



FRIENDS

National Resource Center for Community-Based Child Abuse Prevention

Family Support Program Outcome Survey Cover Sheet

Program Code _____

1. Date survey completed: / / 2. Date participant began program / /

3. Participant ID # _____

4. Participant referred by or has had involvement with child protection system.

NO YES NOT SURE

5. How was the survey completed? Check One:

- A Questionnaire completed by face to face interview (interviewer: _____)
- B Questionnaire completed by phone interview (interviewer: _____)
- C Questionnaire completed by participant with program staff available to explain items as needed
- D Questionnaire completed by participant without program staff present for assistance
- E Questionnaire was mailed to participant, completed, and returned without program staff assistance

5a. If survey was not administered in English, which language was used? N/A _____

6. Type of program: Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> A Parent Education | <input type="checkbox"/> B Parent Support Group | <input type="checkbox"/> C Adult Ed/GED Preparation |
| <input type="checkbox"/> D Planned and/or Crisis Respite | <input type="checkbox"/> E Home Visiting | <input type="checkbox"/> F Fatherhood Program |
| <input type="checkbox"/> G School-based Skills/Readiness | <input type="checkbox"/> H Couples Group | <input type="checkbox"/> I Teen Parent Support Group |
| <input type="checkbox"/> J Parent/Child Interaction | <input type="checkbox"/> K Literacy Program | <input type="checkbox"/> L Parenting Teens |
| <input type="checkbox"/> M Homeless/Transitional Housing | <input type="checkbox"/> N Family Resource Center | <input type="checkbox"/> O Pre-Natal Class |
| <input type="checkbox"/> P Advocacy (self, community) | <input type="checkbox"/> Q Resource and Referral | <input type="checkbox"/> R Employment |
| <input type="checkbox"/> S Skill Building/Ed. for Children | <input type="checkbox"/> T Raising Grandchildren Services | |

U Other _____

Family Support Program Outcome Survey, Page 1

1. Participant ID (optional): _____

2. Sex: Male Female

3. I have participated in this program for (check one)

- A less than 1 month B between 1 & 3 months C between 3 & 6 months
D between 6 & 12 months E between 1 & 2 years F over 2 years

4. How many children live in your household? _____ 4.a Please tell us about each of the children for whom you have primary or shared caregiving responsibility. (If more than 5 children, please use a second form. If your spouse or co-parent is also completing this survey, only one form should contain the child information)

Child A Birth date: Child B, Birth date: Child C Birth date: Child D Birth date: Child E Birth date:
_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____

Male Female Male Female Male Female Male Female Male Female

5. Your relationship to children? (Check all that apply)

- A Birth Parent B Step parent C Grandparent /Great Grandparent
D Foster Parent E Adoptive Parent F Other relative G Non-relative

6. Ethnicity

- A Hispanic or Latino B Black or African American
C White (Non Hispanic) D Native Hawaiian other Pacific Islander
E American Indian or Alaskan Native F Asian
G Multi-racial H Other

7. Marital Status

- A Married B Partnered C Single
D Divorced E Widowed F Separated

8. Family Housing

- A Own B Rent C Shared housing with relatives/friends
D Temporary (shelter, temporarily with friends/relatives) E Homeless

9. Family Income

- A \$0-\$10,000 B \$10,001-\$20,000 C \$20,001-\$30,000 D \$30,001-\$40,000
E \$40,001-\$50,000 F more than \$50,001

10. Highest grade in school completed _____(1 yr. of college, answer "13", 2 yrs, answer 14, etc.)

Family Support Program Outcome Survey, Scale Items

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements. Rate each statement twice—how you felt before this program and how you feel today.

		Strongly Disagree							Strongly Agree		
		1	2	3	4	5	6	7	6	7	
1) I have relationships with people who provide me with support when I need it.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			
2) I know who to contact in the community when I need help.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			
3) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			

3a) If your level of confidence as a parent has improved since you started this program, what helped the most?

3b) If your level of confidence as a parent has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.

		Strongly Disagree							Strongly Agree		
		1	2	3	4	5	6	7	6	7	
4) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			
5) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			
6) I can stand up for what my family and children need.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			
7) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7			Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7			

Family Support Program Outcome Survey,

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement just once.

	Strongly Disagree			Strongly Agree				
8) This program has helped me improve my parenting skills.	1	2	3	4	5	6	7	
9) This program has helped me reduce stress in my life.	1	2	3	4	5	6	7	
10) My ideas and opinions are welcomed and included in the program.	1	2	3	4	5	6	7	
11) I feel that the program staff respects me.	1	2	3	4	5	6	7	
12) This program is helping me reach my goals for my family and me.	1	2	3	4	5	6	7	
13) Parents in this program learn from each other.	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>

14) What do you like most about this program?

15) What suggestions do you have for program improvement?

Family Support Program Outcome Survey, Additional Program Items

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement twice—how you felt before this program and how you feel today.

		Strongly Disagree					Strongly Agree	
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement just once.

	Strongly Disagree					Strongly Agree	
Your survey item here	1	2	3	4	5	6	7
Your survey item here	1	2	3	4	5	6	7
Your survey item here	1	2	3	4	5	6	7
Your survey item here	1	2	3	4	5	6	7