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| **Stress** |
| **How stressed did you feel this past week?**  **0 – not at all**  **10 – felt I couldn’t cope with anything** |
| **Child/ YP Behaviour** |
| **How difficult did you find your child’s behaviour this week?**  **0 – not at all**  **10 – affected everything**  **Were there any reasons for your scores above; tough week, kids difficult, anything else/ any other comments?**  **Did you share what you learned with anyone outside the group this week? YES NO**  **Did this week’s session bring up any past experiences that you found difficult to cope with? YES NO**  **If you feel you need a bit of support with this, please speak to one of the group leaders.** |