

This survey is designed to help us understand how this parenting program supports families. Your answers will be kept completely confidential and will only be reported in combination with those from other participants. Completing this survey is voluntary and not required to take part in the parenting program. Thank you for your participation.

**Please mark your:**

<b>Age</b> <input type="checkbox"/> 15-17 <input type="checkbox"/> 25-44 <input type="checkbox"/> 18-20 <input type="checkbox"/> 45-64 <input type="checkbox"/> 21-24 <input type="checkbox"/> 65 and over	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	<b>Race (check all that apply)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Ethnicity</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
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**Instructions:** For each statement in Sections A-D, mark how you think you would have answered BEFORE the program and how you would answer NOW (after the program).

A	Statement	Before the program					Now (after the program)				
		Strongly Disagree				Strongly Agree	Strongly Disagree				Strongly Agree
1	I have clear and specific rules about alcohol, tobacco, and other drug use in my family.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
2	I explain our family rules about alcohol, tobacco, and drug use to my child.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
3	I explain consequences for not following our rules about alcohol, tobacco, and drug use.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
4	I feel confident talking with my child about alcohol and drug risks.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
5	My child and I talk about family values and expectations regarding alcohol and drugs.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
6	My child and I communicate openly and honestly.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
7	My family resolves conflicts in a healthy way.	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)

B	Statement	Before the program					Now (after the program)				
		Strongly Disagree					Strongly Agree				
1	I avoid yelling, blaming, and physical punishment with my child.	1	2	3	4	5	1	2	3	4	5
2	I praise my child for healthy decisions and good behavior.	1	2	3	4	5	1	2	3	4	5
3	I recognize warning signs that my child might be using substances.	1	2	3	4	5	1	2	3	4	5
4	I know how to respond if I suspect my child is using substances.	1	2	3	4	5	1	2	3	4	5
5	I understand factors that increase or decrease my child's risk for substance use.	1	2	3	4	5	1	2	3	4	5

C	Statement	Before the program					Now (after the program)				
		Strongly Disagree					Strongly Agree				
1	I feel emotionally connected to my child.	1	2	3	4	5	1	2	3	4	5
2	Our family spends quality time together on a regular basis.	1	2	3	4	5	1	2	3	4	5
3	Our family has established routines that help us stay organized.	1	2	3	4	5	1	2	3	4	5
4	I find ways to keep my child involved with family decisions, in a manner appropriate to his or her age.	1	2	3	4	5	1	2	3	4	5
5	I monitor my child's activities and friendships to reduce their risk for substance use.	1	2	3	4	5	1	2	3	4	5

D	Statement	Before the program					Now (after the program)				
		Strongly Disagree					Strongly Agree				
1	I feel confident in my ability to be a good parent.	1	2	3	4	5	1	2	3	4	5
2	I have effective ways to manage stress related to parenting.	1	2	3	4	5	1	2	3	4	5
3	I have family, friends, or community resources I can turn to for support.	1	2	3	4	5	1	2	3	4	5