West Virginia Family Survey User’s Guide

Administration of the Family Survey for West Virginia’s Prevention Programs

A guide to administering the West Virginia Family Survey, adapted by Hornby Zeller Associates, Inc., with permission, from materials developed by the Institute for Educational Research and Public Service at the University of Kansas, for the State of West Virginia Department of Health and Human Resources

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FOR QUESTIONS OR TECHNICAL ASSISTANCE CALL THE HELP DESK AT (800) 436-4105
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Introduction

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families funds three community based programs with grants received through the Administration for Children and Families’ Community Based Child Abuse Prevention (CBCAP) program. The three programs – Family Resource Centers (FRC, also called Starting Points), In-Home Family Education (IHFE) and Partners in Prevention – are designed to foster child abuse awareness and provide prevention services.

One of the conceptual foundations of the various prevention programs in West Virginia is that their effectiveness comes from building on the strengths of families, specifically the promotion of protective factors. The protective factors of focus in DHHR’s programs are:

- Child development and knowledge of parenting,
- Family functioning and resiliency,
- Social emotional support,
- Concrete support and
- Nurturing and attachment.

As the federal grant recipient, DHHR is responsible for supporting the community agencies which provide services to strengthen and support West Virginia’s families and prevent child abuse and neglect. The Department is to provide evaluation assistance to the community agencies administering these services, which it has done since 2011 through administration of the West Virginia Family Survey.

The FRIENDS National Resource Center for Community-Based Child Abuse Prevention began a project in 2004 to develop the Protective Factors Survey for its network of CBCAP programs. The project was initiated to help programs better assess the extent to which their services had an impact on family protective factors.

The Protective Factors Survey (a FRIENDS Family Resource Center product developed in conjunction with the University of Kansas Institute for Educational Research and Public Services) was revised by DHHR with assistance from Hornby Zeller Associates, Inc., the consultant contracted to provide research and evaluation services.

This guide describes the components of the West Virginia Family Survey as well as step-by-step directions for using the web-based and paper versions of the survey.
Summary of the Family Survey

The West Virginia Family Survey is designed for use with families, specifically adults participating in child abuse prevention services. Agency staff administer the survey to most families around the time of enrollment or at the start of a multi-day workshop, and again every six months following enrollment. Agencies will administer the six-month survey to families who have been involved for a minimum three months.

The primary purpose of the West Virginia Family Survey is to provide feedback to agencies for continuous program improvement and evaluation purposes. The results are designed to provide agencies with the following information:

- A snapshot of the families served
- A measure of the changes in protective factors
- An assessment of areas where staff can focus on increasing specific family protective factors
- An evaluation of the program from the participants’ perspective
- A summary of participants’ feedback, including their satisfaction and impression of services.

Outline of the Family Survey

The West Virginia Family Survey includes five main sections. Not every participant completes every section, because some questions are not relevant to all programs (as shown in the table on the next page). The following provides a brief description of each.

1. **Protective Factors** – Questions for adult caregivers about their protective factors status at enrollment (pre-test) and after receiving services (post-test).
2. **Home Visiting** – Questions for families specifically related to the Parents as Teachers (PAT), Healthy Families America (HFA) and Maternal Infant Health Outreach Workers (MIHOW) home visiting programs. *These questions are not required for participants who do not have a home visitor.*
3. **Playgroup** – Questions for families relevant to programs that offer any kind of playgroup, including those offered by Family Resource Centers and Home Visiting.
4. **Program Satisfaction** – Questions for families based on their experience with the program.
5. **Family Information** – Demographic information provided by families.
Staff Form

The purpose of the **Staff Form** is to collect admission and service information. Staff answer a few brief questions to identify the types of services planned for a family, the frequency and intensity of those services, and whether the participant was referred by or involved with Child Protective Services (CPS). The staff may not know about a family’s involvement with CPS, and should choose “not sure” if that is the case. Staff are asked to complete these forms for each participant once a year, to match to Family Survey data.

One-Time Event Survey

This shorter version of the Family Survey features questions for families about their participation and satisfaction with a single activity or event; for example, a community baby shower, car seat evaluation, toy or clothing swap. Staff forms are not necessary for one-time events.

**WHICH SURVEY TO USE?**

- **Family Resource Centers**
  - If you don’t have home visiting and see families more than once.
  - Check box “Enrollment” for new families and those involved < 3 months.
  - Check box “Follow up” for those involved 6 months or more or leaving.

- **In-Home Family Education**
  - For ALL home visiting programs, even if they are part of a FRC.
  - Check box “Enrollment” for new families and those involved < 3 months.
  - Check box “Follow up” for those involved 6 months or more or leaving.

- **Partners in Prevention**
  - One-time Events for families not enrolling in long-term services or programs.
  - OR
  - Multi-day Activity for ongoing contact.
    - For PIP grantees only. Designed as a pre- and post-test, but most often only given at completion (e.g., at a parent workshop with many sessions).
Survey Sections

The following describes the type of data that will be collected from the West Virginia Family Survey.

Protective Factors Questions

The Protective Factors questions assess the five protective factors noted in the Introduction from three perspectives: family functioning, community support, and parenting and relationships. Using a seven-point frequency or agreement scale, adult caregivers will rate a series of statements about their family, connection to the community, their parenting practices and perceived relationship with their child(ren). The questions are asked around the time of enrollment, periodically (i.e., every six months) afterward for those who continue in the program, and/or when the participant completes the program.

The following table, created by FRIENDS National Resource Center, provides a brief summary of the multiple protective factors covered in the survey. For more information see http://www.friendsnrc.org.

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Functioning/Resiliency</td>
<td>Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.</td>
</tr>
<tr>
<td>Social Emotional Support</td>
<td>Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.</td>
</tr>
<tr>
<td>Concrete Support</td>
<td>Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.</td>
</tr>
<tr>
<td>Child Development/Knowledge of Parenting</td>
<td>Understanding and utilizing effective child management techniques and having age-appropriate expectations for children’s abilities.</td>
</tr>
<tr>
<td>Nurturing and Attachment</td>
<td>The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.</td>
</tr>
</tbody>
</table>

Home Visiting Questions

The Home Visiting questions are intended for use by programs that provide in-home family education or home visiting services. Using a seven-point agreement scale, participants are asked to rate five statements about the home visiting services they received and indicate whether their home visitor completed required screening. It also offers participants the opportunity to indicate what they liked best, as well as any suggestions or changes to the program, and to describe any other assistance they might need. Home visiting questions are only asked on the Follow-up Survey, administered after program involvement.
Playgroup Questions

The Playgroup questions are intended for use by programs that offer a playgroup to participants, either through the FRC or in connection with the Parents as Teachers (PAT), Healthy Families America (HFA), and Maternal Infant Health Outreach Workers (MIHOW) programs. Participants rate their agreement to five statements about playgroups; this section also offers participants the opportunity to describe what they liked best and what (if anything) they would like to see changed about playgroups. Like home visiting questions, playgroup questions are only asked after involvement with the program.

Program Satisfaction Questions

The Program Satisfaction questions are completed after involvement in the program for more than three months, but are usually best asked after six months. Participants are asked to rate the general components of the program. These questions provide an opportunity for the participants to share their perceptions of the program or activities – what they liked most and what suggestions they can offer to improve or change the program.

Family Information Questions

The Family Information section gathers demographic information about the participants, including family composition, income, and work or education. Information collected here is not used to identify individuals, but rather to get a better sense of the families served, which in turn helps programs tailor their services and activities to the needs of those families.

Single Activity or Event Survey

This version of the Family Survey is shorter and was designed to be used for Partners in Prevention (PIP) activities, or with similar one-time events. The Single Activity or Event survey asks participants to identify the workshop or activity they participated in, rate it on a five-point scale and describe what they liked best (and least) about it, and to indicate what other workshops or events they would like to see in the future. This variation of the true Protective Factors Survey (as administered by prevention programs) contains several questions which help measure the impact of the activity or event on a family’s protective factors.

GOOD TO KNOW!

Home visiting, playgroup, and program satisfaction questions are to be answered only on the Follow-up Survey (or “post-test”), not at the start of involvement.
Administration of the Family Survey

This section of the User’s Guide provides prevention programs with directions on how to administer the West Virginia Family Survey. Both paper and web-based versions of the tool are available for use providing programs have internet access for the web-based version. Hornby Zeller Associates, Inc., (HZA) the survey administrator, provided each program with unique user names and passwords, both for staff to enter the Staff Forms, and to let families access the survey wherever they feel most comfortable taking it. Each prevention program has access to electronic copies of all document files necessary to make as many paper copies as needed for participants. All paper surveys collected will need to be sent by mail to HZA (373 Broadway, South Portland, ME 04106) each quarter, or as requested by the prevention team. Programs may choose to set up a computer on site for families to use if it is more convenient than distributing and collecting paper copies.

SPECIAL INSTRUCTIONS FOR ALL HOME VISITING PROGRAMS: Due to additional data needs for the MIECHV grant, all home visiting surveys must be completed on paper. These surveys will need to be sent to the State Epidemiologist rather than HZA.

Informed Consent Statement

If your agency requires written consent for parents to take surveys (and many do not), the first step to having families participate in the West Virginia Family Survey is to obtain the informed consent of the program participant. On the Informed Consent Statement (provided in Appendix A) space is provided for the agency to personalize the statement (for example, adding the agency’s name to the form). Agencies may use the statement (developed by the FRIENDS Network) “as is,” modify it, or develop one of their own. Space is provided on each form for the participant and a program staff member to sign the statement.

Administering the Family Survey

The Family Survey typically takes about 15 minutes to complete, and the “enrollment” or pretest version tends to be shorter since it does not include the questions specifically designed to be asked after involvement. Recognizing that programs can have a great deal of documentation to keep track of, and that parents are often asked to fill out a lot of paperwork, it is important to consider the optimal window of administration for the survey, while keeping in mind that ideally a “pretest” provides a picture of a family’s opinions before considerable engagement, and the “post test” shows the difference in protective factors and an assessment of services or activities that they participated in. It is recommended that the survey is given at a time and place that is convenient for families, and it should not be included during the first

HERE’S A TIP!

The “pre-test” is the first survey a new family should complete. To make it easy, include a copy of it with your intake paperwork!
visit or first interaction with a family. The role of staff in administering the survey is to facilitate understanding and cooperation, not to tell the participants how to answer the individual questions. It is critical that staff present the survey in a consistent way to all participants.

Surveys may be handed out in a group setting or given individually in a one-on-one setting, such as at a home visit. Regardless of the survey format the agency uses—paper or web-based—it is important to thank the participants in advance for their participation, letting them know that their feedback will help the agency and its programs better understand the needs of the families they serve.

Programs are encouraged to offer some kind of incentive to motivate families to complete the survey. Programs may wish to consult with colleagues on effective strategies; examples of appropriate incentives might include: prize drawings, gift cards, a small gift basket drawing, or children’s books, to name a few.

The following provides instructions for administering both versions of the Family Survey.

Web-based Participation

Agency staff give families access to the web-based survey by providing the website address, user name and password. Note that the usernames and passwords are assigned by program, not unique to individuals! Regardless if the survey is completed at the agency or if the information is given to the participant to complete at home or a different location, all participants will use the same username and password for that program to access the West Virginia Family Survey. The following provides step-by-step instructions for navigating the web-based survey.

**HERE’S A TIP!**

Create a half-sheet or handout with this link and the login and password information. Families can then access the survey at any time, from any computer with internet service!

Access to the West Virginia Family Survey

To access the web-based survey, enter the following web address into the internet browser:

http://www.wvfamilysurvey.org

Each participant will log into the survey using a username and password provided for the whole agency. This eliminates the need to track specific identifying information for each user, yet allows for separation of data and results by program and location.
1. Enter the agency’s username in the field **Username**.
2. Enter the agency’s password in the field **Password**.
3. Click the “Login” button.

Consult your program manager or supervisor if you need assistance with accessing the website using the previously assigned login information. Staff will be provided with a different user name and password that will allow them to access the staff surveys necessary for collecting enrollment and program completion information.

Please note: staff will not need to access the **West Virginia Family Survey** to enter the families’ survey responses; this will be done by the outside evaluation team in order to reduce the burden on the staff and maintain the anonymity of the participants.

**PARTICIPANT Log in and Navigation**

Once the participants have logged in, they will be asked to select the program and length of time involved. They will then fill in the date the survey is completed, followed by their first and last initials. They will be completing a “pre-test” version if they are newly enrolling or have been involved in the program for less than three months, and a “post-test” version after six months or when they leave the program for any reason.

The response to the items **Choose Program** and **How long have you been involved in this program** (see screen image below) will automatically produce the correct version of the survey for participants. The initials are not recorded to track personal information; rather, they are used to match the survey to a post test and the staff form information if they are completed and entered at a later date.
After the participant enters their initials, the program that they are participating in, and length of time involved, they will begin answering relevant survey questions.

**PLEASE NOTE:** Participants of the Partners in Prevention One-time Events or activities will be directed to a different screen and will complete the shorter version of the Family Survey with fewer questions, which was designed specifically for these types of events.

Participants who select “Enrolling in program” will be routed to complete the Enrollment Survey. It is recommended that programs develop a connection with families before asking them to complete a survey. Participants may not fully understand the program’s intentions or purpose of the survey until they develop a level of trust with staff. For that reason, the survey can be given after a couple of visits or groups attended.

Participants who select “More than six months” or “Completing program” will be routed to complete the Follow-up Survey. If a participant has completed a survey in the past, they will see a drop-down list of birth dates that match the initials entered; they can either choose the correct birth date from the list, or select “Date of Birth not listed” and enter a new date. This is an added feature of the web survey designed to increase the possibility of matching pre- to post-tests.

Participants should respond to each of the questions following the instructions provided on the screen. When the questions on the screen have been answered, the participant should click on the “Save and Continue” button at the bottom of each screen. Examples of survey questions are provided below (partial screens are shown here, but all screens include the “Save and Continue” button).
Part of Protective Factors Questions

Family and Community Questions

Please select the option that best describes how often the statements are true for you.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Very Rarely</th>
<th>Rarely</th>
<th>About Half the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In my family, we talk about our problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. When we argue, family members listen to &quot;both sides of the story.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In my family, we take time to listen to each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. My family pulls together when things are stressful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My family is able to solve our problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part of Family Information Questions

Family Information

Please indicate the choices that best describe you.

1. Your Gender (not your child’s)
   - Female
   - Male
   - Please Select

2. Race/Ethnicity: (Check all that apply)
   - African American
   - Native Hawaiian/Pacific Islander
   - Asian
   - White
   - Hispanic
   - Other
   - Native American or Alaska Native

Other Specify:

3. Family Structure:
   - Single
   - Partnering
   - Married
   - Divorced
   - Separated
   - Widowed
If participants are not able or do not wish to answer any of the Protective Factor or Program Satisfaction questions, they must click the “Skip” option for those questions. If participants leave any questions blank without choosing the “Skip” option, it will generate an error warning, flagging all of the questions lacking a response. It will not allow the participant to save or continue to the next page of the form unless they answer the question(s) or choose “Skip.”
If participants attempt to click “Save and Continue” button at the bottom of the Family Information screen to advance to the next page, the website will attempt to verify that the blank responses are intentional, so the participant will see a message like this (this is just an example; the pop-up window will list every skipped question on a particular form):

![Message to verify intentional blank responses](image)

If the user indicates that the blank responses were intentional by clicking “OK” the survey form will save and submit the survey responses.

**Navigation:**

The scroll bar on the right of the screen may be used to navigate to the bottom of the screen. The tab key may also be used; however, this will bring the participant from question to question and answer to answer. The participant will still need to select their best answer choice to proceed to the next screen (remember, “Skip” is always an option).

**Thank-you Screen:**

When the survey is completed or the participant reaches the end, the statement “Thank you for participating in the survey” will appear. The participant may then close the browser.

A linked statement —“To start another survey, click here”—is also provided on this final page, which allows the user to return to the sign-in page if another participant is ready to complete the survey.
BEST PRACTICES AND TIPS FOR SURVEYS

- Remind families of the importance of honest feedback.
- Assure families that survey information is kept confidential.
- Organize materials ahead of time to catch people in a hurry.
- Use the correct form designed for your program.
- Check forms to make sure dates and initials are legible and correct.
- Provide an envelope to families completing the paper survey, so that they trust you are protecting their information.
- When possible, encourage families to use the website to fill out the survey.
- Develop a system that will work for you to follow up with families who haven’t finished.
STAFF Forms and Navigation

After logging into the web-based survey, click on the “Submit” button at the bottom of the Welcome to the West Virginia Family Survey screen.

Staff will be asked to select a program and indicate the length of time a participant has been involved (choose “Enrolling in Program” if they are new). They will then enter the date the survey is being completed (if staff do not know the exact date, they should use the first or 15th of the month, whichever is closest). Staff will then enter the participant’s first and last initial, and their date of birth. In this case, the participant is the primary caregiver of the child, NOT the child in the program.

This information will be used to link the primary caregiver’s survey to general program information. This allows programs to see how often families received services as well as the intensity (number of hours) of involvement. Staff will then be asked to identify the program the family is participating in and for how long they have participated. Again, for the purpose of this form, the participant is the adult primary caregiver, NOT the child in the program.

After responding to these two items (“Select the program the participant is participating in” and “How long has the participant been involved in this program?”) and clicking the “Save and Continue” button, staff will then be asked to provide admission.

HERE’S A TIP!

Before logging in, have the participants’ enrollment dates and dates of birth handy to complete your staff information as quickly as possible!
Staff will check off ALL applicable services on the *Admission Information* screen.

The list of services includes:

- Parents as Teachers (PAT)
- Healthy Families America (HFA)
- Maternal Infant Health Outreach Worker (MIHOW)
- Prenatal Education or Workshop
- Parent Education or Workshop
- Teen Parent Group
- Parent Support Group (not for teens)
- Community Baby Shower
- Play Group
- Fatherhood Program
- Family Literacy Program
- Prekindergarten Program
- Marriage-Strengthening Program
- Program Assisting with Basic Needs (food, clothes, heat, housing)
- Adult Education (e.g., GED)
- Job Skills/Employment Preparation
- Other (specify)

Please note: the list of programs on the *Admission Information* screen is the same found on the *Program Completion* screen.

Once each of the questions have been answered, click the “Save and Continue” button on the bottom of the screen to save the answers and advance to the next screen.

WHICH PROGRAMS?

*Please select Parents as Teachers or Healthy Families America if your program is providing home visiting services through these national organizations.*

*Ask your program administrator if you are not sure which programs to select!*

Navigation:

IMPORTANT! Before logging in, have the participants’ enrollment dates, dates of birth, and length of time involved in program ready to enter. Staff will be unable to enter incomplete participant information, and will be unable to save partial records. **The enrollment dates should always be before the survey completion dates (that is, we expect parents to get somewhat acclimated before we ask them to fill out a survey).

Staff should use the scroll bar on the right of the screen to navigate to the bottom of the screen. The tab key may also be used; however, this will jump the cursor from question to question or answer to answer. The staff member will still need to click on the box which best satisfies the response to the question.

Thank-you Screen:

When the modules are complete or staff member reaches the end, the statement “Thank you for participating in the survey” will appear. At this point, the staff member may close the browser or click on a linked statement (“To start another survey, click here”) to enter information for another participant.
**Participation by Paper**

Participants and staff may also choose to complete the *West Virginia Family Survey* on paper. Using the instructions provided on the paper version, participants and staff will record their responses in the spaces provided. While the web and paper versions are identical in content, take care to review the paper instructions, as they may be different depending on the program type (for example, home visiting vs. PIP). Administrators should keep the surveys in a secure location until they are ready to send to HZA.

Once the paper copies have been collected at each program, they should be mailed to:

**Hornby Zeller Associates, Inc.**

**373 Broadway**

**South Portland, Maine 04106**

It is recommended that all paper copies be submitted within two weeks of completing the survey to be sure there is enough time to enter the data and complete the analysis.

Agency staff should complete the *Staff Form* for all participants enrolling in a Family Resource or Starting Points Center, or In-Home Family Education programs. Program administrators may wish to add this enrollment information to their existing intake documentation to ensure the forms are completed as close to the family’s enrollment data as possible.

Page one of each survey provided in Appendix B and C includes the information collected on the paper-based staff form.

**FOR QUESTIONS OR TECHNICAL ASSISTANCE IN ADMINISTERING THE FAMILY SURVEY**

**PLEASE CALL THE HELP DESK AT (800) 436-4105**
Informed Consent Statement

Informed Consent Statement

______________________________ is conducting an evaluation to make sure that the families we serve are benefiting from our program. It is also a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to our families and this is one way to keep us on track.

Part of the evaluation involves asking program participants to complete a survey about how our services affect them and their families. If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program.

Other Information About the Evaluation

Your participation is voluntary. Your services will not be affected by your participation or lack of participation.

Your privacy will be protected. Your name will not appear on the survey. If you are given a case ID, only authorized program personnel will know it and it will not be shared with anyone. Once you have completed the survey, the information on it will be transferred to a database and the survey will be destroyed.

We hope you will help us by participating in this evaluation. Your participation will help us to improve services to all families who may need it.

☐ I agree to participate in the evaluation by responding to the PFS survey.

☐ I choose not to participate at this time.

__________________________________________  __________________________
Participant’s Signature  Date

__________________________________________  __________________________
Program Staff Signature  Date
Appendix B

Sample Survey for
Family Resource Centers or Starting Points

WEST VIRGINIA FAMILY SURVEY

☐ ENROLLMENT SURVEY   ☐ FOLLOW UP SURVEY

STAFF FORM: DETACH before handing out survey

Program Name: _____________________________

County: ____________________________

Enrollment Date: ___ / ___ /____

Caregiver’s First/Last Initials: _______________

Caregiver’s Date of Birth: ___ / ___ /___

1. Identify all the services the family is receiving through this program (Check all that apply).

☐ Parents as Teachers ® (PAT)
☐ Healthy Families America ® (HFA)
☐ Maternal Infant Health Outreach Workers (MIHOW)
☐ Playgroup
☐ Parent Education or Workshop
☐ Teen Parent Group
☐ Parent Support Group (not for teens)
☐ Community Baby Shower
☐ Prenatal Education or Workshop
☐ Fatherhood Program
☐ Family Literacy Program
☐ Prekindergarten Program
☐ Marriage-Strengthening Program
☐ Program Assisting with Basic Needs (food, clothes, heat, housing)
☐ Adult Education (e.g., GED)
☐ Job Skills/Employment Preparation
☐ Other (specify)

2. How often participant receives services or meets with staff:

☐ Weekly
☐ Every 2 months
☐ Every 2 weeks
☐ Monthly
☐ Quarterly (every 4 months)
☐ Other (specify)______________________

3. Average length of each contact (IF ENROLLING NEW FAMILY, what is expected):

☐ ½ to 1 hour
☐ 1 ½ to 2 hours
☐ 1 to 1 ½ hours
☐ More than 2 hours

4. Was the caregiver involved with Child Protective Services (CPS) prior to coming to the program?

☐ Yes
☐ No
☐ Not sure

5. Was the caregiver referred to you by CPS?

☐ Yes
☐ No
☐ Not sure

6. Is the caregiver currently involved with CPS?

☐ Yes
☐ No
☐ Not sure

Submitted by: _____________________________

Staff Name (Please Print)

THIS PAGE IS FOR STAFF USE ONLY. PLEASE DETACH & COMPLETE BEFORE HANDING OUT SURVEY!
WEST VIRGINIA FAMILY SURVEY

☐ ENROLLMENT SURVEY ☐ FOLLOW UP SURVEY

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

All the information you share will be kept confidential.

If you prefer, you may complete this survey online at WWW.WVFAMILYSURVEY.ORG

<table>
<thead>
<tr>
<th>Enrollment Date <em><strong>/</strong>/</em>___</th>
<th>County __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>First/Last Initials <em><strong>/</strong></em></td>
<td>Date Survey Completed <em><strong>/</strong>/</em>___</td>
</tr>
</tbody>
</table>

Please check the box that best describes how often the statements are true for your family.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Very Rarely</th>
<th>Rarely</th>
<th>About Half the Time</th>
<th>Frequently</th>
<th>Very Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In my family, we talk about problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. When we argue, my family listens to &quot;both sides of the story.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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Have you been involved with this program for **more than 6 months**?

- □ YES  → **Continue on** to question 22 on the next page.
- □ NO  → **STOP!! SKIP to page 4** and fill in the last section to finish the survey.
Please check the box that best describes how much you agree with the following.

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<td>38. I get helpful information and support from playgroups.</td>
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<tr>
<td>39. The topics and activities offered during playgroup are interesting to me.</td>
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<tr>
<td>40. Did you attend <strong>at least one</strong> playgroup?</td>
<td>□ YES</td>
<td>□ NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The best thing about going to playgroup is.....

______________________________________________________________________________________________

Something I would like to see changed is...

______________________________________________________________________________________________
### DEMOGRAPHIC INFORMATION

**Are you:**
- Female [ ]
- Male [ ]

**Your Date of Birth:**

\[
\begin{array}{ccc}
\text{mm} & \text{dd} & \text{yyyy} \\
\end{array}
\]

**Race/Ethnicity:** (check all that apply)
- African American [ ]
- Native American or Alaska Native [ ]
- Asian [ ]
- Native Hawaiian/Pacific Islander [ ]
- Hispanic [ ]
- White [ ]
- Other [ ]

**Family Structure:**
- Single [ ]
- Divorced [ ]
- Partnering [ ]
- Separated [ ]
- Married [ ]
- Widowed [ ]

**Family Housing:**
- Rent [ ]
- Share with relatives/friends [ ]
- Homeless [ ]
- Temporary (shelter, with relatives/friends) [ ]
- Own [ ]

**Family Income:**
- $0-$10,000 [ ]
- $10,001-$20,000 [ ]
- $20,001-$30,000 [ ]
- $30,001-$40,000 [ ]
- $40,001-$50,000 [ ]
- More than $50,001 [ ]

**Your Highest Level of Education:**
- Elementary or junior high school/middle school [ ]
- 2-year college degree (Associate/Certificate) [ ]
- Some high school [ ]
- 4-year college degree (Bachelor’s) [ ]
- High school diploma or GED [ ]
- Master’s Degree or higher [ ]
- Some college or vocational training [ ]

**Are you in school right now?**
- YES, I AM currently a student [ ]
- NO, I am NOT currently a student [ ]

**Your Employment Status:**
- Not employed [ ]
- Employed full-time [ ]
- Employed part-time [ ]
- Employed with seasonal or temporary work [ ]

**Which, if any, do you currently receive? (check all that apply)**
- Food Stamps/EBT [ ]
- Head Start/Early Head Start [ ]
- Medicaid (State Health Insurance – Adult) [ ]
- WIC [ ]
- CHIP (Child Health Insurance Program) [ ]
- SSI (Supplemental Security Income) [ ]
- Earned Income Tax Credit [ ]
- Assistance with Heat, Water, &/or Electric [ ]
- TANF (a check from the state) [ ]
- None of the above [ ]
DEMOGRAPHIC INFORMATION continued

Are you currently pregnant?  □ YES  □ NO

If YES, your expected due date:  ___/___/______
nm /dd / yy

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

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

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Birth Date (mm/dd/yy)</th>
<th>Birth Parent</th>
<th>Adoptive Parent</th>
<th>Step-parent</th>
<th>Grand-parent</th>
<th>Sibling</th>
<th>Other Relative</th>
<th>Foster Parent</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>✓</td>
<td>11/20/12</td>
<td>✓</td>
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<td>Boy</td>
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<td>Child 3</td>
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<td>Child 4</td>
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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 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.
Sample Survey for
In-Home Family Education Programs
**WEST VIRGINIA FAMILY SURVEY: HOME VISITING**

**STAFF FORM: DETACH before handing out survey**

| Program Name: |  
| County: |  
| Enrollment Date: |  
| Caregiver’s First/Last Initials: |  
| Caregiver’s Date of Birth: |  

1. **Identify all the services the family is receiving through this program (Check all that apply).**

- [ ] Parents as Teachers ® (PAT)
- [ ] Healthy Families America ® (HFA)
- [ ] Maternal Infant Health Outreach Workers (MIHOW)
- [ ] Playgroup
- [ ] Parent Education or Workshop
- [ ] Teen Parent Group
- [ ] Parent Support Group (not for teens)
- [ ] Community Baby Shower
- [ ] Prenatal Education or Workshop

2. **How often participant receives services or meets with staff:**

- [ ] Weekly
- [ ] Every 2 weeks
- [ ] Monthly
- [ ] Every 2 months
- [ ] Quarterly (every 4 months)
- [ ] Other (specify)______________________

3. **Average length of each contact (IF ENROLLING NEW FAMILY, what is expected):**

- [ ] ½ to 1 hour
- [ ] 1 to 1 ½ hours
- [ ] 1 ½ to 2 hours
- [ ] More than 2 hours

4. **Was the caregiver involved with Child Protective Services (CPS) prior to coming to the program?**

- [ ] Yes
- [ ] No
- [ ] Not sure

5. **Was the caregiver referred to you by CPS?**

- [ ] Yes
- [ ] No
- [ ] Not sure

6. **Is the caregiver currently involved with CPS?**

- [ ] Yes
- [ ] No
- [ ] Not sure

Submitted by:  
Staff Name (Please Print)
WEST VIRGINIA FAMILY SURVEY: HOME VISITING

☐ ENROLLMENT SURVEY  ☐ FOLLOW UP SURVEY

The survey contains questions about you, your experiences as a parent, and your opinion of the program.
All the information you share will be kept confidential.

Enrollment Date ___/__/____
Program Name _________________________  County ____________________________
First/Last Initials ___/___  Date Survey Completed ___/__/____

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Have you been involved with home visiting for more than 6 months?

☐ YES → **Continue on** to question 22 on the next page.

☐ NO → **STOP!! SKIP to page 5** and fill in the last section to finish the survey.
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<td>26. My ideas and opinions are included in the program.</td>
<td></td>
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<tr>
<td>27. I feel comfortable discussing my concerns with staff.</td>
<td></td>
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</tr>
<tr>
<td>28. The materials I receive are helpful.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>29. Home visits are held at times that are convenient for me.</td>
<td></td>
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<tr>
<td>30. My home visitor helps me understand how my child grows and learns.</td>
<td></td>
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</tr>
<tr>
<td>31. My home visitor helps me know how to use positive guidance and discipline with my child.</td>
<td></td>
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<tr>
<td>32. My home visitor helps me understand the importance of books and reading to my child.</td>
<td></td>
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</tr>
<tr>
<td>33. My home visitor connects me with useful community resources.</td>
<td></td>
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</tr>
<tr>
<td>34. Did your home visitor use a screening tool to help you understand your child’s strengths and abilities?</td>
<td>□ YES □ NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Through this screening, has your home visitor helped you address areas of concern in your child’s development?</td>
<td>□ YES □ NO □ Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please check the box that best describes how much you agree with the following.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Playgroups are held at a <strong>time</strong> that is easy for me to attend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Playgroups are held at a <strong>place</strong> that is easy to attend.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>38. I get helpful information and support from playgroups.</td>
<td></td>
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<tr>
<td>39. The topics and activities offered during playgroup are interesting to me.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>40. Did you attend <strong>at least one</strong> playgroup?</td>
<td>□ YES</td>
<td>□ NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The best thing about going to playgroup is.....

_________________________________________________________________________________________
_______________________________________________________________________________________________

Something I would like to see changed is...

_________________________________________________________________________________________
_______________________________________________________________________________________________
### DEMOGRAPHIC INFORMATION

Are you:  
- Female  
- Male

Your Date of Birth:  
_/_/____  
_mm/ dd /yyyy

Race/Ethnicity: (check all that apply)  
- African American  
- Native American or Alaska Native  
- Asian  
- Native Hawaiian/Pacific Islander  
- Hispanic  
- White  
- Other  
- Other

Family Structure:  
- Single  
- Divorced  
- Partnering  
- Separated  
- Married  
- Widowed

Family Housing:  
- Rent  
- Temporary (shelter, with relatives/friends)  
- Share with relatives/friends  
- Homeless  
- Own

Family Income:  
- $0-$10,000  
- $10,001-$20,000  
- $20,001-$30,000  
- $30,001-$40,000  
- $40,001-$50,000  
- More than $50,001

Your Highest Level of Education:  
- Elementary or junior high school/middle school  
- 2-year college degree (Associate/Certificate)  
- Some high school  
- 4-year college degree (Bachelor’s)  
- High school diploma or GED  
- Master’s Degree or higher  
- Some college or vocational training

Are you in school right now?  
- YES, I AM currently a student  
- NO, I am NOT currently a student

Your Employment Status:  
- Not employed  
- Employed full-time  
- Employed part-time  
- Employed with seasonal or temporary work

Which, if any, do you currently receive? (check all that apply)  
- Food Stamps/EBT  
- Head Start/Early Head Start  
- Medicaid (State Health Insurance – Adult)  
- WIC  
- CHIP (Child Health Insurance Program)  
- SSI (Supplemental Security Income)  
- Earned Income Tax Credit  
- Assistance with Heat, Water, &/or Electric  
- TANF (a check from the state)  
- None of the above  
- None of the above

THERE’S MORE
DEMOGRAPHIC INFORMATION continued

Are you currently pregnant?  □ YES  □ NO

If YES, your expected due date:  ___/___/______

mm /dd / yy

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

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

<table>
<thead>
<tr>
<th>GENDER</th>
<th>GIRL</th>
<th>BOY</th>
<th>Birth Date (mm/dd/yy)</th>
<th>Birth Parent</th>
<th>Adoptive Parent</th>
<th>Step-parent</th>
<th>Grand-parent</th>
<th>Sibling</th>
<th>Other Relative</th>
<th>Foster Parent</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>✓</td>
<td></td>
<td>11/20/12</td>
<td>✓</td>
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<tr>
<td>Child 1</td>
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<td>Child 2</td>
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<tr>
<td>Child 3</td>
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<tr>
<td>Child 4</td>
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<tr>
<td>Child 5</td>
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<tr>
<td>Child 6</td>
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</tbody>
</table>

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 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.
Sample Survey for
One-Time Event
### 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.

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Mostly Disagree</th>
<th>Slightly Disagree</th>
<th>Neutral</th>
<th>Slightly Agree</th>
<th>Mostly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program will help me improve my parenting skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The materials I received will be helpful.</td>
<td></td>
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</tr>
</tbody>
</table>

Please rate each activity you attended.

<table>
<thead>
<tr>
<th>Title of workshop or activity</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

What did you like most about the workshop or activity?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What did you like least about the workshop or activity?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please check the boxes which best describe you.
Your Gender (not your child's)  □ Male  □ Female

Your Date of Birth:  

/ /  
(mm/dd/yy)

Race/Ethnicity: (check all that apply)  
□ African American  □ Native American or Alaska Native  
□ Asian  □ Native Hawaiian/Pacific Islander  
□ Hispanic  □ White

Marital Status  
□ Single  □ Divorced  
□ Partnered  □ Separated  
□ Married  □ Widowed

Family Housing  
□ Rent  □ Temporary (shelter, with relatives/friends)  
□ Share with relatives/friends  □ Homeless  
□ Own

Family Income  
□ $0-$10,000  □ $30,001-$40,000  
□ $10,001-$20,000  □ $40,001-$50,000  
□ $20,001-$30,000  □ More than $50,001

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□ Elementary or junior high school/middle school  □ 2-year college degree (Associates/Certificate)  
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□ High school diploma or GED  □ Master’s Degree or higher  
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Are you in school right now?  
□ I AM currently a student  □ I am NOT currently a student

Your Employment Status  
□ Not employed  □ Employed full-time  
□ Employed part-time  □ Employed with seasonal or temporary work

Which, if any, do you currently receive? (check all that apply)  
□ Food Stamps/EBT  □ Head Start/Early Head Start  
□ Medicaid (State Health Insurance – Adult)  □ WIC  
□ CHIP (Child Health Insurance Program)  □ SSI (Supplemental Security Income)  
□ Earned Income Tax Credit  □ LIEAP (Assistance with utilities)  
□ TANF (a check from the state)  □ None of the above

THERE'S MORE
Are you currently pregnant?

- [ ] YES  If YES, expected due date: __________ (mm/dd/yy)
- [ ] NO

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.

<table>
<thead>
<tr>
<th>GENDER</th>
<th>YOUR RELATIONSHIP TO CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>Birth Parent</td>
</tr>
<tr>
<td>Boy</td>
<td>Birth (mm/dd/yy)</td>
</tr>
<tr>
<td>Example</td>
<td>✓</td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
</tr>
<tr>
<td>Child 6</td>
<td></td>
</tr>
</tbody>
</table>

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