



Parents and Babies Program Satisfaction Questionnaire

Participant's ID _____

Date _____

The following questionnaire is part of our evaluation of the Incredible Years Parents and Babies Program that you have received. It is important that you answer as honestly as possible. All responses will be strictly confidential. Your cooperation is greatly appreciated!

Please select the response that best expressly how you feel at this point.



A. Incredible Years Teaching Format / Methods

1. Content of the information presented was

- Useless Slightly useless Neutral Somewhat useful Useful

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

- Useless Slightly useless Neutral Somewhat useful Useful

3. The home practice activities (e.g., imitating, singing, reading to my baby) were

- Useless Slightly useless Neutral Somewhat useful Useful

4. The baby book was

- Useless Slightly useless Neutral Somewhat useful Useful Did not receive a book

5. I found the "buddy calls" to be

- Useless Slightly useless Neutral Somewhat useful Useful Did not receive buddy calls

6. Phone calls from my Incredible Years Coach were

- Useless Slightly useless Neutral Somewhat useful Useful Did not receive calls

B. Specific Parenting Techniques/Topics

1. Assuring a Baby-proofed home was

- Useless Slightly useless Neutral Somewhat useful Useful Topic not covered

2. Information learned about baby's development milestones and completing "things I can do" handout was

- Useless Slightly useless Neutral Somewhat useful Useful Topic not covered

3. Providing physical, tactile, and visual stimulation (e.g., baby massage, games, exercises) was

- Useless Slightly useless Neutral Somewhat useful Useful Topic not covered

4. Promoting baby language and brain development (e.g., speaking “parent-ese”) was
 Useless *Slightly useless* *Neutral* *Somewhat useful* *Useful* *Topic not covered*
5. Helping babies feel loved, safe, and secure was
 Useless *Slightly useless* *Neutral* *Somewhat useful* *Useful* *Topic not covered*
6. Flexibility in routines and transition to predictable daily schedules was
 Useless *Slightly useless* *Neutral* *Somewhat useful* *Useful* *Topic not covered*
7. Knowing how to respond to a baby’s crying and strategies for staying calm was
 Useless *Slightly useless* *Neutral* *Somewhat useful* *Useful* *Topic not covered*

C. Evaluation of Incredible Years Coach

1. I feel that the coach’s/coaches’ teaching of Incredible Years Parents and Babies Program was
 Poor Below average Average Above average Excellent
2. I feel that my relationship with my coach/coaches was
 Poor Below average Average Above average Excellent



D. The Overall Program

1. The bonding that I feel with my baby since I took this program is
 Worse Slightly worse The same Slightly improved Greatly improved
2. Would you recommend this Incredible Years Parents and Babies Program to a friend or relative with a baby?
 Yes No
3. The feeling of overall support and connectedness I have since I took this program is
 Worse Slightly worse The same Slightly improved Greatly improved
4. Did you feel that that the Incredible Years Parents and Babies Program added too much time to your child’s medical appointment?
 Yes No N/A, I did the IY group program
5. What did you like most about the program?
6. How could we improve the program?