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