



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?