

Incredible Years  
Parent Program Satisfaction Questionnaire

**SITE:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_

**LEADER NAMES:** \_\_\_\_\_

**PARENT GROUP #:** \_\_\_\_\_

\_\_\_\_\_

**PARENT ID #:** \_\_\_\_\_

The following questionnaire is part of our evaluation of The Incredible Years program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and 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 problem(s) that originally prompted me to take this program for my child is (are)**

considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
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**2.) My child's 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
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**3.) My feelings about my child's progress are that I am**

very dissatisfied	dissatisfied	slightly dissatisfied	neutral	slightly satisfied	satisfied	greatly satisfied
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**4.) To what degree has The Incredible Years program helped with other personal or family problems not directly related to your child (for example, your marriage, your feelings in general)?**

hindered much more than helped	hindered	hindered slightly	neither helped nor hindered	helped slightly	helped	helped very much
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**5.) My expectation for good results from The Incredible Years program is**

very pessimistic	pessimistic	slightly pessimistic	neutral	slightly optimistic	optimistic	very optimistic
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**6.) I feel that the approach used to change my child's problems in this program is**

very inappropriate	inappropriate	slightly inappropriate	neutral	slightly appropriate	appropriate	greatly appropriate
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**A. The Overall Program (continued)**

**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 managing *current* behavior problems in the home on your own?**

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.

	Extremely Useless	Useless	Slightly Useless	Neutral	Somewhat useful	Useful	Extremely useful
1.) Content of information presented was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.) Demonstration of parenting skills through the use of videotape vignettes was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Group discussion of parenting skills was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.) Practice of play skills at home with your child was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.) Other home activities (e.g., practice praise, positive comments, list of behaviors) were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.) Reading chapter from the book was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.) If you used the CD/audiotape of the chapter, did you find them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.) Weekly handouts (e.g., refrigerator notes & others) were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.) 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"/>
10.) Use of practice or role plays during group sessions were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.) Phone calls from the group leaders were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C. Specific Parenting Techniques

#### Usefulness

In this section, we would like to get your ideas of how useful each of the following techniques is in improving your interactions with your child. Please circle the response that most accurately describes the usefulness of the technique.

	Extremely Useless	Useless	Slightly Useless	Neutral	Somewhat useful	Useful	Extremely useful
1.) Child-Directed Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.) Descriptive Commenting (academic, social and emotional coaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.) Rewards (stickers, charts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.) Ignoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.) Positive Commands (e.g. "when-turns")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.) Time Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.) 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"/>
9.) Problem solving with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.) Problem solving with adults and teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.) Helping child control his/her anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.) 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"/>

### D. Evaluation of Parent Group Leaders

In this section, we would like you to express your opinions about your parent 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 leader's teaching was

very poor      poor      slightly below average      average      slightly above average      high      superior

#### 2.) The leader's preparation was

very poor      poor      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 program was**

extremely unhelpful	unhelpful	slightly unhelpful	neutral	slightly helpful	helpful	extremely helpful
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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 leader's teaching was**

very poor	poor	slightly below average	average	slightly above average	high	superior
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**2.) The leader's preparation was**

very poor	poor	slightly below average	average	slightly above average	high	superior
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**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
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**4.) At this point, I feel that the leader in the program was**

extremely unhelpful	unhelpful	slightly unhelpful	neutral	slightly helpful	helpful	extremely helpful
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***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
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**2.) Concerning other group members' interest in me and my child, I felt they were**

very uninterested	uninterested	somewhat uninterested	neutral	somewhat interested	interested	very interested
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**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
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***F. Your Opinion***

**1.) What was most helpful about The Incredible Years program?**

**2.) How could the program have been improved to help you more?**

Thank you for your patience in filling out all of these questionnaires. Your input is very much appreciated and really helps us to plan future programs.