CAREGIVER SATISFACTION QUESTIONNAIRE

Provider Name and Agency:					Trip	Triple P Level & Type:		
Caregiver Name or Client ID:					Today's Date:			
Relation	nship to Child:							
This que nterest	ed in your HONEST C	PINIONS	about the services yo	u have red	ne Triple P parenting proceived, whether they are cribes how you honestl	e positive c		
	•	,			ogram you and your ch		12	
	1 Poor	2	3 Fair	4	5 Good	6	7 Excellent	
2.	Has the Triple P par	enting p	rogram helped you to	deal more	e effectively with your	child's beha	avior?	
	1 No, it made things worse	2	3 No, it hasn't helped much	4	5 Yes, it has helped somewhat	6 Yes,	7 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?							
	1 No, it made things worse	2	3 No, it hasn't helped much	4	5 Yes, it has helped somewhat	6 Yes,	7 has helped a great dea	
4.	If you were to seek help again, would you come back to Triple P parenting program?							
	1 No, definitely not	2	3 No, I don't think so	4	5 Yes, I think so	6	7 Yes, definitely	
5.	In your opinion, how is your child's behavior at this point?							
	1 Considerably worse	2 Worse	3 Slightly worse	4 The same	5 Slightly improved	6 Improved	7 Greatly improved	
6.	Do vou have any otl	ner comr	ments about Triple P p	arenting r	orogram?			
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Return to: Triple P Mecklenburg Attn. Cathy Henderson Southeast Health Department 249 Billingsley Road Charlotte, NC 28211