



Incredible Years®
Parent Program Satisfaction Questionnaire
School Age 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 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, 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 in this program is

| | | | | | | |
|--------------------|---------------|------------------------|---------|----------------------|-------------|---------------------|
| very inappropriate | inappropriate | slightly inappropriate | neutral | slightly appropriate | appropriate | greatly 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 or Special Time

| | | | | | | |
|----------------------|---------|---------------------|---------|--------------------|--------|---------------------|
| 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. Helping With My Child’s Homework & Academic Skills

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

12. Adult Anger Management 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 somewhat neutral somewhat supportive very
 unsupportive unsupportive supportive supportive

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

very uninterested somewhat neutral somewhat interested very
 uninterested uninterested interested interested 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 somewhat neutral somewhat likely very
 unlikely unlikely likely 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?