

Seasons for Growth

Health and Wellbeing Parent/Carer Questionnaire (post-intervention)



Name of Child:

Date:

Please complete the questionnaire for your child, indicating the extent to which you disagree or agree with the following:

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1.	My child can name some feelings they have when change happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	My child can talk about their feelings (e.g. happy, sad, angry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	My child can describe how their feelings can make them think	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	My child can describe how their feelings can make them behave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	My child can manage their thoughts and feelings in a positive way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	My child can identify and talk to people who can help them in difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	My child can understand that change and loss is part of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	My child can make good choices which will help them in difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other comments

Thank you for completing this questionnaire

