

PRE

TRIPLE P CABARRUS – LEVEL 3  
PARENTING EXPERIENCE PRE-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

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