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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.** |