Triple P – Positive Parenting Program®



Parenting Experience Survey											
Name: Date:											
	ow are a list of issuction	Ü	J	•		e number					
1.	In an overall sense, how difficult has your child's behaviour been over the 6 weeks?										
	Not at all	Slightly	Moderately	Very	Extremel	у					
	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 E	Extremely					
Par	enting is rewarding	1	2	3	4	5					
Parenting is demanding		1	2	3	4	5					
Par	enting is stressful	1	2	3	4	5					
Parenting is fulfilling		1	2	3	4	5					
Parenting is depressing 1		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	Extremel	У					
	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	Extremel	У					
	1	2	3	4	5						
If y	ou have a partner, ple	ase complet	e the follow	ng items.							
5.	To what extent do you	u both agree	over metho	ds of disciplin	ing your ch	nild?					
	Not at all	Slightly	Moderately	Very	Extremel	У					
	1	2	3	4	5						
6.	How supportive has your partner been towards you in your role as a parent over the last 6 weeks?										
	Not at all	Slightly	Moderately	Very	Extremel	У					
	1	2	3	4	5						
7.	In an overall sense, partner to be? (Note: the middle point, 'ha indicate the point that best	ppy' represents	the degree of h	appiness of most r	elationships, p	olease					

Extremely unhappy	Fairly unhappy	A little unhappy	Нарру	Very happy	Extremely happy	Perfect
0	1	2	3	4	5	6