



Incredible Years ADVANCE Parent Program Survey

ID#	Date:	(Circle one):	PRE	POST
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Section A: Frustration Scale

Directions: Read the statements listed below. Circle the number that describes your current way of feeling or behaving.

1. When I really lose my temper, I am capable of hitting or slapping someone.

0	1	2	3	4
Extremely unlikely	Unlikely	Possible	Likely	Very likely

2. I get mad enough to hit, throw, or kick things.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very frequently

3. I easily lose my patience with people.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very frequently

4. If someone doesn't ask me to do something in the right way, I will avoid, delay doing it, or not do it at all.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very frequently

5. At times I feel I get a raw deal out of life.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very frequently

6. When I get mad I say threatening or nasty things.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very frequently



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Section B: Your Feelings

Please circle the number that describes *how often during the last week* you felt the following:

1. How often did you feel bothered by things that usually don't bother you?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

2. How often did you feel like not eating; your appetite was poor?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

3. How often did you feel that you could not shake off the blues, even with help from your family or friends?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

4. How often did you feel you had trouble keeping your mind on what you were doing?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

5. How often did you feel depressed?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

6. How often did you feel that everything you did was an effort?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)



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Please circle the number that describes *how often during the last week* you felt the following:

7. How often did you feel fearful?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

8. How often did you feel your sleep was restless?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

9. How often did you feel you talked less than usual?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

10. How often did you feel lonely?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

11. How often did you feel sad?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

12. How often did you feel you could not get "going"?

1	2	3	4
Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)

Thank You for Completing the Survey!

Updated 10/2014: This document adapted from the Brief Assessment of Anger and Aggression (Maiuro, Vitaliano, & Cahn, 1987), and the Center for Epidemiology Studies Depression Scale (Radloff, 1977), the Pearlin Mastery Scale (Locus of Control) (Pearlin & Schooler, 1978), and the Family Support Scale (Dunst, Jenkins, & Trivette, 1984).