

PRE

Western NC Region Positive Parenting Program
Level 3
PARENTING EXPERIENCE PRE-SURVEY



Date: _____

Provider and Agency Name: _____ County: _____

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
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

POST

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Level 3
PARENTING EXPERIENCE POST-SURVEY



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Provider and Agency Name: _____ County: _____

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.

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Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
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3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

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

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