

**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