

## Service Provider Post-Implementation Survey

**Instructions:** Please fill out this information after finishing all Mothers and Babies sessions or after ending with client(s) (around 6 months after implementation).

**1. Program Name** \_\_\_\_\_

**2. What format was delivered to your client?**

1-on-1                      How many clients did you deliver the 1-on-1 format? \_\_\_\_\_

Group                        How many groups did you deliver? \_\_\_\_\_

**3. On average, how many sessions did you deliver to your client(s) or group(s)?** \_\_\_\_\_

**4. How often did your client(s) complete the personal projects?**

Never

Rarely

Sometimes

Fairly Often

Very Often

**5. How engaged was your client(s) in the topics covered?**

Never Engaged

Rarely Engaged

Somewhat Engaged

Fairly Engaged

Very Engaged

**6. How well do you think your client(s) understood the topics covered?**

Never Understood

Rarely Understood

Somewhat Understood

Fairly Understood

Always Understood

**7. Did you feel that any modules were particularly challenging for your client(s) to understand? Check all that apply.**

Pleasant Activities

Thoughts

Contact with others

**Please Explain** \_\_\_\_\_

**8. How effective do you believe you were in explaining the MB material to your client(s)?**

Not very effective

Somewhat Effective

Very Effective

9. Did you refer any clients who received Mothers and Babies to additional mental health services—either within our outside your agency?

Yes

No

**9. Were there any challenges with covering the material in any of the MB session? Please**

**Explain** \_\_\_\_\_

**10. Were there any successes with covering the material in any of the MB session? Please**

**Explain** \_\_\_\_\_