

Questionnaire on use of Assessment of Parent-Child Interaction (APCI) (parent version)

Age: _____ Gender: _____ Child's age: _____ Child's gender: _____

Partner organisation: _____

Instruction: The statements below describe how you experience the usability, usage and usefulness of Assessment of Parenting Competencies. If you strongly agree tick 5, if you agree tick the 4, if you both agree and disagree tick 3, if you disagree tick 2, and if you strongly disagree tick 1. If the question is irrelevant to you tick NR (not relevant).

		Not relevant	SD	D	A/D	A	SA
	Statements	NR	1	2	3	4	5
1	The activities in the music therapy session were easy for me to understand						
2	The activities or exercises in the music therapy session were easy for me to complete						
3	My child could easily understand the instructions						
4	My child could easily complete the exercises						
5	I was engaged in the activities						
6	It was difficult to concentrate						
7	My child was engaged in the activities						
8	My child had difficulties concentrating						
9	I was disturbed by the video recording						
10	After some time I forgot about the video recording						
11	My child was disturbed by the video recording						
12	After some time my child forgot about the video recording						
13	It was a good experience for me						
14	It was a good experience for my child						
15	It was an unfamiliar way for me to be with my child						
16	It was a good way for me to be with my child						
17	The musical instruments and the music were motivating for me						
18	The musical instruments and the music were motivating for my child						
19	It was too overwhelming having to deal with all those instruments						
20	I discovered new aspect in my child						

Further comments _____
