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 :** |