**Strengthening Families**
**Participant Survey**

*Please provide us with the following information, all responses are kept confidential.*

**Today’s date:** __________________

**ID:** ____________________________

**Program Site:** ____________________________

**Your date of birth:** __________________

**Your sex:**
□ Male
□ Female

**Your race/ethnicity:**
□ White/Caucasian
□ Black/African American
□ Hispanic
□ Asian
□ Native American
□ Other: _____________________

*Check all that apply*
□ Less than high school
□ High school diploma/GED
□ Some college
□ College degree
□ Graduate degree

**Your education:**

**Employment status:**
□ Not employed
□ Employed part-time
□ Employed full-time
□ Other: _____________________

**Marital status:**
□ Single
□ Married/Living together
□ Separated/Divorced/Widowed

**Residential Zip Code:** _____________________________

**Household Composition**

How many children in your family? ______________

How many of them are still living in your home? ________

Age of youngest child still in the home ________ yrs

Age of oldest child still in the home ________ yrs

**How did you hear of our program?**