

Participant ID: _____
 First & Last Initial and Birthdate (Example: BJ07051986)

Today's Date: _____

Agency: _____

CWB Community: _____

Therapist Name: _____

Part I. Please **circle** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time, ranging from never to always. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please **circle** the number that best describes how much you agree or disagree with the statement.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit from your participation in our services.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

Is there anything that could be done differently that would be helpful?



Please *circle* the number that describes how the statement reflects your opinion about the program.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
21. I felt respected and valued by the therapist or staff.	1	2	3	4	5	6	7
22. I have learned new techniques to teach my child new skills.	1	2	3	4	5	6	7
23. I feel my relationship with my child is better than before.	1	2	3	4	5	6	7
24. I would recommend this therapy or program to another parent.	1	2	3	4	5	6	7