

PARENT INFORMATION NEEDS SURVEY

Thank you for taking time to help us learn the ways you would like to receive parenting information.

1. Please read the list whole below, then pick three answers for the 2nd column. AND pick and three answers for the 3rd column. Put a **1** beside your main source, a **2** beside your second most used source, and a **3** beside your third most used source for parenting information.

Ways parents get facts about being parents	Ways I <u>now</u> get facts about parenting (rate 3) 1,2,3	Ways I would prefer to get facts about parenting (rate 3) 1,2,3
My own parents		
Other family members		
Friends		
Doctor or nurse		
Church/synagogue/ faith community		
Counselor		
Agencies/organizations		
My child's teacher		
Group speaker		
Radio		
TV		
Videotapes viewed at home		
Magazines		
Books		
Classes in school		
Newsletter or information mailed to your home		
Home visitor		
Computer files and INTERNET/WWW		
Cassette tape		
Cassette tape with workbook		
Other _____		

2. Who would you most like to teach you about parenting? Circle your response for each of these people. Circle the one you would like the **most** or the **least**.

	Like the most			Like the least
a. A trained parent educator	1	2	3	4
b. Another parent	1	2	3	4
c. Someone I already know/trust	1	2	3	4
d. A member of my family	1	2	3	4
e. Other _____	1	2	3	4

3. What do you want to learn more about? Rate each one by circling your interest.

Topic	Least		Most	
.....	Interested		Interested	
a. Child behavior	1.....	2.....	3	4
b. Talking with my children	1.....	2.....	3	4
c. Helping children be good friends	1.....	2.....	3	4
d. Helping children pick friends	1.....	2.....	3	4
e. Ways to handle stress in children	1.....	2.....	3	4
f. Getting along with brother/sister.....	1.....	2.....	3	4
g. Drugs, alcohol	1.....	2.....	3	4
h. Talking with kids about sex.....	1.....	2.....	3	4
I. Child depression	1.....	2.....	3	4
j. Building my child's self-esteem	1.....	2.....	3	4
k. Healthy children's eating.....	1.....	2.....	3	4
l. Helping children learn good sleep and health habits	1.....	2.....	3	4
m. Overactive children	1.....	2.....	3	4
n. Helping children learn decision making.....	1.....	2.....	3	4
o. Helping children with homework	1.....	2.....	3	4
p. About children staying at home alone	1.....	2.....	3	4
q. Children helping with household chores	1.....	2.....	3	4
r. Helping children learn to respect others.....	1.....	2.....	3	4
s. Helping children learn to care for their things.	1.....	2.....	3	4
t. Helping children learn to use money.....	1.....	2.....	3	4
u. Helping children be neat.....	1.....	2.....	3	4
v. Helping older child get a job	1.....	2.....	3	4
w. Helping children be creative	1	2	3	4
x. Helping children manage anger/violence	1	2	3	4
y. High risk behaviors in teens	1	2	3	4
z. Other topics (please list): _____				

4. How do you want to get parenting facts? Circle a number for each item .

	Least Liked			Most Liked
a. Learn by myself with no assistance	1	2	3	4
b. Learn by myself/ reading or written self-study	1	2	3	4
c. Learn one-on-one with a trained leader	1	2	3	4
d. Learn one-on-one with another parent	1	2	3	4
e. Learn in a group with a trained leader	1	2	3	4
f. Learn in a group with another parent leading the group	1	2	3	4

Learning in a group
EEEEEEEEEE

5. If you prefer to learn in a group, (e or f above), please answer the next questions. If you prefer to learn alone, skip to question 6.

a. What size group do you prefer? (check one)

- 1-4 people
- 5-9 people
- 10-14 people
- 15-19 people
- 20-24 people
- a group of 25 or more

b. What would you like your children to do while you are in the group session? Check one.

- Go with me to learn together
- Go to a different class about families
- Have a babysitter near my meeting room
- Have a babysitter at home
- Any above are o.k.
- Other _____

c. How often would you like to meet? (**check one**)

- every other month
- once a month
- once a week
- twice a week
- more than twice a week

d. How long should each meeting last? (**check one**)

- less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- more than 4 hours

e. When is best time for you to meet? **(check one)**

- weekday
- weekend
- depends on my schedule

f. What time of day is best for you for a parent meeting? **(check one)**

- morning
- early afternoon
- late afternoon
- evening

g. Would you need someone to drive you to group meetings? YES NO

h. How comfortable do you feel with **each** of these people as group members?

	Not Comfortable at all		Very Comfortable	
● Husband, wife, or mate	1	2	3	4
● Any other family members	1	2	3	4
● Friends I know well	1	2	3	4
● Community members I know	1	2	3	4
● People I don't know	1	2	3	4

i. Where would you like to meet to talk about being a parent? Rate the items.

<u>Meeting place</u>	<u>Least like</u>		<u>Most like</u>	
School	1	2	3	4
Community center meeting room	1	2	3	4
Friend's home	1	2	3	4
Hospital or health dept.	1	2	3	4
Church	1	2	3	4
Library	1	2	3	4
My home	1	2	3	4
Community college	1	2	3	4
My worksite	1	2	3	4
Community agency	1	2	3	4
College	1	2	3	4
INTERNET/World Wide Web online	1	2	3	4
Other _____	1	2	3	4

6. Who **else** is around your child(ren) more than 10 hours per week? Check all that apply. DO NOT INCLUDE YOURSELF.

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> child's mother | <input type="checkbox"/> grandparent | <input type="checkbox"/> godparent | <input type="checkbox"/> neighbor |
| <input type="checkbox"/> child's father | <input type="checkbox"/> aunt | <input type="checkbox"/> close friend | <input type="checkbox"/> school teacher |
| <input type="checkbox"/> step-mother | <input type="checkbox"/> uncle | <input type="checkbox"/> caregiver, babysitter | |
| <input type="checkbox"/> step-father | <input type="checkbox"/> cousin | <input type="checkbox"/> community members who work with my children | |

7. Check the level of schooling you have finished.

- elementary school
- middle or junior high
- high school
- 2 year college
- 4 year college (Bachelor degree)
- one or more graduate degrees

8. What type of work most closely describes what you can do? (check one)

- unskilled
- semi-skilled
- skilled
- professional

9. What is your gender ?

- Female
- Male

10. What most closely describes your race or ethnicity ?

- African-American
- Hispanic/Latino
- Native American
- White
- Asian
- Bi (multi) racial
- Other

11. What is your relationship to the child(ren)-- mom, dad, grandparent, stepmother, etc.

12. Who do your the children (or child) live with ?

- mother and father together
- mother only
- father only
- shared (joint) between separated or divorced parents
- grandparent
- foster parent
- other relative
- other _____

13. What is your age?

- under 16
- 17-21
- 22-30
- 31-40
- 41-50
- 51-60
- 61-70
- over 70

14. How many children do you have under 18? _____

15. Please list the ages of your children under 18. _____

Many thanks for completing!

Source: Karen DeBord, North Carolina State University. www.ces.ncsu.edu/depts/fcs

