

Unique ID#:

PARENT SURVEY

FOLLOW UP

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have taken part in this program more than once. If you have never been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

1. How many times (counting today) have you attended this program...

- a. ... in the last **six (6) months**? _____ times attended in last 6 months
- b. ... in the last **three (3) months**? _____ times attended in last 3 months
- c. ... in the **past 30 days** ? _____ times attend in past 30 days

2. How much did this program help you? *Please check one box.*

- ₁ A lot
- ₂ Some
- ₃ A little
- ₄ Not at all

3. How much do you agree or disagree with this statement: I plan to use what I learned in this program? *Please check only one box.*

- ₁ Strongly disagree
- ₂ Disagree
- ₃ Neutral
- ₄ Agree
- ₅ Strongly agree

4. Please indicate how much you agree or disagree with each of the following statements:

Please check one box next to each statement.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(1)	(2)	(3)	(4)	(5)	(6)

- a. I would make a good example for a new mother/father to follow to learn what she/he would need to know in order to be a good parent. (1) (2) (3) (4) (5) (6)
- b. I meet my own personal expectations for how to care for my child. (1) (2) (3) (4) (5) (6)
- c. If anyone can find the answer to what is troubling my child, I am the one. (1) (2) (3) (4) (5) (6)
- d. Considering how long I've been a mother/father, I feel very familiar with this role. (1) (2) (3) (4) (5) (6)
- e. I honestly believe I have all the skills necessary to be a good mother/father to my child. (1) (2) (3) (4) (5) (6)

5. Here are a few statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

- Strongly Agree The statement describes your family very accurately.
- Agree The statement describes your family for the most part.
- Disagree The statement **does not describe** your family for the most part.
- Strongly Disagree The statement **does not describe** your family at all.

Please check one box next to each statement.

Strongly Agree	Agree	Disagree	Strongly Disagree
(1)	(2)	(3)	(4)

- a. In times of crisis we can turn to each other for support. (1) (2) (3) (4)
- b. Individuals are accepted for what they are (1) (2) (3) (4)
- c. We can express feelings to each other. . . . (1) (2) (3) (4)
- d. We feel accepted for what we are. (1) (2) (3) (4)
- e. We are able to make decisions about how to solve problems. (1) (2) (3) (4)
- f. We confide in each other. (1) (2) (3) (4)

The next questions ask about how you are feeling:

6. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

7. During the past 30 days, about how often did you feel...

Please check one box on each row.

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
a. nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: _____

9. Are you **currently** receiving treatment or counseling for help with emotional problems?

₀ No

₁ Yes

10. Here are some other statements. Please read each sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am confident that I could deal efficiently with unexpected events. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can solve most problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I stay calm when facing difficulties because I can handle them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When I have a problem, I can find several ways to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please *check the box* that best describes how much you agree or disagree with each of the statement below.

Please check one box on each row.

	Strongly disagree (1)	Mostly disagree (2)	Slightly disagree (3)	Neutral (4)	Slightly agree (5)	Mostly agree (6)	Strongly agree (7)
a. I have others who will listen when I need to talk about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I am lonely, there are several people I can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If there is a crisis, I have others I can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for doing this survey!