

(Project Name / Activity Name)
Post-activity Evaluation Questionnaire

Parent's rating on family skills training activities

Please read each item carefully and decide on the most appropriate option. **This anonymous questionnaire is used for project evaluation only. All information will be kept confidential.**

	(1) strongly disagree	(2) disagree	(3) agree	(4) strongly agree	not Applicable
1. The activity enabled me to train up my children's anti-drug awareness more confidently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The activity helped me handle children disciplinary issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The activity helped me teach my children to stay away from drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The activity strengthened my skills for identifying drug abuse problem among children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The activity enabled me to master skills to improve parent-child communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The activity enabled me to handle children's drug abuse crisis more confidently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Your overall rating of this activity:

1. Highly unsatisfactory 2. Unsatisfactory 3. Average
 4. Satisfactory 5. Highly satisfactory

8. Would you recommend other parents to participate in the same activity next time?

1. Certainly yes 2. Probably yes
 3. Probably no 4. Certainly no

9. Do you think your child(ren) is/are taking drugs?

1. Certainly not 2. Unlikely 3. Hard to say
 4. May have experienced before 5. Perhaps yes 6. Maybe addicted
 7. Quitted drugs already 8. No children 9. Refuse to answer

Note : Grantee may add or delete question items as appropriate

~ Thank you ~