

***Becoming a Love and Logic Parent®***  
**Adult Questionnaire**

Date: \_\_\_\_\_

Name/Code: \_\_\_\_\_

**Directions:** Mark how much you agree with the following statements about your child or children. Your information will not be shared with anyone and your participation is completely voluntary.

<b>My child (or children)...</b>	Strongly Disagree	Disagree	Neutral or Mixed	Agree	Strongly Agree
1 argues or talks back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 competes chores without reminders and without pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 dawdles and makes it hard for me when we're getting ready to go somewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 throws tantrums or "fits" (at home or in public)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 makes good decisions and behaves responsibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 acts poorly during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>With my child (or children) I find myself...</b>	Strongly Disagree	Disagree	Neutral or Mixed	Agree	Strongly Agree
7 having fun as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 feeling really stressed out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 staying calm when I have to discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 letting my kids solve their own problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Before program question:**

By the time you complete this program, what question or questions would you most like answered?