

## PARENT'S SATISFACTION QUESTIONNAIRE

The following questionnaire is part of our evaluation of the treatment program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

### A. The Overall Program

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

1. The major problem(s) that originally prompted me to begin treatment for my child is (are) at this point

|                    |       |                |          |                   |          |                  |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|
| considerably worse | worse | slightly worse | the same | slightly improved | improved | greatly improved |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|

2. My child's problems which I/we have treated with clinic methods are at this point

|                    |       |                |          |                   |          |                  |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|
| considerably worse | worse | slightly worse | the same | slightly improved | improved | greatly improved |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|

3. My child's problems which I/we have not treated with clinic methods are at this point

|                    |       |                |          |                   |          |                  |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|
| considerably worse | worse | slightly worse | the same | slightly improved | improved | greatly improved |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|

4. At this point my feelings about my child's progress are that I am

|                   |              |                       |         |                    |           |                |
|-------------------|--------------|-----------------------|---------|--------------------|-----------|----------------|
| very dissatisfied | dissatisfied | slightly dissatisfied | neutral | slightly satisfied | satisfied | very satisfied |
|-------------------|--------------|-----------------------|---------|--------------------|-----------|----------------|

5. To what degree has the treatment program helped with other general personal or family problems not directly related to your child? (e.g., marriage, my feelings in general)

|                                |          |                   |                             |                 |        |                  |
|--------------------------------|----------|-------------------|-----------------------------|-----------------|--------|------------------|
| hindered much more than helped | hindered | hindered slightly | neither helped nor hindered | helped slightly | helped | helped very much |
|--------------------------------|----------|-------------------|-----------------------------|-----------------|--------|------------------|

6. At this point, my expectation for good results from this treatment is

|                  |             |                      |         |                     |            |                 |
|------------------|-------------|----------------------|---------|---------------------|------------|-----------------|
| very pessimistic | pessimistic | slightly pessimistic | neutral | slightly optimistic | optimistic | very optimistic |
|------------------|-------------|----------------------|---------|---------------------|------------|-----------------|

7. I feel that the approach used to treat my child's behavior problems in this program is

|                            |                    |                                |         |                              |             |                     |
|----------------------------|--------------------|--------------------------------|---------|------------------------------|-------------|---------------------|
| very<br>inappro-<br>priate | inappro-<br>priate | slightly<br>inappro-<br>priate | neutral | slightly<br>appro-<br>priate | appropriate | very<br>appropriate |
|----------------------------|--------------------|--------------------------------|---------|------------------------------|-------------|---------------------|

8. Would you recommend the program to a friend or relative?

|                                |                  |                                |         |                            |                |                            |
|--------------------------------|------------------|--------------------------------|---------|----------------------------|----------------|----------------------------|
| strongly<br>not recom-<br>mend | not<br>recommend | slightly<br>not recom-<br>mend | neutral | slightly<br>recom-<br>mend | recom-<br>mend | strongly<br>recom-<br>mend |
|--------------------------------|------------------|--------------------------------|---------|----------------------------|----------------|----------------------------|

9. How confident are you in managing current behavior problems in the home on your own?

|                          |                  |                         |         |                       |           |                   |
|--------------------------|------------------|-------------------------|---------|-----------------------|-----------|-------------------|
| very<br>uncon-<br>fident | uncon-<br>fident | somewhat<br>unconfident | neutral | somewhat<br>confident | confident | very<br>confident |
|--------------------------|------------------|-------------------------|---------|-----------------------|-----------|-------------------|

10. How confident are you in your ability to manage future behavior problems in the home using what you learned from this program?

|                          |                  |                         |         |                       |           |                   |
|--------------------------|------------------|-------------------------|---------|-----------------------|-----------|-------------------|
| very<br>uncon-<br>fident | uncon-<br>fident | somewhat<br>unconfident | neutral | somewhat<br>confident | confident | very<br>confident |
|--------------------------|------------------|-------------------------|---------|-----------------------|-----------|-------------------|

11. My overall feeling about the treatment program for my child and family is

|                  |          |                      |         |                      |          |                  |
|------------------|----------|----------------------|---------|----------------------|----------|------------------|
| very<br>negative | negative | somewhat<br>negative | neutral | slightly<br>positive | positive | very<br>positive |
|------------------|----------|----------------------|---------|----------------------|----------|------------------|

## B. Teaching Format

### Difficulty

In this section, we'd like to get your ideas of how difficult each of the following types of teaching has been for you to follow. Please circle the response that most clearly describes your opinion.

1. Lecture information by therapist (e.g., when therapist talked about how to praise or how to use Time Out)

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

2. Demonstration of skills through use of videotape scenes

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

3. Group discussion of skills

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

4. Practicing the play skills at home with child

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

5. Other homework assignments

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

6. Involvement of my child's teacher in the program

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

Usefulness

In this section, we'd like to get your ideas of how useful each of the following types of teaching is for you now. Please circle the response that most clearly describes your opinion.

1. Lecture information

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

2. Demonstration of skills through use of videotape vignettes

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

3. Group discussion of skills

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

4. Practice of play skills at home with your child

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

5. Other homework assignments

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

6. Involvement of my child's teacher in the program

|           |     |          |         |          |        |           |
|-----------|-----|----------|---------|----------|--------|-----------|
| extremely | not | somewhat | neutral | somewhat | useful | extremely |
|-----------|-----|----------|---------|----------|--------|-----------|

useless

useful useless

useful

useful

## Specific Parenting Techniques

|                                     |           |                    |         |               |      |                |
|-------------------------------------|-----------|--------------------|---------|---------------|------|----------------|
| Attends/Commenting                  |           |                    |         |               |      |                |
| extremely difficult                 | difficult | somewhat difficult | neutral | somewhat easy | easy | extremely easy |
| 3. Rewards/Praise                   |           |                    |         |               |      |                |
| extremely difficult                 | difficult | somewhat difficult | neutral | somewhat easy | easy | extremely easy |
| 4. Ignoring                         |           |                    |         |               |      |                |
| extremely difficult                 | difficult | somewhat difficult | neutral | somewhat easy | easy | extremely easy |
| 5. Good commands                    |           |                    |         |               |      |                |
| extremely difficult                 | difficult | somewhat difficult | neutral | somewhat easy | easy | extremely easy |
| 6. Time-out                         |           |                    |         |               |      |                |
| extremely difficult                 | difficult | somewhat difficult | neutral | somewhat easy | easy | extremely easy |
| 7. This overall group of techniques |           |                    |         |               |      |                |
| extremely difficult                 | difficult | somewhat difficult | neutral | somewhat easy | easy | extremely easy |

## Usefulness

In this section, we'd like to get your ideas of how useful each of the following methods is. Please circle the response that most clearly describes your opinion.

### 1. Play

|                   |            |                  |         |                 |        |                  |
|-------------------|------------|------------------|---------|-----------------|--------|------------------|
| extremely useless | not useful | somewhat useless | neutral | somewhat useful | useful | extremely useful |
|-------------------|------------|------------------|---------|-----------------|--------|------------------|

2. Attends/Commenting

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

3. Rewards/Praise

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

4. Ignoring

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

5. Good commands

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

6. Time-out

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

7. This overall group of techniques

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

**D. Advanced Sessions (2nd half of program)**

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In this section we'd like to get your idea of how difficult it usually is to utilize the skills taught on the following topics. Please circle the response that most closely describes how difficult the following skills are to do.

1. Application of basic parenting skills learned (e.g., Praise, Time-out, etc.) to new child behavior problems which emerge.

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

2. Communication Skills with Adults

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

3. Anger Management

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

4. Depression Self-Control

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

5. Problem-Solving Skills With Adults

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

6. Communication Skills with Children

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

7. Problem-Solving Skills With Children

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

Usefulness

In this section, we'd like to have your opinion of how useful each of the following skills is to you in improving your interactions with adults and children. Please circle the response that most closely describes the usefulness of the following skills.

1. Application of basic parenting skills learned (e.g., Praise, Time out, etc.) to new child behavior problems which emerge.

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

2. Communication Skills With Adults

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

3. Anger Management

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

4. Depression Self-Control

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

5. Problem-Solving Skills With Adults

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

6. Communication Skills With Children

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

7. Problem-Solving Skills With Children

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|



## Involvement with Your Child's Education

\_\_\_\_\_ it is to do the following:

1. Support my child's success at school by reading and/or doing homework with my child

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

2. Support my child's success at school through direct communication with his/her teacher

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

3. Support my child's success at school by volunteering for school activities

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

4. Support my child's success at school by home/school good behavior charts

|                        |           |                       |         |                  |      |                   |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|
| extremely<br>difficult | difficult | somewhat<br>difficult | neutral | somewhat<br>easy | easy | extremely<br>easy |
|------------------------|-----------|-----------------------|---------|------------------|------|-------------------|

### Usefulness

In this section we'd like to get an idea of how useful it is to do the following:

1. Support my child's success at school by reading and/or doing homework with my child

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

2. Support my child's success at school through direct communication with his/her teacher

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

3. Support my child's success at school by volunteering for school activities

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

4. Support my child's success at school by home/school good behavior charts

|                      |               |                     |         |                    |        |                     |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|
| extremely<br>useless | not<br>useful | somewhat<br>useless | neutral | somewhat<br>useful | useful | extremely<br>useful |
|----------------------|---------------|---------------------|---------|--------------------|--------|---------------------|

**F. Therapist 1**

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(name)

In this section we'd like to get your ideas about your therapist(s). Please circle the response to each question that best expresses how you feel.

1. I feel that the therapist's teaching was

|              |      |                              |         |                              |      |          |
|--------------|------|------------------------------|---------|------------------------------|------|----------|
| very<br>poor | fair | slightly<br>below<br>average | average | slightly<br>above<br>average | high | superior |
|--------------|------|------------------------------|---------|------------------------------|------|----------|

2. The therapist's preparation was

|      |      |                              |         |                              |      |          |
|------|------|------------------------------|---------|------------------------------|------|----------|
| poor | fair | slightly<br>below<br>average | average | slightly<br>above<br>average | high | superior |
|------|------|------------------------------|---------|------------------------------|------|----------|

3. Concerning the therapist's interest and concern in me and my problems with my child, I am

|                           |                   |                               |         |                       |                |                        |
|---------------------------|-------------------|-------------------------------|---------|-----------------------|----------------|------------------------|
| extremely<br>dissatisfied | dissatis-<br>fied | slightly<br>dissatis-<br>fied | neutral | slightly<br>satisfied | satis-<br>fied | extremely<br>satisfied |
|---------------------------|-------------------|-------------------------------|---------|-----------------------|----------------|------------------------|

4. At this point, I feel that the therapist in the treatment program was

|                             |                |                            |         |                     |         |                      |
|-----------------------------|----------------|----------------------------|---------|---------------------|---------|----------------------|
| extremely<br>not<br>helpful | not<br>helpful | slightly<br>not<br>helpful | neutral | slightly<br>helpful | helpful | extremely<br>helpful |
|-----------------------------|----------------|----------------------------|---------|---------------------|---------|----------------------|

5. Concerning my personal feelings toward my therapist

|                                   |                                  |                                  |  |                   |                                |                   |
|-----------------------------------|----------------------------------|----------------------------------|--|-------------------|--------------------------------|-------------------|
| I dislike<br>him/her<br>very much | I dislike<br>him/her<br>slightly | I dislike<br>him/her<br>attitude | I have a<br>neutral<br>slightly<br>toward<br>him/her | I like<br>him/her | I like<br>him/her<br>very much | I like<br>him/her |
|-----------------------------------|----------------------------------|----------------------------------|--|-------------------|--------------------------------|-------------------|

---

(name)

In this section we'd like to get your ideas about your therapist(s). Please circle the response to each question that best expresses how you feel.

1. I feel that the therapist's teaching was

|      |      |          |         |          |      |          |
|------|------|----------|---------|----------|------|----------|
| very | fair | slightly | average | slightly | high | superior |
|------|------|----------|---------|----------|------|----------|

poor

below  
average

above  
average

2. The therapist's preparation was

|      |      |                              |         |                              |      |          |
|------|------|------------------------------|---------|------------------------------|------|----------|
| poor | fair | slightly<br>below<br>average | average | slightly<br>above<br>average | high | superior |
|------|------|------------------------------|---------|------------------------------|------|----------|

3. Concerning the therapist's interest and concern in me and my problems with my child, I am

|                           |                   |                               |         |                       |                |                        |
|---------------------------|-------------------|-------------------------------|---------|-----------------------|----------------|------------------------|
| extremely<br>dissatisfied | dissatis-<br>fied | slightly<br>dissatis-<br>fied | neutral | slightly<br>satisfied | satis-<br>fied | extremely<br>satisfied |
|---------------------------|-------------------|-------------------------------|---------|-----------------------|----------------|------------------------|

4. At this point, I feel that the therapist in the treatment program was

|                             |                |                            |         |                     |         |                      |
|-----------------------------|----------------|----------------------------|---------|---------------------|---------|----------------------|
| extremely<br>not<br>helpful | not<br>helpful | slightly<br>not<br>helpful | neutral | slightly<br>helpful | helpful | extremely<br>helpful |
|-----------------------------|----------------|----------------------------|---------|---------------------|---------|----------------------|

5. Concerning my personal feelings toward my therapist

|                                   |                                  |                                  |  |                   |                                |                   |
|-----------------------------------|----------------------------------|----------------------------------|--|-------------------|--------------------------------|-------------------|
| I dislike<br>him/her<br>very much | I dislike<br>him/her<br>slightly | I dislike<br>him/her<br>attitude | I have a<br>neutral<br>slightly<br>toward<br>him/her | I like<br>him/her | I like<br>him/her<br>very much | I like<br>him/her |
|-----------------------------------|----------------------------------|----------------------------------|--|-------------------|--------------------------------|-------------------|

**G. Your Opinion Please**

5. What did you like the most about the advanced program?
6. What did you like the least about the advanced program?
7. What part of the entire program was least helpful to you?
8. How could the entire program have been improved to help you more?
9. During the time you were in this program did you receive any other type of treatment for yourself or your child?
10. At this time do you feel the need for additional individual or group therapy? Please elaborate.
11. How did you feel about your therapists' involvement in the program?

We thank you for your patience in filling out all these questionnaires. It really helps us to plan future programs to have your input.

My overall feeling about filling out questionnaires is

|                  |          |                      |         |                      |          |                  |
|------------------|----------|----------------------|---------|----------------------|----------|------------------|
| very<br>negative | negative | somewhat<br>negative | neutral | slightly<br>positive | positive | very<br>positive |
|------------------|----------|----------------------|---------|----------------------|----------|------------------|

My overall feeling about the videotaped and home observations is

|                  |          |                      |         |                      |          |                  |
|------------------|----------|----------------------|---------|----------------------|----------|------------------|
| very<br>negative | negative | somewhat<br>negative | neutral | slightly<br>positive | positive | very<br>positive |
|------------------|----------|----------------------|---------|----------------------|----------|------------------|