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 ______________________________