

Parenting Survey

2015-16

This survey is designed to help us understand how well this parenting program supports families to live and work together. Your answers will be kept strictly confidential and will only be reported as part of the entire group of people taking this program. Completing this survey is not a requirement to take the parenting program. Thank you for your participation.

Please **completely fill in the bubble** for your answer:

Like This: ● NOT Like This: ☑ ☒ ☓

1. What is your age?

- 15-17 25-44
 18-20 45-64
 21-24 65 and over

2. What is your gender?

- Male Female

3a. Please identify your ethnicity. Mark one only.

- Hispanic/Latino
 Non-Hispanic/Latino

3b. Please identify your race. Mark all that apply.

- American Indian or Alaskan Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American Other

Please fill in the circle that best indicates how you relate to your child or children and what kind of expectations you have for them.

	Always	Almost Always	About Half The Time	Almost Never	Never
4. In the course of a day, how often do you know where your child is? ..	<input type="radio"/>				
5. How often do you know who your child is with when he or she is away from home?	<input type="radio"/>				
6. How often do you give up when you ask your child to do something and he or she doesn't do it?	<input type="radio"/>				
7. Once a discipline has been decided, how often can he or she get out of it?	<input type="radio"/>				
8. How often do you discipline your child for something at one time, and then at other times not discipline him or her for the <u>same</u> thing?	<input type="radio"/>				
9. When you discipline your child, how often does the kind of discipline you use depend on your mood?	<input type="radio"/>				
10. How often do you give reasons to your child for your decisions?	<input type="radio"/>				
11. How often do you ask your child what he or she thinks before making decisions that affect him or her?	<input type="radio"/>				
12. When he or she doesn't know why you make certain rules, how often do you explain the reasons?	<input type="radio"/>				
13. How often do you ask your child to consider how others will feel if he or she misbehaves?	<input type="radio"/>				
14. How often do you know when your child does something really well at school?	<input type="radio"/>				
15. How often do you know when your child gets into trouble at school?	<input type="radio"/>				
16. How often do you know when your child does not do things you have asked him or her to do?	<input type="radio"/>				

Please indicate how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral or Mixed	Disagree	Strongly Disagree
17. I have clear and specific rules about my child's association with peers who use alcohol, tobacco, or other drugs	<input type="radio"/>				
18. I have explained my rules concerning alcohol, tobacco, or other drug use to my child	<input type="radio"/>				
19. I have explained the consequences of not following my rules concerning alcohol, tobacco, or other drugs to my child	<input type="radio"/>				
20. I am able to control my anger and frustration with my child	<input type="radio"/>				

	Strongly Agree	Agree	Neutral or Mixed	Disagree	Strongly Disagree
21. I work hard with my child on ways to express and control his/her anger and frustration	<input type="radio"/>				
22. I find ways to keep my child involved with fun activities in our family.....	<input type="radio"/>				
23. I find ways to keep my child involved in family work activities (chores, for example).....	<input type="radio"/>				
24. I find ways to keep my child involved with family decisions about fun and work activities, in a manner appropriate to his or her age	<input type="radio"/>				
25. I have discussed my child's goals and dreams with him/her on several occasions	<input type="radio"/>				
26. When my child tells me something important, I let him or her know that I am trying to understand what he or she is feeling	<input type="radio"/>				
27. I let my child know I care about him or her while setting limits and consequences.....	<input type="radio"/>				
28. I have discussed our family values with my child on several occasions	<input type="radio"/>				

During the past month, how often did you...	Always	Almost Always	Fairly Often	About Half The Time	Not Too Often	Almost Never	Never
29. Get angry at him/her	<input type="radio"/>						
30. Let your child know you really care about him/her	<input type="radio"/>						
31. Shout or yell at your child because you were mad at him/her.....	<input type="radio"/>						
32. Act loving and affectionate toward him/her	<input type="radio"/>						
33. Let your child know that you appreciate him/her, his/her ideas, or the things he/she does	<input type="radio"/>						
34. Yell, insult or swear at him/her when you disagreed.....	<input type="radio"/>						
35. Lose your temper and yell at him or her when he/she did something wrong	<input type="radio"/>						

Please fill in the circle that indicates how much YOU agree or disagree with each statement.	Strongly Agree	Agree	Neutral or Mixed	Disagree	Strongly Disagree
36. If my child began smoking it would have a very serious negative effect on his or her health.....	<input type="radio"/>				
37. As a parent there is little or nothing I can do to keep my child from smoking cigarettes.....	<input type="radio"/>				
38. If my child began to use alcohol it would have a very serious negative effect on his or her health.....	<input type="radio"/>				
39. As a parent there is little or nothing I can do to keep my child from drinking alcohol.....	<input type="radio"/>				
40. If my child began to use marijuana, it would have a very serious negative effect on his or her health	<input type="radio"/>				
41. As a parent there is little or nothing I can do to keep my child from smoking marijuana.....	<input type="radio"/>				

Thank you for participating in our survey.