

ID \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

**Brief Parental Self Efficacy Scale**

I am going to read some statements about you and your child/children. I want you to tell me how much you agree, disagree or are neutral with each of the statements.

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	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. Even though I may not always manage it, I know what I need to do with my child/children.	1	2	3	4	5
2. I am able to do things that will improve my child's/children's behavior.	1	2	3	4	5
3. I can make an important difference to my child/children.	1	2	3	4	5
4. In most situations, I know what I should do to ensure my child/children behaves.	1	2	3	4	5
5. The things I do make a difference to my child's/children's behavior.	1	2	3	4	5

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