

# West Virginia Family Survey

## Partners In Prevention ONE-TIME event

Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

County: \_\_\_\_\_

Caregiver First/Last Initials: \_\_\_\_/\_\_\_\_

Date Survey Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

The survey contains questions about you, your experiences as a parent, and your opinion of the program.

You may also complete this survey online at [www.wvfamilysurvey.org](http://www.wvfamilysurvey.org)

**All the information you share will be kept confidential.**

| To what degree did this activity help you in the following areas?<br>(If the topic was not addressed, select "Not Addressed.") |                  |                         |                       |         |                        |                      |
|--|------------------|-------------------------|-----------------------|---------|------------------------|----------------------|
|  | Not<br>Addressed | Not<br>Helped<br>at All | Helped<br>Very Little | Neutral | Helped a<br>Great Deal | Extremely<br>Helpful |
| Understanding how to solve problems with other members of my family.   |                  |                         |                       |         |                        |                      |
| Knowing how to listen to family members.   |                  |                         |                       |         |                        |                      |
| Making decisions that are good for my child.   |                  |                         |                       |         |                        |                      |
| Knowing where to go if my family needs food, clothing, or housing.   |                  |                         |                       |         |                        |                      |
| Knowing where to go or who to talk to when I am having serious trouble.  |                  |                         |                       |         |                        |                      |
| Knowing how to help my child(ren) learn.   |                  |                         |                       |         |                        |                      |
| Understanding why my child(ren) behaves the way s/he does.   |                  |                         |                       |         |                        |                      |
| Knowing how to discipline my child without losing control.   |                  |                         |                       |         |                        |                      |
| Understanding the importance of praising my child(ren) for behaving well.  |                  |                         |                       |         |                        |                      |
| Becoming closer to my child(ren).  |                  |                         |                       |         |                        |                      |

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Please check the box that best describes how much you agree or disagree with the statement.

|  | Strongly Disagree | Mostly Disagree | Slightly Disagree | Neutral | Slightly Agree | Mostly Agree | Strongly Agree |
|--|-------------------|-----------------|-------------------|---------|----------------|--------------|----------------|
| This program will help me improve my parenting skills. |                   |                 |                   |         |                |              |                |
| The materials I received will be helpful.              |                   |                 |                   |         |                |              |                |

Please rate each activity you attended.

| Title of workshop or activity | Poor | Fair | Good | Excellent | No Opinion |
|-------------------------------|------|------|------|-----------|------------|
|                               |      |      |      |           |            |
|                               |      |      |      |           |            |
|                               |      |      |      |           |            |
|                               |      |      |      |           |            |
|                               |      |      |      |           |            |

What did you like *most* about the workshop or activity?

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What did you like *least* about the workshop or activity?

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What workshops or events would you like to see in the future?

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Please check the boxes which best describe you.

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Your Gender (not your child's) ☐ Male ☐ Female

Your Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

Race/Ethnicity: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> White                            |

Marital Status

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single    | <input type="checkbox"/> Divorced  |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Widowed   |

Family Housing

- |   |  |
|---|--|
| <input type="checkbox"/> Rent                         | <input type="checkbox"/> Temporary (shelter, with relatives/friends) |
| <input type="checkbox"/> Share with relatives/friends | <input type="checkbox"/> Homeless                                    |
| <input type="checkbox"/> Own                          |  |

Family Income

- |  |   |
|--|---|
| <input type="checkbox"/> \$0-\$10,000      | <input type="checkbox"/> \$30,001-\$40,000  |
| <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$40,001-\$50,000  |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> More than \$50,001 |

Your Highest Level of Education

- |   |   |
|---|---|
| <input type="checkbox"/> Elementary or junior high school/middle school | <input type="checkbox"/> 2-year college degree (Associates/Certificate) |
| <input type="checkbox"/> Some high school                               | <input type="checkbox"/> 4-year college degree (Bachelor's)             |
| <input type="checkbox"/> High school diploma or GED                     | <input type="checkbox"/> Master's Degree or higher                      |
| <input type="checkbox"/> Some college or vocational training            |   |

Are you in school right now?

- |   |   |
|---|---|
| <input type="checkbox"/> I AM currently a student | <input type="checkbox"/> I am NOT currently a student |
|---|---|

Your Employment Status

- |   |   |
|---|---|
| <input type="checkbox"/> Not employed       | <input type="checkbox"/> Employed full-time                       |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed with seasonal or temporary work |

Which, if any, do you currently receive? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Food Stamps/EBT                           | <input type="checkbox"/> Head Start/Early Head Start        |
| <input type="checkbox"/> Medicaid (State Health Insurance – Adult) | <input type="checkbox"/> WIC                                |
| <input type="checkbox"/> CHIP (Child Health Insurance Program)     | <input type="checkbox"/> SSI (Supplemental Security Income) |
| <input type="checkbox"/> Earned Income Tax Credit                  | <input type="checkbox"/> LIEAP (Assistance with utilities)  |
| <input type="checkbox"/> TANF (a check from the state)             | <input type="radio"/> None of the above                     |

THERE'S MORE

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Are you currently pregnant?

☐ YES

If YES, expected due date: \_\_\_\_\_

☐ NO

(mm/dd/yy)

Please tell us about all of the children living in your household.  
(Check the appropriate boxes.)

☐ Check here if there are NO children living in your household.

| GENDER         |      |     | Birth Date<br>(mm/dd/yy) | YOUR RELATIONSHIP TO CHILD |                 |             |              |         |                |               |       |
|----------------|------|-----|--------------------------|----------------------------|-----------------|-------------|--------------|---------|----------------|---------------|-------|
|                | Girl | Boy |                          | Birth Parent               | Adoptive Parent | Step-parent | Grand-parent | Sibling | Other Relative | Foster Parent | Other |
| <i>Example</i> | ✓    |     | <i>11/20/12</i>          | ✓                          |                 |             |              |         |                |               |       |
| Child 1        |      |     |                          |                            |                 |             |              |         |                |               |       |
| Child 2        |      |     |                          |                            |                 |             |              |         |                |               |       |
| Child 3        |      |     |                          |                            |                 |             |              |         |                |               |       |
| Child 4        |      |     |                          |                            |                 |             |              |         |                |               |       |
| Child 5        |      |     |                          |                            |                 |             |              |         |                |               |       |
| Child 6        |      |     |                          |                            |                 |             |              |         |                |               |       |

This survey was adapted for the State of West Virginia by Hornby Zeller Associates, Inc, as part of the state evaluation of CBCAP-funded programs. Some questions are from the Protective Factors Survey developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research and Public Service, through funding provided by the US Department of Health and Human Services.

***Thank you for taking the time to complete this survey.***