Discussion Group Satisfaction Questionnaire

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your *honest opinions* about the services you have received, whether they are positive or negative. Please answer all the questions.

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	ease circle the resp				-	esti	y teet.
1.	How would you ra	ate	the quality of the	e d	iscussion group?		
	7	6	5	4	3	2	1
	Excellent		Good		Fair		Poor
2. Did you receive the t			ype of help you	wa	nted from the pro	gra	ım?
	1	2	3	4	5	6	7
	No, definitely not		No, not really		Yes, generally		Yes, definitely
3.	To what extent ha	s th	ne program met	yo	ur needs?		
	7	6	5	4	3	2	1
	Almost all needs have been met		Most needs have been met		Only a few needs have been met	6	No needs have been met
4.	How satisfied wer	re y	ou with the amo	un	t of help you rece	ive	d?
	1	2	3	4	5	6	7
	Quite dissatisfied		Dissatisfied		Satisfied		Very satisfied
5.	5. Did you gain sufficient knowledge or information to be parenting strategies introduced?				rmation to be able	to	implement the
	7	6	5	4	3	2	1
	Yes, definitely		Yes, generally		No, not really	Ν	No, definitely not
6.	Do you intend to	imp	lement the pare	nti	ng strategies intro	odu	ced?
	7	6	5	4	3	2	1
	Yes, definitely		Yes, generally		No, not really	Ν	lo, definitely not
7.	How satisfied were	e yo	u with the conter	it o	f the discussion gr	oup	?
	1	2	3	4	5	6	7
	Very dissatisfied		Dissatisfied		Satisfied		Very satisfied
8.	How satisfied were	e vo	u with the format	of	the discussion arc	auo?	•
	1	2	3	4	5	6	7
	Very dissatisfied	_	Dissatisfied	·	Satisfied	Ū	Very satisfied
9.	If you were to see	k he	elp again, would	yo		iple	: P?
	1	2	3	4	5	6	7
	No, definitely not	Ν	lo, I don't think s	0	Yes, I think so		Yes, definitely
Client Code:	• •						

First 3 letters of your first name	First 2 letters of your last name	Your birth month (mm)	Oldest Child's birthdate (mmdd)

	s? I	2 3	4	5	6	7	
		No, I don't think			-	Yes, definitely	
11. Do you h	ave any o	other comments a	bout tl	nis program?			
Thank you							
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month (mm)

birthdate (mmdd)

of your first name

your last name