



## 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  
(Check all that apply)  Black/African American  
 Hispanic  
 Asian  
 Native American  
 Other: \_\_\_\_\_

Your education:  Less than high school  
 High school diploma/GED  
 Some college  
 College degree  
 Graduate degree

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?