

Family Satisfaction Questionnaire (12-20-16)

This questionnaire will help us to evaluate and continually improve the 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 that apply to you.
Please circle the response that best describes how you honestly feel.

1. How would you rate the quality of the service you and your child received?

7	6	5	4	3	2	1
Excellent		Good		Fair		Poor

2. Did you receive the type of help you wanted from the program?

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

3. To what extent has the program met *your child's* needs?

7	6	5	4	3	2	1
Almost all needs have been met		Most needs have been met		Only a few needs have been met		No needs have been met

4. To what extent has the program met *your* needs?

7	6	5	4	3	2	1
Almost all needs have been met		Most needs have been met		Only a few needs have been met		No needs have been met

5. How satisfied were you with the *amount of help* you and your child received?

1	2	3	4	5	6	7
Quite dissatisfied		Dissatisfied		Satisfied		Very satisfied

6. Has the program helped you to deal more effectively with your child's behavior?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

7. Has the program helped you to deal more effectively with problems that arise in your family?

7	6	5	4	3	2	1
Yes, it has helped a great deal	Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse	

8. Do you think your relationship with your partner has been improved by the program?

1	2	3	4	5	6	7
No definitely not	No not really		Yes generally		Yes definitely	

9. In an overall sense, how satisfied are you with the program you and your child received?

7	6	5	4	3	2	1
Very satisfied	Satisfied		Dissatisfied		Very dissatisfied	

10. If you were to seek help again, would you come back to Triple P/Circle of Security Parenting?

1	2	3	4	5	6	7
No, definitely not	No, I don't think so		Yes, I think so		Yes, definitely	

11. Has the program helped you to develop skills that can be applied to other family members?

1	2	3	4	5	6	7
No, definitely not	No, I don't think so		Yes, I think so		Yes, definitely	

12. 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

13. How would you describe your feelings at this point about your child's progress?

7	6	5	4	3	2	1
Very satisfied	Satisfied	Slightly satisfied	Neutral	Slightly dissatisfied	Dissatisfied	Very dissatisfied

14. Staff respected my culture/ethnic background. (Select One)

1	2	3	4	5	6	7
Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree

15. I know how to access community resources to help meet my family's needs. (Select One)

1	2	3	4	5	6	7
Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree

16. In a crisis, I would have the support I need from family or friends. (Select One)

1	2	3	4	5	6	7
Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree

17. I have people with whom I can do enjoyable things. (Select One)

1	2	3	4	5	6	7
Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree