

Real Parenting Impact Measurement



* Required

1

Please type in your first name or nickname *



2

Please type in your email address *

3

Would you like to receive Fegans Parenting Top Tips by email? *



Yes

No, thanks

4

How do you feel about your child/ren's behaviour? *

1

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Please select one

5

Do you feel your child/ren respect boundaries? *

1

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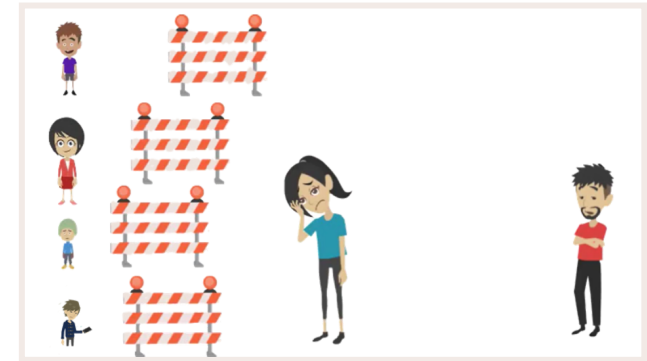
4

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Please select one



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How do you feel about your family routines? *



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Please select one

7

How do you feel about your child/ren's emotional health? *



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Please select one

8

How do you feel about your own emotional health? *



1

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Please select one

9

How do you feel about your parent-child relationship? *



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Please select one

10

How do you feel about your family's physical wellbeing? *



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Please select one

11

How do you feel about your friendships and social networks? *



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Please select one

12

How do you feel about your child/ren's safety? *



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Please select one

13

Do you feel confident in yourself as a parent? *



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2

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6

7

Please select one

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