

KIDshine

Evaluation form for Mothers

1. How safe do you feel now?

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2. How safe do you think your children are?

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3. How easy is it for you to talk with your child/ren about the violence?

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4. Where would you place your children's behaviour on the scale? (0 being naughty/bad/aggressive all the time and 10 being exceptionally good all the time).



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KIDshine



Evaluation form for children

Name: _____ Date: _____

1. How safe do you feel now?

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2. How easy is it for you to talk with Mum? (0 being unable to talk at all or 10 being able to talk to her about everything, even stuff I think she might worry or be angry about).

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3. Where would you place your behaviour on the scale? (0 being naughty/bad/aggressive all the time and 10 being exceptionally good all the time).

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4. Where would you place your feelings on the scale? (0 being angry all the time and 10 being happy all the time).

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5. How easy is it for you to make friends and keep friends? (0 being very difficult to make a friend/remain in a friendship or 10 being very easy to make friends and keep friendships)



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6. How do you think you are doing at the moment? Overall wellbeing?

(a) Is it easy for you to get and stay asleep?

 |__|__|__|__|__|__|__|__|__|__| 

(b) Do you have nightmares?

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(c) Do you worry constantly about what might happen to yourself or mum?

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