You are seeking psychological help, counseling, or advice for your child. Below is a list of statements that some parents have about such help for children and adolescents. For each item, please check a box to indicate how much you agree with the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Totally Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Totally Agree** |
| 1. We do not have transportation (car, truck, taxi) to travel to treatment |  |  |  |  |  |
| 2. My child is involved in other activities (sports, clubs, music lessons) that would make it hard to come to a session |  |  |  |  |  |
| 3. Scheduling appointment times for treatment would be difficult |  |  |  |  |  |
| 4. Treatment would conflict with other activities in which I am involved |  |  |  |  |  |
| 5. I experience too much stress in my life to participate in treatment |  |  |  |  |  |
| 6. My personal health problems or illness would stop me from getting treatment for him or her |  |  |  |  |  |
| 7. My child’s health problems or illness will stop me from getting treatment for him or her |  |  |  |  |  |
| 8. Crises at home will get in the way |  |  |  |  |  |
| 9. Treatment will just add more stress to my life |  |  |  |  |  |
| 10. Bad weather will prevent us from coming to treatment |  |  |  |  |  |
| 11. My time is limited; I will not have time for the assigned work |  |  |  |  |  |
| 12. My child will never be home long enough to do the homework assigned |  |  |  |  |  |
| 13. Family health problems or illness in our home will stop me from getting treatment for my child |  |  |  |  |  |
| 14. Getting a babysitter so I can come to treatment with my child will be a problem |  |  |  |  |  |
| 15. Parking at the treatment agency will stop me from getting treatment for my child |  |  |  |  |  |
| 16. Members of my family would stop me from getting treatment for my child or they would disagree with me about whether we should come to treatment at all |  |  |  |  |  |
| 17. I am too tired after work to go to sessions |  |  |  |  |  |
|  | **Totally Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Totally Agree** |
| 18. My job schedule is too hectic |  |  |  |  |  |
| 19. Treatment would take time away from spending time with my children |  |  |  |  |  |
| 20. I have trouble with other children at home, which would make it hard to come to treatment |  |  |  |  |  |
| 21. My child will refuse to go to the sessions |  |  |  |  |  |
| 22. Treatment takes too long (too many weeks) |  |  |  |  |  |
| 23. Treatment will cost too much |  |  |  |  |  |
| 24. Billing will be a big hassle |  |  |  |  |  |
| 25. Information we get from treatment (handouts, referral information) will be confusing for me or my child |  |  |  |  |  |
| 26. My child will have trouble understanding treatment |  |  |  |  |  |
| 27. Treatment will be more work than I think |  |  |  |  |  |
| 28. The atmosphere at the clinic will make appointments uncomfortable |  |  |  |  |  |
| 29. I will not have a say in my child’s treatment |  |  |  |  |  |
| 30. The work assigned to me as part of this treatment will be difficult |  |  |  |  |  |
| 31. Treatment is not necessary |  |  |  |  |  |
| 32. Treatment won’t be what I expect |  |  |  |  |  |
| 33. I will probably lose interest in coming to sessions |  |  |  |  |  |
| 34. Treatment will become less important as it goes on |  |  |  |  |  |
| 35. Treatment will not focus on my child’s life and problems |  |  |  |  |  |
| 36. Treatment might “bring out” new or different problems in my child |  |  |  |  |  |
| 37. My child’s behavior will improve on its own; treatment is not needed |  |  |  |  |  |
| 38. Treatment will not work |  |  |  |  |  |