

This survey is designed to give us information about your health knowledge, attitudes and behaviors. Please answer all of the questions honestly. Your answers are confidential – no one will ever know how you answered. Please bubble in the response that best matches your answer. Do not put your name on this form.

Please **completely fill in the bubble** for your answer: Like This: ● NOT Like This: ☑ ☒ ☓

During the past 30 days, did you ever...

	Yes	No
1. Drink alcoholic beverages (beer, wine, or hard liquor) – more than just a few sips?	<input type="radio"/>	<input type="radio"/>
2. Have 5 or more drinks of an alcoholic beverage in a row?	<input type="radio"/>	<input type="radio"/>
3. Use tobacco in any form (including cigarettes, chewing tobacco, snuff, dip, or vape)?	<input type="radio"/>	<input type="radio"/>
4. Use marijuana in any form (including pot, weed, edibles, or vape)?	<input type="radio"/>	<input type="radio"/>
5. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>
6. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?	<input type="radio"/>	<input type="radio"/>

During the past 30 days, do you think your friends ever...

	Yes	No
7. Drank alcoholic beverages (beer, wine, or hard liquor) – more than just a few sips?	<input type="radio"/>	<input type="radio"/>
8. Had 5 or more drinks of an alcoholic beverage in a row?	<input type="radio"/>	<input type="radio"/>
9. Used tobacco in any form (including cigarettes, chewing tobacco, snuff, dip, or vape)?	<input type="radio"/>	<input type="radio"/>
10. Used marijuana in any form (including pot, weed, edibles, or vape)?	<input type="radio"/>	<input type="radio"/>
11. Misused prescription drugs?	<input type="radio"/>	<input type="radio"/>
12. Used electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?	<input type="radio"/>	<input type="radio"/>

Mark only one answer for each question. Select the answer that best fits you.

	Never	Sometimes but not often	Often	All the time
13. How often do you stop to think about your options before you make a decision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How often do you stop to think about how your decisions may affect others' feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How often do you stop and think about all of the things that may happen as a result of your decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I make good decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people risk harming themselves physically and in other ways when they...

	No risk	Slight risk	Moderate risk	Great risk
17. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Use chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Use marijuana once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Have one or two alcoholic beverages nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the other side →

How wrong do you think it is for someone your age to...

	Not at all wrong	A little bit wrong	Wrong	Very wrong
24. Drink alcohol?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have five or more alcoholic beverages once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do your friends feel it would be for YOU to...

	Not at all wrong	A little bit wrong	Wrong	Very wrong
30. Drink alcohol?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have five or more alcoholic beverages once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How sure are you that you could say NO to drugs or alcohol if you really wanted to if...

	I am not at all sure that I can say no	I am slightly sure I can say no	I am somewhat sure I can say no	I am mostly sure I can say no	I am completely sure I can say no
36. You are at a party where most people are using it.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. A very close friend suggests that you use it.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. You are home alone and feeling sad or bored?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. You are on school property and someone offers it?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. You are hanging out at a friend's house whose parents aren't home?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 6 months...

	Yes	No
41. Have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use?.....	<input type="radio"/>	<input type="radio"/>
42. Have you and either of your parents/caregivers discussed family rules or expectations about using drugs?	<input type="radio"/>	<input type="radio"/>

Please answer the following question at the end of the program only:

43. Did you also take this survey at the beginning of the program? Yes No

44. What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

45. What is your gender?

- Male
- Female
- Other
- I prefer not to say

46. What is your race/ethnicity? (Mark all that apply)

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

Thank you for taking part in this survey!

YOUTH SURVEY: Grades 4-5

Survey Timeframe: Pre Post

This survey is designed to give us information about your health knowledge, attitudes and behaviors. Please answer all of the questions honestly. Your answers are confidential – no one will ever know how you answered. Please bubble in the response that best matches your answer. Do not put your name on this form.

Please completely fill in the bubble for your answer: Like This: ● NOT Like This: ☑ ☒ ☓

How often do you do the following...

	Never	Sometimes	Most of the time	All the time
1. Try to be a good friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Treat others the way you like to be treated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Think about how others feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Respect others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do you think it is for someone your age to...

	Not wrong at all	A little wrong	Wrong	Very wrong
5. Drink beer, wine or liquor (alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use electronic vapor products (including e-cigarettes, vape pen, or JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people might hurt their bodies if they...

	Not at all	A little bit	More than a little bit	A lot
9. Drink beer, wine or liquor (alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Use electronic vapor products (including e-cigarettes, vape pen, or JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the other side →

Please tell us how easy or difficult each of the following is for you:

Very easy	Easy	Difficult	Very difficult
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- 13. Knowing ways I calm myself down.....
- 14. Knowing the emotions I feel
- 15. Knowing what my strengths are
- 16. Knowing when my feelings are making it hard for me to focus
- 17. Setting goals for myself.....
- 18. Getting along with my classmates
- 19. Respecting a classmate’s opinion during a disagreement
- 20. Thinking about what might happen before making a decision.....
- 21. Knowing what is right or wrong

In the past 6 months...

Yes	No
-----	----

- 22. Have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use?.....
- 23. Have you and any of your parents/caregivers discussed family rules or expectations about using tobacco, alcohol, or drugs?

Please answer the following question at the end of the program only:

Yes	No
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- 24. Did you also take this survey at the beginning of the program?

25. What grade are you in?

- 4th
- 5th

26. What is your gender?

- Male
- Female
- Other
- I prefer not to say

27. What is your race/ethnicity? (Mark all that apply)

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

Thank you for taking part in this survey!

Parenting Survey

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: ☑ ☒ ☓

On the **left** side, for each question, choose the option that best indicates how often each item currently occurs, **NOW** that you have taken the program.

On the **right** side, for each question, choose the option that best indicates how often each item previously occurred, **BEFORE** you came to the program.

Always	Almost always	About half the time	Almost never	Never	← NOW	BEFORE →	Always	Almost always	About half the time	Almost never	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Once a discipline has been decided, how often can he or she let out on it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. When you discipline your child, how often does the kind of discipline you use depend on your mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. How often do you give reasons to your child for your decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. How often do you ask your child what he or she thinks before making decisions that affect him or her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. When he or she doesn't know why you make certain rules, how often do you explain the reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

On the **left** side, choose the option showing how much you agree with each statement, **NOW** that you have taken the program.

On the **right** side, choose the option showing how much you agreed with each statement **BEFORE** you came to the program.

Strongly agree	Agree	Neutral or mixed	Disagree	Strongly disagree	← NOW	BEFORE →	Strongly agree	Agree	Neutral or mixed	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. I have clear and specific rules about my child's association with peers who use alcohol, tobacco, or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. I have explained my rules concerning alcohol, tobacco, or other drug use to my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. I have explained the consequences of not following my rules concerning alcohol, tobacco, or other drugs to my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. I am able to control my anger and frustration with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. I work hard with my child on ways to express and control his/her anger and frustration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. I find ways to keep my child involved with fun activities in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Strongly agree	Agree	Neutral or mixed	Disagree	Strongly disagree	← NOW	BEFORE →	Strongly agree	Agree	Neutral or mixed	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. I find ways to keep my child involved in family work activities (chores, for example).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. If my child began smoking it would have a very serious negative effect on his or her health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. As a parent there is little or nothing I can do to keep my child from using substances like cigarettes, alcohol, or marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. If my child began to use alcohol it would have a very serious negative effect on his or her health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. If my child began to use marijuana, it would have a very serious negative effect on his or her health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

On the **left** side, choose the option that shows how often you do each item **NOW** that you have taken the program.

On the **right** side, choose the option that shows how often you did each item **BEFORE** you came to the program.

A Great Deal	A Moderate Amount	Occasionally	Rarely	Never	← NOW	BEFORE →	A Great Deal	A Moderate Amount	Occasionally	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Get angry at him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Let your child know you really care about him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Shout or yell at your child because you were mad at him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Act loving and affectionate toward him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Let your child know that you appreciate him/her, his/her ideas, or the things he/she does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Yell, insult or swear at him/her when you disagreed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Lose your temper and yell at him or her when he/she did something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

27. What is your age?

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

28. What is your gender?

- Male
- Female
- Other

29a. Please identify your ethnicity.
Mark one only.

- Hispanic/Latino
- Non-Hispanic/Latino

29b. Please identify your race.
Mark all that apply.

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

Thank you for participating in our survey.

Encuesta de Crianza

Esta encuesta está diseñada para ayudar a entender lo bien que este programa apoya a las familias de crianza para vivir y trabajar juntos. Sus respuestas serán estrictamente confidenciales y sólo serán reportados como parte de todo el grupo de personas que toman este programa. Completar esta encuesta no es un requisito para tomar el programa para los padres. Gracias por su participación.

Por favor, completamente el círculo correspondiente a su respuesta: De esta manera: ● NO de esta manera: ○ ⊗ ⊙

En el lado izquierdo, para cada pregunta, elija la opción que mejor indique la frecuencia con la que cada elemento se produce actualmente, AHORA que ha tomado el programa.

En el lado derecho, para cada pregunta, elija la opción que mejor indique la frecuencia con la que cada elemento ocurrió anteriormente, ANTES de que llegara al programa

← AHORA					ANTES →					
Siempre	Casi siempre	Acerca de la mitad del tiempo	Casi nunca	Nunca	Siempre	Casi siempre	Acerca de la mitad del tiempo	Casi nunca	Nunca	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. ¿Con qué frecuencia se rinde cuando le pide a su hijo o hija que haga algo y ella no lo hace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Una vez que una disciplina se ha decidido, ¿con qué frecuencia sale de él o ella salir de ella?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. ¿Con qué frecuencia disciplina a su hijo por algo de una sola vez, y luego en otras ocasiones no le disciplinan para la misma cosa?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Cuando usted disciplina a su hijo, ¿con qué frecuencia el tipo de disciplina depende de su estado de ánimo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. ¿Con qué frecuencia les explica sus razones a su niño sus decisiones?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. ¿Con qué frecuencia le pregunta a su hijo lo que ella piensa antes de tomar decisiones que le afecten?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Cuando él o ella no sabe por qué elija ciertas reglas, ¿con qué frecuencia explica las razones?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

En el lado izquierdo, elija la opción que muestra cuánto está de acuerdo con cada declaración, AHORA que ha tomado el programa.

En el lado derecho, elija la opción que muestra cuánto acordó con cada declaración ANTES de llegar al programa.

← AHORA					ANTES →					
Totalmente de acuerdo	Estar de acuerdo	Neutral o mixta	En desacuerdo	Muy en desacuerdo	Totalmente de acuerdo	Estar de acuerdo	Neutral o mixta	En desacuerdo	Muy en desacuerdo	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Tengo reglas claras y específicas sobre la asociación de mi hijo con sus compañeros que consumen alcohol, tabaco u otras drogas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Le a explicado mis reglas relativas a alcohol, tabaco u otras drogas a mi hijo o hija.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Le a explicado las consecuencias de no seguir mis reglas relativas a alcohol, tabaco u otras drogas para mi hijo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Yo soy capaz de controlar mi ira y frustración con mi hijo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Yo trabajo con mi hijo sobre las maneras de expresar y controlar su cólera y frustración.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Encuentro maneras de mantener a mi hijo involucrado en actividades de diversión con nuestra familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

← AHORA					ANTES →					
Totalmente de acuerdo	Estar de acuerdo	Neutral o mixta	En desacuerdo	Muy en desacuerdo	Totalmente de acuerdo	Estar de acuerdo	Neutral o mixta	En desacuerdo	Muy en desacuerdo	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Encuentro maneras de mantener a mi hijo que participan en actividades laborales familiares (tareas domésticas, por ejemplo).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Encuentro maneras de mantener a mi hijo involucrado en decisiones familiares acerca de actividades divertidas y de trabajo, de una forma apropiada a su edad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Si mi hijo / a empezó a fumar, tendría un efecto negativo muy serio en su salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Como padre, no puedo hacer nada para evitar que mi hijo use sustancias como cigarrillos, alcohol o marihuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Si mi hijo empezara a consumir alcohol, tendría un efecto negativo muy grave en su salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Si mi hijo comenzó a usar marihuana, tendría un muy grave efecto negativo en su salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

En el lado izquierdo, elija la opción que muestra la frecuencia con la que realiza cada elemento AHORA que ha tomado el programa.

En el lado derecho, elija la opción que muestra la frecuencia con la que hizo cada elemento ANTES de llegar al programa.

← AHORA					ANTES →					
Mucho	Un moderado	A veces	Raramente	Nunca	Mucho	Un moderado	A veces	Raramente	Nunca	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Enojarse con sus hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Deje que sus hijos sepan que usted se preocupa por ellos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Grita a sus hijos porque está enojado con ellos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Mostrar amor y afecto a sus hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Deje que sus hijos sepan que usted los aprecia, sus ideas, o las cosas que hacen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Gritar, insultar, usar lenguaje vulgar a sus hijos cuando usted no está de acuerdo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Enojarse y gritarle cuando hicieron algo mal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. ¿Cuál es su edad?

- 15-17
- 18-20
- 21-24
- 25-44
- 45-64
- 65 o más

28. ¿Cuál es su género?

- Masculino
- Femenino

29a. Por favor, identifique su pertenencia étnica. Marque una solamente.

- Hispano/Latino
- No Hispano/Latino

29b. Por favor, identifique su raza. Marque todo lo que corresponda.

- Indio o de Alaska
- Asiática
- Afroamericano
- Nativo de Hawaii o las Islas del Pacífico
- Blanco
- Otros

Gracias por participar en nuestra encuesta.