

## Family Class Pre-Post Test Supplement – Parent Survey

Please answer the following questions as honestly as possible. Your answers will be kept confidential and anonymous. Thank you.

How old are you? \_\_\_\_\_

Are you:  Male  Female

What do you consider yourself to be? (Choose one best answer)

- |  |   |
|--|---|
| <input type="checkbox"/> White, not of Hispanic Origin   | <input type="checkbox"/> Black or African American      |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Alaskan Native                 |
| <input type="checkbox"/> Pacific Islander                | <input type="checkbox"/> Asian American                 |
| <input type="checkbox"/> Hispanic                        | <input type="checkbox"/> Other: (please specify): _____ |

Circle the numbers in the boxes to the right which best match your answers to the following questions.

	Not true	Hardly true or sometimes	True a lot of the time	Almost always true
1. People in my family often insult or yell at each other.	1	2	3	4
2. People in my family have serious arguments.	1	2	3	4
3. We argue about the same things in my family over and over.	1	2	3	4
4. I'm available when others in the family want to talk with me.	1	2	3	4
5. I listen to what other family members have to say, even when I disagree.	1	2	3	4
6. Family members ask each other for help.	1	2	3	4
7. Family members like to spend free time with each other.	1	2	3	4
8. Family members feel very close to each other.	1	2	3	4
9. We can easily think of things to do together as a family.	1	2	3	4

Circle the numbers in the boxes to the right which best match your answers to the following questions.

	Almost always	More than half the time	About half	Less than half the time	Almost never
10. How often do you and your spouse or partner agree about how to discipline your children?	1	2	3	4	5
11. How often do you "give up" when you ask your children to do something and they don't do it?	1	2	3	4	5
12. Once a punishment has been decided, how often do you stick to it?	1	2	3	4	5
13. When you punish your children, how often does your mood influence the kind of punishment you use?	1	2	3	4	5
14. How often do you accompany your children to activities (soccer practice, school plays, etc.)?	1	2	3	4	5
15. How often do you attend an event or function put on or sponsored by your child's / children's school?	1	2	3	4	5
16. How often do you and your children do things together that you both enjoy?	1	2	3	4	5
17. How often do you work with your children on their homework?	1	2	3	4	5
18. During the average week, how often do you praise or reward your children?	1	2	3	4	5

19. In your opinion, how important is parent involvement in preventing youth problems such as alcohol and drug abuse? (Please circle the number corresponding to your answer.)

Extremely important	Somewhat important				Extremely unimportant	
1	2	3	4	5	6	7

20. My children will get my beer, wine, or hard liquor drinks for me. (Please circle.)

Yes	No
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21. My children will get my cigarettes, lighter and ashtray for me? (Please circle.)

Yes	No
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During the past month, when you and your child have spent time talking or doing things together, how often did you:

	Always	Almost always	Fairly often	About half the time	Not too often	Almost never	never
22. Get angry at him or her	1	2	3	4	5	6	7
23. Let this child know you really care about him/her	1	2	3	4	5	6	7
24. Shout or yell at this child because you were mad at him/her	1	2	3	4	5	6	7
25. Act loving and affectionate toward him/her	1	2	3	4	5	6	7
26. Let this child know that you appreciate him/her, his/her ideas or things he/she does	1	2	3	4	5	6	7
27. Yell, insult or swear at him/her when you disagreed	1	2	3	4	5	6	7
28. When this child does something wrong, how often do you lose your temper and yell at him or her	1	2	3	4	5	6	7

On how many occasions (if any) have you or any other adults in the home:

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20-39 occasions	40 or more occasions
29. smoked cigarettes during the past 30 days?	1	2	3	4	5	6	7
30. drank alcohol during the past 30 days?	1	2	3	4	5	6	7
31. used marijuana during the past 30 days?	1	2	3	4	5	6	7
32. used illegal drugs other than marijuana in the past 30 days?	1	2	3	4	5	6	7

**Thank you** for completing this survey. Your answers are confidential but we would like to link your pre-test to your post-test. In order to do so we will create an ID number for you. Please use the first two letters of your last name then the first two letters of your first name followed by your age. For example for the name John Doe age 38, the ID # would be **dojo38**.

ID # \_\_\_\_\_

Today's Date \_\_\_\_\_