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  slightly the  slightly improved  greatly
   worse  worse  same  improved  improved

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

   considerably worse  slightly the  slightly improved  greatly
   worse  worse  same  improved  improved

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

   considerably worse  slightly the  slightly improved  greatly
   worse  worse  same  improved  improved

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

   very dissatisfied  dissatisfied  slightly neutral  slightly satisfied  very
   satisfied  fied  dissatisfied  tral  satisfied  fied  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  hindered  hindered  neither helped  helped  helped
   much more  slightly  helped slightly  very much
   than  nor  hindered

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

   very pessimistic  slightly pessimistic  neutral  slightly optimistic  very
   pessimistic  mistic  pessimistic  optimism  mistic  optimistic
7. I feel that the approach used to treat my child's behavior problems in this program is
very inappropriate - slightly neutral - slightly appropriate - very appropriate
inappropriate - inappropriate - appropriate - appropriate

8. Would you recommend the program to a friend or relative?
strongly not recommend - slightly neutral - slightly recommend - strongly recommend
not recommend - recommend - recommend - recommend

9. How confident are you in managing current behavior problems in the home on your own?
very unconfident - somewhat neutral - somewhat confident - very confident
unconfident - unconfident - confident - 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 unconfident - somewhat neutral - somewhat confident - very confident
unconfident - unconfident - confident - confident

11. My overall feeling about the treatment program for my child and family is
very negative - somewhat neutral - slightly positive - very positive
negative - neutral - positive - 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 difficult - somewhat neutral - somewhat easy - extremely easy
difficult - difficult - easy - easy

2. Demonstration of skills through use of videotape scenes

   extremely difficult - somewhat neutral - somewhat easy - extremely easy
difficult - difficult - easy - easy

3. Group discussion of skills
4. Practicing the play skills at home with child

5. Other homework assignments

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

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

2. Demonstration of skills through use of videotape vignettes

3. Group discussion of skills

4. Practice of play skills at home with your child

5. Other homework assignments

6. Involvement of my child's teacher in the program
### Specific Parenting Techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>Extremely Difficult</th>
<th>Difficult</th>
<th>Somewhat Difficult</th>
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### 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**

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<tr>
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2. Attends/Commenting

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3. Rewards/Praise

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4. Ignoring

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5. Good commands

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D. Advanced Sessions (2nd half of program)

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.

<table>
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<tr>
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<th>not difficult</th>
<th>somewhat neutral</th>
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2. Communication Skills with Adults

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3. Anger Management
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.

2. Communication Skills With Adults

3. Anger Management

4. Depression Self-Control

5. Problem-Solving Skills With Adults
6. Communication Skills With Children

    extremely  not  somewhat  neutral  somewhat  useful  extremely
    useless  useful  useless  useful  useful

7. Problem-Solving Skills With Children

    extremely  not  somewhat  neutral  somewhat  useful  extremely
    useless  useful  useless  useful  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 difficult
   - somewhat difficult
   - neutral
   - somewhat easy
   - easy
   - extremely easy

2. Support my child's success at school through direct communication with his/her teacher
   - extremely difficult
   - somewhat difficult
   - neutral
   - somewhat easy
   - easy
   - extremely easy

3. Support my child's success at school by volunteering for school activities
   - extremely difficult
   - somewhat difficult
   - neutral
   - somewhat easy
   - easy
   - extremely easy

4. Support my child's success at school by home/school good behavior charts
   - extremely difficult
   - somewhat difficult
   - neutral
   - somewhat easy
   - easy
   - extremely 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 useless
   - not useless
   - somewhat useless
   - neutral
   - somewhat useful
   - easy
   - extremely useful

2. Support my child's success at school through direct communication with his/her teacher
   - extremely useless
   - not useless
   - somewhat useless
   - neutral
   - somewhat useful
   - easy
   - extremely useful

3. Support my child's success at school by volunteering for school activities
   - extremely useless
   - not useless
   - somewhat useless
   - neutral
   - somewhat useful
   - easy
   - extremely useful

4. Support my child's success at school by home/school good behavior charts
   - extremely useless
   - not useless
   - somewhat useless
   - neutral
   - somewhat useful
   - easy
   - extremely useful
F. Therapist 1

____________________________
(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 average slightly high superior
   below average above average

3. Concerning the therapist's interest and concern in me and my problems with my child, I am
   
   extremely dissatisfied slightly dissatisfied neutral slightly satisfied extremely satisfied

4. At this point, I feel that the therapist in the treatment program was
   
   extremely not helpful slightly neutral slightly helpful extremely helpful
   not helpful not helpful helpful helpful

5. Concerning my personal feelings toward my therapist
   
   I dislike I dislike I dislike I have a I like I like I like
   him/her him/her him/her neutral him/her him/her him/her
   very much slightly slightly attitude toward very much
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3. Concerning the therapist's interest and concern in me and my problems with my child, I am

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<th>I have a neutral attitude</th>
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<td>very much</td>
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</table>

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
My overall feeling about the videotaped and home observations is

<table>
<thead>
<tr>
<th>very negative</th>
<th>negative</th>
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