

(Insert Program Name)

Mothers Group Questionnaire

YOUR LEADER WILL FILL IN THIS SECTION
SCORE _____
POST-TEST _____
INITIALS _____

1. Which of the following behaviours are “violent” and/or “abusive?”(indicate answer with a check-mark)	Yes	Maybe	No
Hitting			
Unwanted tickling			
Pushing			
Ignoring			
Breaking things			
Calling names			
Swearing			
Yelling			
Insulting			
Threatening to hurt someone			
Unwanted touching			
Spitting			
Forcing physical contact			
Forcing sexual contact			
Forcing someone to stay at home			
Isolating someone from family and friends			
Constantly checking up on someone			
Controlling finances			
Hurting pets			
Limiting someone’s access to money, the phone, or car			
Blackmailing			
Criticizing and/or putting someone down			
Threatening to commit suicide if someone leaves			
Acting jealous and possessive			
Blaming and/or shaming someone			

2. What do you do when you feel upset or angry? (indicate answer with a check-mark)			
	Yes	Maybe	No
Walk away			
Isolate			
Yell			
Insult			
Blame			
Cry			
Hit someone			
Break things			
Hurt a pet			
Talk to a family member or friend			
Read			
Watch television			
Go on a walk			
Hurt yourself			

3. What does your child do when he/she is feeling upset or angry? (indicate answer with a check-mark)			
	Yes	Maybe	No
Walk away			
Go to his/her room			
Yell			
Throw a temper tantrum			
Break something			
Hit someone			
Play video games			
Read			
Talk to a family member or friend			
Hurt himself/herself			
Play with a pet			
Talk to you			
Hurt a pet			
Cry			
Hide			
Something else:			

4. Does your family have a safety plan? (indicate answer with a check-mark)			
	Yes	Not sure	No
Do you have a safety plan?			
Do you know of possible escape routes from your home?			
Do you have a code word to tell family members if in danger?			
Do you know of safe places you can go if you need to leave?			
Do you keep money and/or keys handy so you can leave quickly?			
Do you keep a suitcase with immediate needs handy?			
Do you have important documentation hidden in a safe place such as passports, birth certificates, immigration papers, school and vaccination records, medications, welfare identification etc?			
Do you have special toys or comforts for your children hidden in a safe place?			
Do you have a list of important phone numbers you can call in an emergency?			
Have you made arrangements with friends or family so you can stay with them if necessary?			
Have you talked to your child about how/when to call 911?			
Have you created a safety plan for your children and if so have you taught them this plan?			

5. Indicate your answer to each of the following questions with a check-mark			
	Always	Sometimes	Never
a) When my child is upset he/she will talk to me or another family member			
b)When my child is upset he/she will talk to an adult at school			
c)When my child is upset he/she will talk to a friend			
d)I feel confident in my family's ability to solve conflict in a healthy way			
e)I feel confident in my ability to address my child's emotional and physical needs			
f)I feel confident in my ability to talk to my child about his/her feelings			

g)When my child is angry he/she will find an appropriate way to calm down			
h) When my child is angry he/she will hurt someone			
i) When my child is angry he/she will hurt an animal			
j)When my child is angry he/she will hurt himself/herself			
k)When my child is angry he/she will throw a temper tantrum			
l)When my child is angry he/she will cry or scream			
m)I worry about my child's ability to manage his/her emotions in a healthy way			

**6. What are some healthy alternatives for coping with your anger?
(List as many answers and you can think of)**

7. Please feel comfortable to let us know what you liked about the program and what you think could get better

THANK YOU!!!