



Date of Birth (required):

____ (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. I do not have as much patience with my child(ren) as I should

- Strongly disagree Disagree Neither disagree or agree Agree Strongly agree

2. I try to make rules that take my child's individual needs into consideration.

- Definitely true Sort of true Sort of false Definitely false

3. I honestly believe I have the skills necessary to be a good caregiver.

- Strongly disagree Disagree Neither disagree or agree Agree Strongly agree

4. How often do you yell at your child?

- Never Sometimes About half the time Most of the time All the time

5. 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

6. How many times in the *past week* have you shown your child physical affection (kiss, hug, stroke hair, etc.)? **A single number please!**

7. How many times in the *past week* have you told another adult (spouse, friend, co-worker, visitor, relative) something positive about your child? **A single number please!**

- OVER -

8. 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**

9. 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 watching television on a typical weekday?

Please write in number of hours per weekday: _____

10. 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

Race/Ethnicity (check all that apply)

- African American or Black
 American Indian/Alaskan Native
 Asian
 Hawaiian Native/Other Pacific Islander
 Hispanic/Latino
 White
 Other

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

Current Marital Status (check one)

- Single (never married)
 Married or Partnered
 Divorced
 Separated/Widowed

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: ____