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| --- | --- |
| NorPIP CENTRE |  |
| Case ID |  |
| Date |  |

****For the following questions, please circle the answer that you feel is the most appropriate to your situation. There are also some questions where we would like you to write a couple of sentences.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Have you found the service made your situation:** | Much worse | A little worse | Made no difference | A little better  | Much better |
| **2** | **Do you feel that your relationship with your small child has:** | Become much more difficult | Become a little more difficult | Stayed the same | Improved a little | Improved a lot |
|  | **In your own words, how have the sessions helped your relationship with your child?** |
| **3** | **Which of these did you find helpful? Please circle as many as apply:** |
| a | Thinking about events from your childhood might be affecting you now |
| b | A chance to discuss your child |
| c | Thinking about the relationship between you both |
| d | Information about child development |
| e | Being helped to see your child’s point of view |
| f | A sense that you were understood  |
| **4** | **Do you feel that your mental health has:** | Decreased a lot | Decreased a little | Stayed the same | Improved a little | Improved a lot |
|  | **In your own words, how have the sessions helped your general mental health?** |
| **5** | **In your own words, could you describe briefly the reason you started coming to NorPIP and how you found out about NorPIP?** |
| **6** | **Would you recommend this service to another parent?** | Yes | No |
| **7** | **Was anything unhelpful?** | Yes | No |
| **8** | **If you circled to say yes, please could you tell us what it was in the space below:**  |
| **9** | **Please use this space for anything else you would like to say:** |
| **10** | **Do we have permission to quote you? This will always be anonymous.** | Yes | No |