FEEDBACK QUESTIONNAIRE– PARENT/CAREGIVER/GUARDIAN

*(Version 1.0 22/11/2016)*

Please return to CaFHS staff after completion

ASQ-TRAK Study

Thank you for taking part to help us know if ASQ-TRAK is right for you and your community!

We would appreciate if you can spend a few more minutes for us to understand your experience doing the questionnaire.

Please the appropriate boxes.

1. **Which ASQ-TRAK questionnaire did you use?**

(Please check with CaFHS staff is unsure of this)

* + 2 month
	+ 6 month
	+ 12 month
	+ 18 month
	+ 24 month
	+ 36 month
	+ 48 month
1. **How long did it take you to complete the ASQ-TRAK questionnaire?**
	* Less than 20 minutes
	* 20 to 45 minutes
	* More than 45 minutes
2. **Did you have an interpreter during the session?**
	* Yes
	* No
3. **How easy were the questions to understand?**
	* Extremely easy to understand
	* Very easy to understand
	* Somewhat easy to understand
	* Not so easy to understand
	* Not at all easy to understand
4. **In your opinion, how acceptable is the ASQ-TRAK to yourself?**
	* Extremely acceptable
	* Very acceptable
	* Somewhat acceptable
	* Not so acceptable
	* Not at all acceptable
5. **Do you think the ASQ-TRAK is**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree |
| Educational | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally relevant | ☐ | ☐ | ☐ | ☐ | ☐ |
| Respectful | ☐ | ☐ | ☐ | ☐ | ☐ |
| Acceptable | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fun  | ☐ | ☐ | ☐ | ☐ | ☐ |
| Interesting | ☐ | ☐ | ☐ | ☐ | ☐ |
| Practical | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too detailed | ☐ | ☐ | ☐ | ☐ | ☐ |
| Unnecessary | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too time consuming | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Overall, how satisfied are you with the screening tool?**
	* Extremely satisfied
	* Very satisfied
	* Somewhat satisfied
	* Not so satisfied
	* Not at all satisfied
2. **Would you be interested for your child to continue to have their development tracked with the ASQ-TRAK in the future?**
	* Yes
	* Maybe
	* No
3. **What did you like most about the ASQ-TRAK?**
4. **What did you like least about the ASQ-TRAK?**
5. **Is there anything else that is not listed but you would like to let us know?**

**Office use only :**

|  |  |  |
| --- | --- | --- |
| **Location :****Date :** | **Assessor’s** **Name:****Role:** | **Comments :** |