

Level 2 - Briefs
(If Caregiver does more than
1 session)



Triple P – Positive Parenting Program®

Client Satisfaction Questionnaire

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your *honest opinions* about the services you have received, whether they are positive or negative. Please answer all the questions.

Please circle the response that best describes how you honestly feel.

1. How would you rate the quality of the service you and your child received?
7 6 5 4 3 2 1
Excellent Good Fair Poor
2. Did you receive the type of help you wanted from the program?
1 2 3 4 5 6 7
No, definitely not No, not really Yes, generally Yes, definitely
3. To what extent has the program met *your child's* needs?
7 6 5 4 3 2 1
Almost all needs have been met Most needs have been met Only a few needs have been met No needs have been met
4. To what extent has the program met *your* needs?
7 6 5 4 3 2 1
Almost all needs have been met Most needs have been met Only a few needs have been met No needs have been met
5. How satisfied were you with the *amount* of help you and your child received?
1 2 3 4 5 6 7
Quite dissatisfied Dissatisfied Satisfied Very satisfied
6. Has the program helped you to deal more effectively with your child's behaviour?
7 6 5 4 3 2 1
Yes, it has helped a great deal Yes, it has helped somewhat No, it hasn't helped much No, it made things worse
7. Has the program helped you to deal more effectively with problems that arise in your family?
7 6 5 4 3 2 1
Yes, it has helped a great deal Yes, it has helped somewhat No, it hasn't helped much No, it made things worse
8. Do you think your relationship with your partner has been improved by the program?
1 2 3 4 5 6 7
No, definitely not No, not really Yes, generally Yes, definitely
9. In an overall sense, how satisfied are you with the program you and your child received?
7 6 5 4 3 2 1
Very satisfied Satisfied Dissatisfied Very dissatisfied



10. If you were to seek help again, would you come back to Triple P?

1 2 3 4 5 6 7
No, definitely not No, I don't think so Yes, I think so Yes, definitely

11. Has the program helped you to develop skills that can be applied to other family members?

1 2 3 4 5 6 7
No, definitely not No, I don't think so Yes, I think so Yes, definitely

12. In your opinion, how is your child's behaviour at this point?

1 2 3 4 5 6 7
Considerably Worse Slightly The same Slightly Improved Greatly
worse worse improved improved

13. How would you describe your feelings at this point about your child's progress?

7 6 5 4 3 2 1
Very Satisfied Slightly Neutral Slightly Dissatisfied Very
satisfied satisfied dissatisfied dissatisfied

14. Since the beginning of this program, have you sought further assistance for your child's behaviour or for your family from any other source? If so, please describe.

.....
.....
.....
.....

15. Have you had any other problems with your child which you feel may be related to the original difficulty?

.....
.....
.....

16. Do you have any other comments about this program?

.....
.....
.....

Thank you



Triple P – Positive Parenting Program®

Parent Satisfaction Survey

Your child's age: _____ Name of seminar: _____

Date of seminar: _____ Presenter's name: _____

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your *honest opinions* about the services you have received, whether they are positive or negative. Please answer all the questions.

Please circle the response that best describes how you honestly feel.

1. How would you rate the quality of the seminar presentation?

1	2	3	4	5	6	7
Poor						Excellent

2. Did the seminar provide sufficient opportunities for questions?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

3. Was the seminar interesting to you?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

4. Did the presenter use clear examples to illustrate parenting issues?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

5. Did the presenter provide clear explanations?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

6. Did you gain sufficient knowledge or information to be able to implement the parenting advice you heard about?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

7. Overall, how would you rate the content of the seminar?

1	2	3	4	5	6	7
Poor						Excellent

8. Was the seminar helpful in gaining an understanding of what you can do to help your child learn new skills and behaviour?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

9. Was the parenting tip sheet you received useful?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely



10. Do you intend to implement the parenting advice you received?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

Other comments:

Thank you



Triple P – Positive Parenting Program®

Family Background Questionnaire

This questionnaire collects information about your family. Please read and answer every question in this booklet. All information provided will be treated in strict confidence and will not be made available to any other source without your written approval.

Name _____

Address _____

Postcode _____

Telephone contact number _____

Email _____

Today's date ____ / ____ / ____
 (day) (month) (year)

Your family

1. Child's name _____

2. Child's sex
 Male
 Female

3. Child's age today _____ (years)

4. Child's date of birth ____ / ____ / ____
 (day) (month) (year)

5. Your relationship to this child

Mother (biological or adoptive) <input type="checkbox"/>		Father (biological or adoptive) <input type="checkbox"/>
Step-mother <input type="checkbox"/>		Step-father <input type="checkbox"/>
Foster mother <input type="checkbox"/>		Foster father <input type="checkbox"/>
Other (please describe) _____		

6. Your current marital status

Married <input type="checkbox"/>		Separated <input type="checkbox"/>
Defacto <input type="checkbox"/>		Never married/defacto <input type="checkbox"/>
Divorced <input type="checkbox"/>		Widow/er <input type="checkbox"/>

7. At present, who lives at home with your child (e.g. parents, siblings, grandparents)?

NAME	AGE	SEX	RELATIONSHIP TO CHILD

8. Which best describes the household in which your child is presently living?

- Original family (both biological or adoptive parents present)
- Step-family (two parents, one being a step-parent)
- Sole parent family
- Other (please describe) _____

Your education and employment

9. Your highest level of education

- Less than Year 10 Trade/apprenticeship
- Year 10/11 TAFE/college certificate
- Year 12 University degree

10. Your partner's highest level of education (if applicable)

- Less than Year 10 Trade/apprenticeship
- Year 10/11 TAFE/college certificate
- Year 12 University degree

11. Are you currently in paid employment?

- Yes No If yes, how many hours per week? _____ hrs

12. Is your partner currently in paid employment?

- Yes No If yes, how many hours per week? _____ hrs

13. Does your family receive any government benefit or pension?

- Yes No

If yes, please list _____

Your health

14. In the last 6 months have either you or your partner sought professional assistance from any of the following?

	Self		Partner	
Psychologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychiatrist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counsellor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide details _____

Your child's health

15. Does your child experience any of the following?

A vision or hearing impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A severe chronic illness that results in regular hospitalisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A physical disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An intellectual disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A developmental delay	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A restrictive/therapeutic diet prescribed by a health professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide details

16. Is your child having any regular contact with another professional or government agency for emotional or behavioural problems?

Yes No

If yes, please describe _____



Sometimes we lose contact with families who are participating in our programs. To help us keep in touch with you, please provide the details of two relatives or friends we could contact for your new address and phone number.

Other contact details

NAME	PHONE NUMBER

Thank you for your cooperation and involvement in Triple P.



Triple P – Positive Parenting Program®

Discussion Group Satisfaction Questionnaire

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your *honest opinions* about the services you have received, whether they are positive or negative. Please answer all the questions.

Please circle the response that best describes how you honestly feel.

1. How would you rate the quality of the discussion group?

7	6	5	4	3	2	1
Excellent		Good		Fair		Poor

2. Did you receive the type of help you wanted from the program?

1	2	3	4	5	6	7
No, definitely not	No, not really	Yes, generally		Yes, definitely		

3. To what extent has the program met your needs?

7	6	5	4	3	2	1
Almost all needs have been met		Most needs have been met		Only a few needs have been met		No needs have been met

4. How satisfied were you with the amount of help you received?

1	2	3	4	5	6	7
Quite dissatisfied		Dissatisfied		Satisfied		Very satisfied

5. Did you gain sufficient knowledge or information to be able to implement the parenting strategies introduced?

7	6	5	4	3	2	1
Yes, definitely	Yes, generally		No, not really		No, definitely not	

6. Do you intend to implement the parenting strategies introduced?

7	6	5	4	3	2	1
Yes, definitely	Yes, generally		No, not really		No, definitely not	

7. How satisfied were you with the content of the discussion group?

1	2	3	4	5	6	7
Very dissatisfied		Dissatisfied		Satisfied		Very satisfied

8. How satisfied were you with the format of the discussion group?

1	2	3	4	5	6	7
Very dissatisfied		Dissatisfied		Satisfied		Very satisfied

9. If you were to seek help again, would you come back to *Triple P*?

1	2	3	4	5	6	7
No, definitely not	No, I don't think so		Yes, I think so		Yes, definitely	



10. Has the program helped you to develop skills that can be applied to other family members?

1 2 3 4 5 6 7
No, definitely not No, I don't think so Yes, I think so Yes, definitely

11. Do you have any other comments about this program?

Thank you



Triple P – Positive Parenting Program®

Parenting Experience Survey

Name: _____ Date: _____

Below are a list of issues relating to being a parent. Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child's behaviour been over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

4. How supported have you felt in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

If you have a partner, please complete the following items.

5. To what extent do you both agree over methods of disciplining your child?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

6. How supportive has your partner been towards you in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

7. In an overall sense, how happy do you consider your relationship with your partner to be?

(Note: the middle point, 'happy' represents the degree of happiness of most relationships, please indicate the point that best describes the degree of happiness, all things considered, of your relationship)

Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect
0	1	2	3	4	5	6

