

parent survey family

Introduction

CaregiverSurveyIntroB

Type: html

page1

Please answer the following questions about the community in which you live.

In your neighborhood, are there sidewalks or walking paths?

Type: boolean

In your neighborhood, is there a park or playground?

Type: boolean

In your neighborhood, is there a community center or recreation center where families get together?

Type: boolean

In your neighborhood, is there a library or other place to get free books?

Type: boolean

In your neighborhood, is there litter or garbage on the street or sidewalk?

Type: boolean

In your neighborhood is there poorly kept or rundown housing?

Type: boolean

In your neighborhood, is there vandalism such as broken windows or graffiti?

Type: boolean

To what extent do you agree with these statements about your neighborhood or community?

Type: matrix

3 2 1 0

HomeNSCHi8a: People in your neighborhood help each other out.

HomeNSCHi8b: People in your neighborhood watch out for each other's children.

HomeNSCHi8c: Your child is safe in your neighborhood.

HomeNSCHi8d: When you encounter difficulties, you know where to go for help in your community.

HomeNSCHi8e: Your child is safe at school.

These are statements people have made about their food situation. For these statements, please mark whether the statement was often true, sometimes true, or never true for your household in the **last 12 months.**

The food that we bought just didn't last, and we didn't have enough money to get more.

Type: radiogroup

- 0:** Never true
- 1:** Sometimes true
- 2:** Often true

We couldn't afford to eat balanced meals.

Type: radiogroup

- 0:** Never true
- 1:** Sometimes true
- 2:** Often true

In the **last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**

Type: boolean

If yes, how often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

Type: radiogroup

- 3:** Almost every month
- 2:** Some months but not every month

1: Only 1 or 2 months

page2

Below are statements about the environment in your home. Please indicate how much you agree that the statement is true of your home.

We are usually able to stay on top of things.

Type: radiogroup

- 0:** Definitely Untrue
- 1:** Somewhat Untrue
- 2:** Somewhat True
- 3:** Definitely True

You can't hear yourself think in our home.

Type: radiogroup

- 0:** Definitely Untrue
- 1:** Somewhat Untrue
- 2:** Somewhat True
- 3:** Definitely True

The atmosphere in our home is calm.

Type: radiogroup

- 0:** Definitely Untrue
- 1:** Somewhat Untrue
- 2:** Somewhat True

3: Definitely True

We have a regular morning routine at home.

Type: radiogroup

- 0:** Definitely Untrue
- 1:** Somewhat Untrue
- 2:** Somewhat True
- 3:** Definitely True

SelfParentStress

How well do you think you are handling the day-to-day demands of raising children?

Type: radiogroup

- 1:** Very well
- 2:** Somewhat well
- 3:** Not very well
- 4:** Not well at all

page3

Over the **last two weeks, how often have you been bothered by the following problems?**

Type: matrix

0 1 2 3

SelfAnxDep1: Feeling nervous, anxious, or on edge

SelfAnxDep2: Not being able to stop or control worrying

SelfAnxDep3: Feeling down, depressed, or hopeless

SelfAnxDep4: Little interest or pleasure in doing things

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Type: matrix

1 2 3 4 5 6 7

SelfSupport1: There is a special person (ex: spouse, partner, etc.) who is around when I am in need.

SelfSupport2: There is a special person (ex: spouse, partner, etc.) with whom I can share joys and sorrows.

SelfSupport3: My family really tries to help me.

SelfSupport4: I get the emotional help & support I need from my family.

SelfSupport5: I have a special person (ex: spouse, partner, etc.) who is a real source of comfort to me.

SelfSupport6: My friends really try to help me.

SelfSupport7: I can count on my friends when things go wrong.

SelfSupport8: I can talk about my problems with my family.

SelfSupport9: I have friends with whom I can share my joys and sorrows.

SelfSupport10: There is a special person (ex: spouse, partner, etc.) in my life who cares about my feelings.

SelfSupport11: My family is willing to help me make decisions.

SelfSupport12: I can talk about my problems with my friends.

In your day-to-day life how often have any of the following things happened to you?

Type: matrix

0 1 2 3 4 5

SelfDiscrim1: You are treated with less courtesy or respect than other people.

SelfDiscrim2: You receive poorer service than other people at restaurants or stores.

SelfDiscrim3: People act as if they think you are not smart.

SelfDiscrim4: People act as if they are afraid of you.

SelfDiscrim5: You are threatened or harassed.

page4

Please select Yes or No to indicate whether each event has happened to you in the past year.

Health:

An injury or illness which kept you in bed a week or more, or sent you to the hospital.

Type: boolean

An injury or illness which was less serious than above but still sent you to the doctor or kept you in bed for a day or two.

Type: boolean

Major dental work.

Type: boolean

Major change in eating habits.

Type: boolean

Major change in sleeping habits.

Type: boolean

Major change in your usual type and/or amount of recreation.

Type: boolean

Work:

Change to a new type of work.

Type: boolean

Change in your work hours or conditions.

Type: boolean

Change in your responsibilities at work (more responsibilities).

Type: boolean

Change in your responsibilities at work (fewer responsibilities).

Type: boolean

Change in your responsibilities at work (promotion).

Type: boolean

Change in your responsibilities at work (demotion).

Type: boolean

Change in your responsibilities at work (transfer).

Type: boolean

Troubles at work (with your boss).

Type: boolean

Troubles at work (with your coworkers).

Type: boolean

Troubles at work (with persons under your supervision).

Type: boolean

Other work problems.

Type: boolean

Major business adjustment.

Type: boolean

Retirement.

Type: boolean

Loss of a job (laid off from work).

Type: boolean

Loss of a job (fired from work).

Type: boolean

Taking a course to help you with your work.

Type: boolean

Home and Family:

Major change in living conditions.

Type: boolean

Change in residence (move within the same town or city).

Type: boolean

Change in residence (move to a different town, city, or state).

Type: boolean

Change in family get-togethers.

Type: boolean

Major change in health or behavior of family member.

Type: boolean

Marriage.

Type: boolean

Pregnancy.

Type: boolean

Gain of a new family member (birth of a child).

Type: boolean

Gain of a new family member (adoption of a child).

Type: boolean

Gain of a new family member (a relative moving in with you).

Type: boolean

Spouse beginning or ending work.

Type: boolean

Child leaving home (to attend college).

Type: boolean

Child leaving home (due to marriage).

Type: boolean

Child leaving home (for other reasons).

Type: boolean

Change in arguments with spouse.

Type: boolean

In-law problems.

Type: boolean

**Change to the marital status of your parents
(divorce).**

Type: boolean

**Change to the marital status of your parents
(remarriage).**

Type: boolean

Separation from spouse (due to work).

Type: boolean

Separation from spouse (due to marital problems).

Type: boolean

Divorce.

Type: boolean

Birth of a grandchild.

Type: boolean

Death of a spouse.

Type: boolean

Death of other family member (child).

Type: boolean

Death of other family member (brother or sister).

Type: boolean

Death of other family member (parent).

Type: boolean

Personal and Social:

Change in personal habits.

Type: boolean

Beginning or ending school or college.

Type: boolean

Change of school or college.

Type: boolean

Change in political beliefs.

Type: boolean

Change in religious beliefs.

Type: boolean

Change in social activities.

Type: boolean

Vacation.

Type: boolean

New, close, personal relationship.

Type: boolean

Engagement to marry.

Type: boolean

Girlfriend or boyfriend problems.

Type: boolean

"Falling out" of a close personal relationship.

Type: boolean

An accident.

Type: boolean

Minor violation of the law.

Type: boolean

Death of a close friend.

Type: boolean

Major decision regarding your immediate future.

Type: boolean

Major personal achievement.

Type: boolean

Financial:

Major change in finances (increased income).

Type: boolean

Major change in finances (decreased income).

Type: boolean

Major change in finances (investment and/or credit difficulties).

Type: boolean

Loss or damage of personal property.

Type: boolean

Moderate purchase.

Type: boolean

Major purchase.

Type: boolean

Foreclosure on a mortgage or loan.

Type: boolean

page5

Instructions: Think of this line as representing where people stand in the *country where you live*. To the **right** are the people who are the best off - those who have the most money, the most education, and the most respected jobs. To the **left** are the people who are the worst off - those who have the least money, the least education, the least respected jobs, or no job. The further to the right you are on the line, the closer you are to the people at the very top; the further to the left you are, the closer you are to the people at the very bottom.
Where would you place yourself on this line?
Move the slider to

where you think you stand at this time in your life relative to other people in your country.

Type: text

Instructions: Think of this line as representing where people stand in their *communities*. People define community in different ways; please define it in whatever way is most meaningful to you. To the **right are people who have the highest standing in their community. To the **left** are the people who have the lowest standing in their community.
Where would you place yourself on this line?
**
Move the slider to where you think you stand at this time in your life relative to other people in your community.****

Type: text