

POST

TRIPLE P CABARRUS – LEVEL 3
PARENTING EXPERIENCE POST-SURVEY

Provider Name and Agency: _____

Triple P Level & Type: _____

Caregiver Name or Client ID: _____

Today's Date: _____

Relationship to Child: _____

Below are a list of issues relating to being a parent.

Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child's behavior been over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

4. How supported have you felt in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

<p>Return to Triple P Cabarrus: Cabarrus Health Alliance 300 Mooresville Rd. Kannapolis, NC 28081</p>
