

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?

1 2 3 4 5 6 7
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?

1 2 3 4 5 6 7
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?

1 2 3 4 5 6 7
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?

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

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

Return to: Triple P Mecklenburg
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