TRIPLE P CABARRUS

CAREGIVER SATISFACTION QUESTIONNAIRE

Provider Name and Agency: ___________________________________ Triple P Level & Type: ______

Caregiver Name or Client ID: ___________________________________ Today’s Date: ____________

Relationship to Child: _____________________________________

INSTRUCTIONS
This questionnaire will help us to evaluate and continually improve the Triple P parenting 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 by circling the response that best describes how you honestly feel.

1. How would you rate the quality of the Triple P parenting program you and your child received?

   1 2 3 4 5 6 7
   Poor  Fair  Good  Excellent

2. Has the Triple P parenting program helped you to deal more effectively with your child’s behavior?

   No, it made things worse  No, it hasn’t helped much  Yes, it has helped somewhat  Yes, has helped a great deal

3. Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?

   No, it made things worse  No, it hasn’t helped much  Yes, it has helped somewhat  Yes, has helped a great deal

4. If you were to seek help again, would you come back to Triple P parenting program?

   No, definitely not  No, I don’t think so  Yes, I think so  Yes, definitely

5. In your opinion, how is your child’s behavior at this point?

   Considerably worse  Worse  Slightly worse  The same  Slightly improved  Improved  Greatly improved

6. Do you have any other comments about Triple P parenting program?

   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
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Return to Triple P Cabarrus:
Cabarrus Health Alliance
300 Mooresville Rd. Kannapolis, NC 28081