

Name: \_\_\_\_\_

Therapist \_\_\_\_\_

Date \_\_\_\_\_

**PUP Treatment Experience**

**We are interested to know which of the following statements were part of your treatment plan in the Parents Under Pressure program. Not all of these statements may apply to your situation so we have a Not Applicable (NA) column.**

**Please circle the item that best indicates your agreement with the statement.**

	<b>Strongly Disagree</b>	<b>Mostly Disagree</b>	<b>Agree</b>	<b>Mostly Agree</b>	<b>Strongly Agree</b>	<b>NA</b>
1. My strengths as a parent were clearly identified.	1	2	3	4	5	NA
2. We set clear targets for change.	1	2	3	4	5	NA
3. We worked towards shared goals.	1	2	3	4	5	NA
4. We discussed my child/babies best qualities.	1	2	3	4	5	NA
5. I learnt how to avoid the trap of negative thinking.	1	2	3	4	5	NA
6. I learnt to identify mood states	1	2	3	4	5	NA
7. I learnt how to use relaxation techniques.	1	2	3	4	5	NA
8. We used mindfulness exercises during the visit						
9. I learnt more about the importance of showing my baby/child that I loved her/him.	1	2	3	4	5	NA
10. I learnt how to praise my child/baby.	1	2	3	4	5	NA
11. I learnt the importance of being in the moment with my child/baby.	1	2	3	4	5	NA
12. I learnt how to use wise mind when my baby/child's behaviour felt overwhelming.	1	2	3	4	5	NA
13. I feel that I have a clear understanding of my child/baby's developmental stage.	1	2	3	4	5	NA
14. We identified other people or services that could help my family and me.	1	2	3	4	5	NA
15. I was encouraged get in touch with friends and family to help me out.	1	2	3	4	5	NA
16. We discussed how to manage finances.	1	2	3	4	5	NA
17. We were able to problem solve around crises (e.g. housing, finances).	1	2	3	4	5	NA
18. We worked to change some of the ways that I could communicate with my partner and/or family members.	1	2	3	4	5	NA
19. We looked at my relationship patterns and how they could change in the future.	1	2	3	4	5	NA
20. I discussed where my parenting style came from	1	2	3	4	5	NA