

Program Format:

- In person
- Virtual (online)
- Other: _____



Today's Date:

____ (Month) ____ (Date) ____ (Year)

Parent Education Pre Survey

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If you have more than one child, think of the child who brought you here or pick one child randomly. Please select one answer for each question.

1. Please enter your Date of Birth (required):

____ (Month) ____ (Date) ____ (Year)

2. I do not have as much patience with my child(ren) as I should

- Strongly disagree** **Disagree** **Neither disagree or agree** **Agree** **Strongly agree**

3. I try to make rules that take my child's individual needs into consideration.

- Definitely true** **Sort of true** **Sort of false** **Definitely false**

4. I honestly believe I have the skills necessary to be a good caregiver.

- Strongly disagree** **Disagree** **Neither disagree or agree** **Agree** **Strongly agree**

5. How often do you yell at your child?

- Never** **Sometimes** **About half the time** **Most of the time** **All the time**

6. I try to explain the reasons for the rules I make. (Would you say this is...)

- Definitely true** **Sort of true** **Sort of false** **Definitely false**

7. How many times in the *past week* have you shown your child physical affection (kiss, hug, stroke hair, etc.)?

- 0-7 times in the past week** **8-14 times in the past week** **15-25 times in the past week** **26 or more times in the past week** **I have not seen my child this past week**

8. How many times in the *past week* have you told another adult (spouse, friend, co-worker, visitor, relative) something positive about your child?

- 0-4 times in the past week** **5-7 times in the past week** **8-10 times in the past week** **11 or more times in the past week**

-OVER-

9. How often do you read to your child or does your child read for enjoyment?

- Everyday** **Several times a week** **Several times a month** **Several times a year** **Never** **I do not know**

10. Think for a moment about a typical weekday for your family. How much time – either in your home or elsewhere – would you say your child spends engaged in screen time activity that is NOT educational (for example: watching television, iPad, computer, etc.) on a typical weekday?

Please write in number of hours per weekday: _____ OR Do not know

11. Sometimes a person needs the support of people around them. When you need someone to listen to your problems when you're feeling low, are there...

- Enough people to count on** **Too few people to count on** **No one you can count on**

Please tell us about yourself...

Your Zip Code _____

Male

Female

Current Marital Status (check one)

- Single (never married)
 Married or Partnered
 Divorced
 Separated/Widowed

Time Spent with Child (how often do you see your child)

- Everyday
 Several times a week
 Several times a month
 Several times a year
 About once a year
 I have not seen my child in over a year

Household Composition (including yourself; complete all that apply)

Number of children *under* 18 in household: ____

Number of children *over* 18 in household: ____

Number of adults in household: ____

Education (highest completed)

- 8th grade or less
 9th - 11th grade
 12th grade or GED
 Beyond high school
 Some college
 2 year college grad
 4 year college grad
 Post 4 year college grad

Race/Ethnicity (check all that apply)

- African American or Black
 American Indian/Alaskan Native
 Asian
 Hawaiian Native/Other Pacific Islander
 Hispanic/Latino
 White
 Other