Dad/Other

PC Group Leader

School Group Leader

Office Use Only

A. The Overall Program

1. At this point, my expectations for good results from The IncredibleYears parenting program are:

- Very bad Bad Slightly bad Neutral Slightly good Good Very good

2. 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

3. 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

4. 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

5. 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.

- Content of information presented
- Demonstration of parenting skills through use of videotape vignettes
- Group discussion of parenting skills
- Practice of reading skills at home with your child
- Other home activities (e.g., practice praise, positive commands, problem-solving)
- If you read the chapters from the book, did you find them:
Mark here if you did not read book:
- If you used the audiotapes of the chapters, did you find them:
Mark here if audiotapes not used:
- If you used the handouts (refrigerator notes and other handouts), did you find them:
- If you used the "buddy calls", did you find them:

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

<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"/>
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<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"/>



CTD

Mom/Other Dad/Other

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 1 2 3 4 5 6 7
- b. Interactive reading skills 1 2 3 4 5 6 7
- c. Praise and incentives 1 2 3 4 5 6 7
- d. Promoting children's academic success 1 2 3 4 5 6 7
- e. Discipline and limit setting 1 2 3 4 5 6 7
- f. Effective communication 1 2 3 4 5 6 7
- g. Teaching children how to make friends 1 2 3 4 5 6 7
- h. Anger management 1 2 3 4 5 6 7
- i. Problem-solving for adults 1 2 3 4 5 6 7
- j. Teaching children to problem-solve 1 2 3 4 5 6 7

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 1 2 3 4 5 6 7
- b. Interactive reading skills 1 2 3 4 5 6 7
- c. Praise and incentives 1 2 3 4 5 6 7
- d. Promoting children's academic success 1 2 3 4 5 6 7
- e. Discipline and limit setting 1 2 3 4 5 6 7
- f. Effective communication 1 2 3 4 5 6 7
- g. Teaching children how to make friends 1 2 3 4 5 6 7
- h. Anger management 1 2 3 4 5 6 7
- i. Problem-solving for adults 1 2 3 4 5 6 7
- j. Teaching children to problem-solve 1 2 3 4 5 6 7

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: Very poor Fair Slightly below average Average Slightly above average High Superior
 - 2. The leader's preparation was: Very poor Fair Slightly below average Average Slightly above average High Superior
 - 3. 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
 - 4. At this point, I feel that the leader in the parenting program was:
 - Extremely unhelpful
 - Unhelpful
 - Slightly unhelpful
 - Neutral
 - Slightly helpful
 - Helpful
 - Extremely helpful
 - 5. Concerning my personal feelings toward this leader:
 - I dislike him/her very much
 - I dislike him/her
 - I dislike him/her slightly
 - I have a neutral attitude toward him/her
 - I like him/her slightly
 - I like him/her
 - I like him/her very much



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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
 - Reading Skills
 - Rewards and praise
 - Promoting academic success
 - Discipline and limit setting
 - Effective communication
 - Teaching children how to make friends
 - Anger management
 - Problem solving for adults
 - Teaching children how to problem solve

- Rate each of these aspects of the parenting classes.

	Not helpful				
	Neutral				
	Somewhat helpful				
	Very helpful				

 - Group support
 - Making new friends
 - Use of videotapes
 - Mid-week phone calls from leader
 - Group discussion
 - Role playing/ in group practice
 - Snacks/dinner
 - Free babysitting
 - Buddy calls
 - Language translators



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

3. What did you like *least* about the parenting classes?

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:

①	②	③	④	⑤	⑥	⑦
①	②	③	④	⑤	⑥	⑦

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	Ⓐ	Ⓐ
b. The counselor/family service worker recommended the program	Ⓑ	Ⓑ
c. The teacher recommended the program	Ⓒ	Ⓒ
d. Because I was concerned that my child had a behavior problem	Ⓓ	Ⓓ
e. To meet and make friends with other parents	Ⓔ	Ⓔ
f. To get the money or gift certificate	Ⓕ	Ⓕ
g. Because I felt I was out of control as a parent	Ⓖ	Ⓖ
h. My friend was going to the program	Ⓗ	Ⓗ
i. Other (specify) _____	Ⓘ	Ⓘ

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 more 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. Other (specify) _____ | <input type="radio"/> Yes | <input type="radio"/> No |