

POST

Level 3  
PARENTING EXPERIENCE POST-SURVEY

Caregiver Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Triple P Intervention Type (ex: Level 3 Stepping Stones 0-12): \_\_\_\_\_

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
	1	2	3	4	5
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

Edited 3/1/2014

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