Incredible Years®

Parent Program Satisfaction Questionnaire

Babies Program

(Hand out at end of the program)

Participant’s Name __________________________________ Date __________________________

The following questionnaire is part of our evaluation of the Incredible Years parenting 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 at this point.

1. The bonding that I feel with my baby since I took this program is
   considerably worse slightly the same slightly improved greatly improved
   worse worse improved improved

2. My baby’s bonding with me since I started this program is
   considerably worse slightly the same slightly improved greatly improved
   worse worse improved improved

3. My feelings about my baby’s social, emotional and physical developmental progress are that I am
   very dissatisfied slightly neutral slightly satisfied greatly satisfied
   dissatisfied dissatisfied neutral satisfied satisfied

4. To what degree has the Incredible Years parenting program helped with other personal or family problems not directly related to your baby (for example, your feelings of support in general)?
   hindered hindered hindered neither helped helped helped
   much more slightly helped slightly helped very much
   hindered not hindered nor hindered

5. My expectation for good results from the Incredible Years baby program is
   very pessimistic slightly pessimistic neutral slightly optimistic very optimistic
   pessimistic pessimistic neutral optimistic optimistic

6. I feel that the approaches used to enhance my baby’s development and language in this program are
   very inappropriate slightly inappropriate neutral slightly appropriate greatly appropriate
   inappropriate inappropriate neutral appropriate appropriate
7. Would you recommend the Incredible Years program to a friend or relative with a baby?

- strongly not recommend
- not recommend
- slightly not recommend
- neutral
- slightly recommend
- recommend
- strongly recommend

8. How confident are you in parenting your baby at this time?

- very unconfident
- unconfident
- slightly unconfident
- neutral
- slightly confident
- confident
- very confident

9. How confident are you in your ability to provide physical, tactile and visual stimulation at this time?

- very unconfident
- unconfident
- slightly unconfident
- neutral
- slightly confident
- confident
- very confident

10. My overall feeling about achieving my goals in this program for my baby are

- very negative
- negative
- slightly negative
- neutral
- slightly positive
- positive
- very positive

B. Incredible Years Teaching Format/Methods

Usefulness

In this section, we would like you to indicate how useful each of the following types of methods used to deliver this program is for you now. Please circle the response that most clearly describes your opinion.

1. Content of information presented was

- extremely useless
- useless
- slightly useless
- neutral
- somewhat useful
- useful
- extremely useful

2. Demonstration of parenting skills through the use of video vignettes was

- extremely useless
- useless
- slightly useless
- neutral
- somewhat useful
- useful
- extremely useful

3. Group discussion, sharing and support from other parents during this program was

- extremely useless
- useless
- slightly useless
- neutral
- somewhat useful
- useful
- extremely useful

4. Use of practice with my baby during group sessions was

- extremely useless
- useless
- slightly useless
- neutral
- somewhat useful
- useful
- extremely useful
5. I found the “buddy calls” to be

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6. The “baby-proof safety checklist” and “things I can do” journal was

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7. Practicing things I learned at home with my baby was

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8. Weekly handouts (e.g., refrigerator notes) were

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9. Phone calls from the group leaders were

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C. Specific Parenting Techniques/Topics

Usefulness

In this section, we would like you to indicate how useful each of the following topics and techniques is in improving your interactions with your baby. Please circle the response that most accurately describes the usefulness of the content or techniques.

1. Information about baby’s development and developmental milestones

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2. Providing Physical, Tactile and Visual Stimulation (e.g., baby massage, games, exercises)

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3. Promoting Baby Language and Brain Development (e.g, speaking “parent-ese”)

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4. Child-Directed Play Interactions (e.g., reading babies’ cues)

5. Descriptive Commenting/Social and Emotion Coaching

6. Helping Babies Feel Loved, Safe and Secure

7. Singing to Babies

8. Flexibility in Routines and Transition to Predictable Daily Schedules

9. Gaining Support and Importance of Parental Self-Care

10. Knowing How to Respond to a Baby’s Crying & Strategies for Staying Calm

11. Introducing Books to Babies

12. Assuring a Baby-proofed Home

13. This Overall Group of Techniques

Handout 7-4
D. Evaluation of Incredible Years Parent Group Leader(s)

In this section we would like you to express your opinions about your group leader(s). Please circle the response to each question that best describes how you feel.

Group Leader #1

(name)

1. I feel that the group leader’s teaching and facilitation of group discussions was

very poor below average average above superior excellent

poor average

2. The group leader’s preparation was

very poor below average average above superior excellent

poor average

3. Concerning the group leader’s interest and concern in me and my baby, I was

very dissatisfied slightly average slightly satisfied extremely satisfied
dissatisfied satisfied

4. At this point, I feel that the group leader in the program was

extremely unhelpful slightly neutral slightly helpful extremely helpful

unhelpful helpful

If more than one group leader was involved in your program, please fill in the following. (Go to Section E if only one leader was involved.)

Group Leader #2

(name)

1. I feel that the group leader’s teaching and facilitation of group discussion was

very poor below average average above superior excellent

poor average

2. The group leader’s preparation was

very poor below average average above superior excellent

poor average

3. Concerning the group leader’s interest and concern in me and my baby, I was

very dissatisfied slightly average slightly satisfied extremely satisfied
dissatisfied satisfied

4. At this point, I feel that the group leader in the program was

extremely unhelpful slightly neutral slightly helpful extremely helpful

unhelpful helpful

Handout 7-5
E. Overall Program Evaluation

1. What part of the program was most helpful to you?

2. What did you like most about the program?

3. What did you like least about the program?

4. How could the program have been improved to help you more?