Program Format:	~ P		}. •	Today's Date:
☐ In person☐ Virtual (online)☐ Other:	1			(Month) (Date) (Year)
	Parent 1	Education Po	st Survey	
• •		l, think of the chi ease select one a	-	you here <u>or</u> pick question.
1. Please enter your	Date of Birth (red	quired):		
(Month) (Dat	e) (Year)			
2. I do not have as a Strongly disagree	nuch patience wit □ Disagree	h my child(ren) as l □ Neither disagree or agree	should	□ Strongly agree
3. I try to make rule □ Definitely true	•		ds into consideration of false	on. Definitely false
4. I honestly believe □ Strongly disagree	e I have the skills □ Disagree	necessary to be a go Neither disagree or agree	ood caregiver.	□ Strongly agree
5. How often do yo □ Never	u yell at your child	d? About half the time	□ Most of the time	□ All the time
6. I try to explain th □ Definitely true			d you say this is	.) □ Definitely false
7. How many times stroke hair, etc.)?		have you shown you	ır child physical a	ffection (kiss, hug,
□ 0-7 times in	□ 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	-	•	er adult (spouse, f	riend, co-worker,
visitor, relative) : □ 0-4 times in the past week	O I	e about your child? in the		11 or more times in the past week

sewhere – wou onal (for examp n number of a person needs	ald you say your ple: watching te hours per wee	lay for your family. r child spends engaglevision, iPad, com	ged in screen ti puter, etc.) on a	me activity that
a person needs	·	ekday: (OR 🗆 Dor	
	the support of r			not know
	you're feeling lo		•	
 Enough people to count on 		people to count	□ No one you can count on	
	ass?		ass?	