TRIPLE P CABARRUS

CAREGIVER SATISFACTION QUESTIONNAIRE

Provider Name: ________________________________ 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 Poor 2 3 Fair 4 5 Good 6 7 Excellent

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

1 No, it made things worse 2 No, it hasn’t helped much 3 4 Yes, it has helped somewhat 5 6 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 No, it made things worse 2 No, it hasn’t helped much 3 4 Yes, it has helped somewhat 5 6 Yes, has helped a great deal

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

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