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Attachment EEEE: Parent Outcome Survey

Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Parent name: _____

Parent ID number: _____

School ID number: _____

Student name: _____

Student ID number: _____

Program Year: _____

Survey Iteration: _____

**Evaluation of CDC's *Dating Matters*™:
Strategies to Promote Healthy Teen Relationships Initiative**

PARENT/GUARDIAN SURVEY (Follow-up)

Instructions

- Use a pencil or blue or black pen.
Fill bubbles completely. Like this: ●
Do not mark answers with ✕'s or ✓'s.

1. **What is your zip code?** _____

2. **Sex:**
 - Male
 - Female
 - Transgendered
3. **How old are you?** _____

4. **What is your race? You may mark one or more races, as appropriate:**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White

5. **Are you Hispanic or Latino?**
 - Yes
 - No

7. **Does this same child (the Middle School aged child that qualified you to take this survey) live with you?**
 - Yes
 - No

6. **How often does your family attend religious activities, including services?**
 - Never
 - A few times a year
 - Once or twice a month
 - Once a week

More than once a week

7. How important are your religious beliefs to you?

- Not at all important
- Slightly important
- Moderately important
- Very important

8. Have you ever been married?

- Yes
- No {Skip to Question #9X}

If yes,

8a. How many times have you been married? _____

- 1
- 2
- 3 or more times

8b. Are you currently married?

- Yes
- No

8c. If yes, how many years have you been married to your current spouse?

- <5 years
- 5-10 years
- more than 10 years

9. If you are not married, do you have a steady partner that you have been with for at least 3 months?

- Yes
- No

If yes,

9a. Do you live with this person?

- Yes
- No

10. How many different romantic relationships that have lasted 3 or more months have you had in the past five years?

- None
- 1-2 relationships
- 3-4 relationships
- 5 or more relationships

11. Which of the following best describes your current employment status?

- Work full-time
- Work part-time
- Work occasionally
- Homemaker or stay-at-home parent
- Unemployed
- Student
- Other

12. What is your total family income per month (include earnings from all the people in your household)?

- \$0 to \$199
- \$200 to \$499
- \$500 to \$999
- \$1,000 to \$1,999
- \$2,000 to \$2,999
- \$3,000 to \$3,999
- \$4,000 or more

18. On average, how much difficulty have you had paying your bills in the past year?

- No difficulty at all
- A little difficulty
- Quite a bit of difficulty
- A great deal of difficulty

19. How far did you go in school?

- Never attended high school
- Attended high school but did not finish
- Completed high school or GED
- Some college
- Technical, Associates, or 2-year degree
- 4-year college degree
- Completed graduate or professional school

**20. In the past year, have you participated in any parenting skills programs regarding middle school students?
{Check all that apply}**

- Healthy diet and/or exercise programs
- Alcohol and drug use prevention
- PTA or other school programs supporting parents
- The Dating Matters parenting programs addressing teen dating violence
- Other violence prevention programs

Family Composition and Relationships

The next questions are about the people that live in your household.

1. Including yourself, how many people currently live in your household?

- 2 3 4 5 6 or more

2. How many biological children do you have?

- None 1 child 2 children 3 children 4 children 5 or more

3. How many other children that are not your biological children live with you in your household?

- None 1 child 2 children 3 children 4 children 5 or more

****The next questions refer to your child. Please answer these and all other questions about the child that made you eligible fill out this survey. Some parents have more than one child at this school. If that is the case, we are contacting you regarding your oldest middle school child. ****

6. What is your relationship to the Middle School-aged child that qualified you to take this survey?

- Biological mother or father
- Stepmother or stepfather
- Parent's girlfriend or boyfriend
- Adoptive mother or adoptive father
- Foster mother or foster father
- Grandmother or grandfather
- Aunt or Uncle
- Brother or sister
- A different (child's legal guardian)
- Other (not child's legal guardian)

5. How many years have you lived in the same house with your child?

<input type="radio"/> one year	<input type="radio"/> 4 years	<input type="radio"/> 4 years	<input type="radio"/> 7 years	<input type="radio"/> 10 years	<input type="radio"/> 13 years
<input type="radio"/> 2 years	<input type="radio"/> 5 years	<input type="radio"/> 5 years	<input type="radio"/> 8 years	<input type="radio"/> 11 years	<input type="radio"/> 14 years
<input type="radio"/> 3 years	<input type="radio"/> 6 years	<input type="radio"/> 6 years	<input type="radio"/> 9 years	<input type="radio"/> 12 years	<input type="radio"/> 15 years

6. Is your child involved in any after-school or weekend activities, like school clubs, sports teams, music or dance groups, church groups, Girl Scouts or Boy Scouts, or girls club or boys club?

- Yes
- No

7. If yes, how many different activities is he/she involved in over a typical school year?

<input type="radio"/> none	<input type="radio"/> 3 activities
<input type="radio"/> 1 activity	<input type="radio"/> 4 activities
<input type="radio"/> 2 activities	<input type="radio"/> 5 or more activities

Gender Role Identity

{From NLSY79}

Please indicate how much you agree or disagree with the following statements.		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
1.	A woman's place is in the home, not in the office or shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	A woman who carries out her full family responsibilities does not have time for outside employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	The employment of wives leads to more juvenile delinquency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	It is better for everyone concerned if the man is the achiever outside the home and the woman takes care of the home and the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Men should share the work around the house with women, such as doing dishes, cleaning and so forth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Women are much happier if they stay at home and take care of their children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Neighborhood & Organization Affiliation (Adapted from LONGSCAN)

The following questions are about the neighborhood or community that you live in.

1. How long have you lived in this neighborhood? (If you have moved in and out, how long have you lived in this neighborhood since the last time you moved in?)

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

1a. How many times have you moved in the last year?

- Once
- Twice
- 3 or more moves
- Did not move in the last year

2. How long has your child lived in this neighborhood? (If he/she has moved in and out, how long has he/she lived in this neighborhood since the last time he/she moved in?)

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

2a. How many times has your child moved in the last year?

- Once
- Twice
- 3 or more moves
- Did not move in the last year

{Source: Mike Schoeny}

These next questions are examples of things that can happen in neighborhoods. For each example, please indicate what you think people in your neighborhood would be most likely to do.

In general, what would someone in your neighborhood most likely do if....	Do Nothing	Complain to or discuss with other neighbors	Talk to someone who can do something about it, for example the police, a landlord, or a parent	Do something directly, for example, step in and/or talk to the person or people involved
1. ... a group of teenagers has just started to fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ... teenagers are drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ... teenagers are spray-painting graffiti (tagging)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ... a male teenager is verbally or physically abusing (yelling/pushing/shoving/slapping) his romantic partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ... a female teenager is verbally or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, what would someone in your neighborhood most likely do if....	Do Nothing	Complain to or discuss with other neighbors	Talk to someone who can do something about it, for example the police, a landlord, or a parent	Do something directly, for example, step in and/or talk to the person or people involved
physically abusing (yelling/pushing/shoving/slapping) her romantic partner?				
6. ... a teenager is stealing from a store?	○	○	○	○

Relationship with Partner

These next questions are about your relationship with your spouse, partner, or someone you are dating. {If you are not currently in this kind of a relationship, skip to Question XX.}

1. **In the last three months, have you found that talking to your spouse, partner, or someone you are dating about important things going on in your family is...**
 - Very easy
 - Somewhat easy
 - Somewhat hard
 - Very hard
 - I don't talk about important things going on in my family with my spouse, partner, or someone I am dating

2. **In the last three months, how satisfied have you been with the way you and your spouse, partner, or someone you are dating talk about important things going on in your family?**
 - Very satisfied
 - Somewhat satisfied
 - Somewhat unsatisfied
 - Very unsatisfied
 - I don't talk about important things going on in my family with my spouse, partner, or someone I am dating

3. **During the last three months, how often did you and your spouse, partner, or someone you are dating have disagreements?**
 - Very often
 - Sometimes
 - Rarely
 - Never

4. **During the last three months, how often did you feel angry at your spouse, partner, or someone you are dating?**
 - Very often
 - Sometimes
 - Rarely
 - Never {skip to Question XX}

5. **During the last three months when you were angry at your spouse, partner, or someone you are dating, how many of those times did you feel you handled your anger well?**
 - All of the time
 - Most of the time
 - Some of the time
 - Little of the time
 - None of the time

6. **During the last three months when you were angry at your spouse, partner, or someone you are dating, how many of those times did you yell or shout at him/her?**
 - All of the time
 - Most of the time
 - Some of the time
 - Little of the time
 - None of the time

Please indicate how often each of the following statements was true of you in the last month. Would you say never, sometimes, usually, or always?

[source: Supporting Healthy Marriage Study]

	Never	Sometimes	Usually	Always
1. My { <i>spouse, partner, or someone I am dating</i> } is honest and truthful with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My { <i>spouse, partner, or someone I am dating</i> } and I are good at working out our differences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I have a serious disagreement with my { <i>spouse, partner, or someone I am dating</i> }, we discuss it respectfully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My { <i>spouse, partner, or someone I am dating</i> } and I work as a team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy spending time with my { <i>spouse, partner, or someone I am dating</i> }.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about things that your spouse, partner, or someone you are dating may have done to you. As you answer the questions, do not include things that were done in play or in self-defense.

1. How many times has your spouse, partner, or someone you are dating ever threatened to hurt you?

- Never
- Once
- 2-4 times
- More than 4 times

1a. Has this occurred in the past three months?

- No
- Yes

2. How many times has your spouse, partner, or someone you are dating ever slapped or scratched you?

- Never
- Once
- 2-4 times
- More than 4 times

2a. Has this occurred in the past three months?

- No
- Yes

3. How many times has your spouse, partner, or someone you are dating ever pushed, grabbed, shoved or kicked you?

- Never
- Once
- 2-4 times
- More than 4 times

3a. Has this occurred in the past three months?

- No
- Yes

4. How many times has your spouse, partner, or someone you are dating ever hit you with his/her fist or with something hard?

- Never
- Once
- 2-4 times
- More than 4 times

4a. Has this occurred in the past three months?

- No
- Yes

The next questions are about things that you may have done to your spouse, partner, or someone you are dating. As you answer the questions, do not include things you did that were in play or in self-defense.

5. How many times have you ever threatened to hurt him/her?

- Never
- Once
- 2-4 times
- More than 4 times

5a. Has this occurred in the past three months?

- No
- Yes

6. How many times have you ever slapped or scratched him/her?

- Never
- Once
- 2-4 times
- More than 4 times

6a. Has this occurred in the past three months?

- No
- Yes

7. How many times have you ever pushed, grabbed, shoved or kicked him/her?

- Never
- Once
- 2-4 times
- More than 4 times

7a. Has this occurred in the past three months?

- No
- Yes

8. How many times have you ever hit him/her with your fist or with something hard?

- Never
- Once
- 2-4 times
- More than 4 times

8a. Has this occurred in the past three months?

- No
- Yes

Conflict Resolution Styles Inventory (Kurdek, 1994)

The following questions refer to times when you and your spouse, partner, or the person you are dating have disagreements. *We want you to answer these questions about your spouse, partner, or dating partner if you have one.* If you do not have a current or recent (in the last 6 months) partner, please think about a close friend, either a man or a woman.

The person I am thinking about when filling out this questionnaire has these initials: _____ and was born in this month: _____. This person is:

- A current or recent (in the last 6 months) spouse, partner, someone I am dating/dated (please select if you have a spouse, partner, or dating partner)
- OR**
- A close friend (only if you do not have spouse, partner, or dating partner)

Using the scale below, rate how frequently you use each of the styles to deal with arguments or disagreements with the person you are thinking about.

	1 Never	2	3	4	5 Always
How often do YOU use these styles...	1	2	3	4	5
1. Launching personal attacks	<input type="radio"/>				
2. Focusing on the problem at hand.	<input type="radio"/>				
3. Remaining silent for long periods of time	<input type="radio"/>				
4. Not being willing to stick up for myself	<input type="radio"/>				
5. Exploding and getting out of control	<input type="radio"/>				
6. Sitting down and discussing differences constructively.	<input type="radio"/>				
7. Reaching a limit, shutting down, and refusing to talk any further.	<input type="radio"/>				
8. Being too compliant.	<input type="radio"/>				
9. Getting carried away and saying things that aren't meant.	<input type="radio"/>				
10. Finding alternatives that are acceptable to each of us.	<input type="radio"/>				
11. Tuning the other person out.	<input type="radio"/>				
12. Not defending my position.	<input type="radio"/>				
13. Throwing insults and digs.	<input type="radio"/>				
14. Negotiating and compromising.	<input type="radio"/>				
15. Withdrawing, acting distant, and not interested.	<input type="radio"/>				
16. Giving in with little attempt to present my side of the issue.	<input type="radio"/>				

Parent-Child Communication (Adapted from the Revised Parent-Adolescent Communication Form used in Pittsburgh Youth Study (Loeber, et al., 1995 and 1998).

For the next XX sections, we will be asking about your child. If you have more than one child in middle school, then we ask you to answer these questions about your oldest middle school child.

Regarding your middle school child, how often.....

	Almost Never	Once in a While	Sometimes	Often	Almost Always
1. Can you discuss your beliefs with your child without feeling restrained or embarrassed?	<input type="radio"/>				
2. Is your child a good listener?	<input type="radio"/>				
3. Can your child tell how you are feeling without asking you?	<input type="radio"/>				
4. Are you very satisfied with how you and your child talk together?					
5. Does your child try to understand your point of view?	<input type="radio"/>				
6. Are there things you avoid discussing with your child?	<input type="radio"/>				
7. Do you discuss child-related problems with your child?	<input type="radio"/>				
8. Does your child insult you when he/she is angry with you?	<input type="radio"/>				
9. Do you think you can tell your child how you really feel about things?					
10. Does your child tell you about his/her personal problems?	<input type="radio"/>				
11. Does your child keep his/her feelings to him/herself rather than talk about them with you?	<input type="radio"/>				
12. Does your child hide being angry?	<input type="radio"/>				
13. Do you encourage your child to think about things and talk about them so that he/she can establish his/her own opinion?	<input type="radio"/>				
14. If your child is upset, is it difficult for you to figure out what he/she is feeling?	<input type="radio"/>				
15. Does your child let things pile up without talking or dealing with them until they are more than you and he/she can handle?	<input type="radio"/>				
16. Does your child let you know what is bothering him/her?	<input type="radio"/>				
17. Are there certain topics which you do not allow your child to discuss with you?	<input type="radio"/>				
18. Does your child admit mistakes without trying to hide anything?	<input type="radio"/>				
19. Can your child has his/her say even if you disagree?	<input type="radio"/>				
20. Do you and your child come to a solution when you talk about a problem?	<input type="radio"/>				

Alabama Parenting Questionnaire (APQ)

The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. Remember, "your child" refers to the child that qualified you to take this survey.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your child.	<input type="radio"/>				
2. You let your child know when he/she is doing a good job with something.	<input type="radio"/>				
3. You threaten to punish your child and then do not actually punish him/her.	<input type="radio"/>				
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	<input type="radio"/>				
5. You reward or give something extra to your child for obeying you or behaving well.	<input type="radio"/>				
6. Your child fails to leave a note or to let you know where he/she is going.	<input type="radio"/>				
7. You play games or do other fun things with your child.	<input type="radio"/>				
8. Your child talks you out of being punished after he/she has done something wrong.	<input type="radio"/>				
9. You ask your child about his/her day in school.	<input type="radio"/>				
10. Your child stays out in the evening past the time he/she is supposed to be home.	<input type="radio"/>				
11. You help your child with his/her homework.	<input type="radio"/>				
12. You feel that getting your child to obey you is more trouble than it's worth.	<input type="radio"/>				
13. You compliment your child when he/she does something well.	<input type="radio"/>				
14. You ask your child what his/her plans are for the coming day.	<input type="radio"/>				
15. You drive (or take) your child to a special activity.	<input type="radio"/>				
16. You praise your child if he/she behaves well.	<input type="radio"/>				
17. Your child is out with friends you don't know.	<input type="radio"/>				
18. You hug or kiss your child when he/she has done something well.	<input type="radio"/>				
19. Your child goes out without a set time to be home.	<input type="radio"/>				
20. You talk to your child about his/her friends.	<input type="radio"/>				
21. Your child is out after dark without an adult with him/her.	<input type="radio"/>				
22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	<input type="radio"/>				
23. Your child helps plan family activities.	<input type="radio"/>				
24. You get so busy that you forget where your child is and what he/she is doing.	<input type="radio"/>				

	Never	Almost Never	Sometimes	Ofte n	Always
25. Your child is not punished when he/she has done something wrong.	<input type="radio"/>				
26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	<input type="radio"/>				
27. You tell your child that you like it when he/she helps out around the house.	<input type="radio"/>				
28. You don't check that your child comes home at the time she/he was supposed to.	<input type="radio"/>				
29. You don't tell your child where you are going.	<input type="radio"/>				
30. Your child comes home from school more than an hour past the time you expect him/her.	<input type="radio"/>				
31. The punishment you give your child depends on your mood.	<input type="radio"/>				
32. Your child is at home without adult supervision.	<input type="radio"/>				
33. You spank your child with your hand when he/she has done something wrong.	<input type="radio"/>				
34. You ignore your child when he/she is misbehaving.	<input type="radio"/>				
35. You slap your child when he/she has done something wrong.	<input type="radio"/>				
36. You take away privileges or money from your child as a punishment.	<input type="radio"/>				
37. You send your child to his/her room as a punishment.	<input type="radio"/>				
38. You hit your child with a belt, switch, or other object when he/she has done something wrong.	<input type="radio"/>				
39. You yell or scream at your child when he/she has done something wrong.	<input type="radio"/>				
40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	<input type="radio"/>				
41. You use time out (make him/her sit or stand in a corner) as a punishment.	<input type="radio"/>				
42. You give your child extra chores as a punishment.	<input type="radio"/>				

Communication about Sex Topics

Next you will be asked whether you and your child have ever talked about different things and what kinds of things you might have said to him or her. Some of the topics are sensitive topics, like sex. Remember, your answers are private and will not be shown to anyone. Remember, "your child" refers to the child that qualified you to take this survey.

In the past month,		Never	Once or twice	3-4 times	5 or more times
1.	How many times have you talked to your child about getting enough physical exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	How many times have you talked to your child about eating the right kinds of foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	How many times have you talked to your child about alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	How many times have you talked to your child about drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	How many times have you talked to your child about dating or going out with a boy/girl?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have talked to your child about dating...

When you talked about dating, have you ever told your child...

	Yes	No
5a He/she is not allowed to date now?	<input type="radio"/>	<input type="radio"/>
5b It's OK to date now?	<input type="radio"/>	<input type="radio"/>
5c He/she can only go on group dates or double dates?	<input type="radio"/>	<input type="radio"/>
5d He/she can only date boys/girls that you know?	<input type="radio"/>	<input type="radio"/>

		Never	Once or twice	3-4 times	5 or more times
6.	How many times have you ever talked to your child about puberty or physical development? Puberty is how your child's body will change when he/she gets older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	How many times have you ever talked to your child about menstruation? Menstruation is when a girl gets her period monthly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	How many times have you ever talked to your child about what sex is?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	How many times have you ever talked to your child about reproduction or how babies are made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	How many times have you ever talked to your child about what to do to keep from getting pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	How many times have you ever talked to your child about abstinence or waiting to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	How many times have you ever talked to your child about how a person knows when he or she is ready to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	How many times have you ever talked to your child about peer pressure? Peer pressure is when your child is talked into doing something that he/she might not want to do, or when he/she does something just to be cool.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	How many times have you ever talked to your child about condoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How many times have you ever talked to your child about birth control?
16. How many times have you ever talked to your child about HIV/AIDS?
17. How many times have you ever talked to your child about other sexually transmitted diseases or STDs other HIV or AIDS? Some STDs are syphilis, Chlamydia, or the clap.
-

Pubertal Development Scale (PDS)

Does your son's/daughter's physical development seem to be earlier or later than most of the other boys/girls his/her age? Remember, answer about the child that qualified you to take this survey.

- Much earlier
- Somewhat earlier
- About the same
- Somewhat later
- Much later

Beliefs and Knowledge about TDV

Please indicate whether you think the following statements are true or false.		TRU E	FALS E
1.	Boys are the victims of dating abuse about as often as girls.	<input type="radio"/>	<input type="radio"/>
2.	The majority of teens in abusive dating relationships have witnessed abuse between their parents.	<input type="radio"/>	<input type="radio"/>
3.	About 5% of teenagers have been physically abused by a date.	<input type="radio"/>	<input type="radio"/>
4.	Most teen rapes are by someone the teen does <u>not</u> know.	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with the following statements.		Strongl y agree	Somewha t agree	Somewha t disagree	Strongl y disagree
5.	Being insulted by a date is not that big a deal as long as there is no physical violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Hitting a date because of jealousy is just a natural part of dating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Teens have to take the good and the bad from dating partners, even if the bad means getting hit every once in a while.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next questions are about dating abuse as it relates to your middle school child.

- 1. How confident are you that you could recognize warning signs that your middle school child was being abused by a date?**

 - Very confident
 - Somewhat confident
 - Not very confident
 - Not at all confident
- 2. How confident are you that you could recognize warning signs that your middle school child was abusing a date?**

 - Very confident
 - Somewhat confident
 - Not very confident
 - Not at all confident
- 3. In your opinion, how likely is it that your middle school child could become a victim of dating abuse?**

 - Very likely
 - Somewhat likely
 - Not very likely
 - Not at all likely
 - Teen has already been a victim
- 4. In your opinion, how likely is it that your middle school child could abuse someone he/she is dating?**

 - Very likely
 - Somewhat likely
 - Not very likely

- Not at all likely
- Teen has already been an abuser

Beliefs about Dating

The next questions are about your beliefs related to your teen's dating, or your teen's dating when he/she begins dating. Remember, please answer the questions about the child that qualified you to take this survey.

		Strongl y agree	Somewha t agree	Somewha t disagree	Strongl y disagre e
Please indicate how strongly you agree or disagree with the following statements.					
1.	You believe that you should not get involved at all in your middle school child's dating. Getting involved can mean anything from talking to your child about dating to deciding who your child can date, where they can go on dates, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	You believe it is important to provide your middle school child with guidance on dating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	You want to stay out of issues related to your middle school child's dating. Issues related to dating can be anything that has to do with your child's dating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	You believe it is important to set rules for your middle school child about dating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rules about Dating

The first few questions are about practices in your family related to teen dating. Many parents define two different kinds of dating: Group dating is when teens go out in groups but there is some pairing up, and solo dating is when a couple goes out alone. Remember, please answer the questions about your child that qualified you to take this survey.

		NO	YES	Middle school child is not interested in dating	It has never come up
1.	Is your middle school child allowed to go on group dates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	If your middle school child was interested in dating (and you marked above that they are not currently interested), would he/she be allowed to group date?	<input type="radio"/>	<input type="radio"/>		
3.	If it came up (and you marked above that it has not yet come up), would your middle school child be allowed to group date?	<input type="radio"/>	<input type="radio"/>		
4.	Is your middle school child allowed to go on solo dates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	If your middle school child was interested in dating (and you marked above that they are not currently interested), would he/she be allowed to solo date?	<input type="radio"/>	<input type="radio"/>		
6.	If it came up (and you marked above that it has not yet come up), would your middle school child be allowed to solo date?	<input type="radio"/>	<input type="radio"/>		
7.	Was your middle school child <u>told</u> how old he/she needed to be before he/she could group date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8.	Was your middle school child <u>told</u> how old he/she needed to be before he/she could go on solo dates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you have attended a 6th or 7th grade parent program for Dating Matters (e.g., Parents Matter!) program event, please answer the following questions:

(1) How long does it take you to get to a single 6th or 7th grade parent program for Dating Matters (e.g., Parents Matter!) event? {Estimate your average travel time one way.}

- Less than 15 minutes
- At least 15 minutes but less than 30 minutes
- At least 30 minutes but less than 45 minutes
- At least 45 minutes but less than 1 hour
- 1 or more hours

(2) How far do you travel (mileage) to participate in a session of the 6th or 7th grade parent program for Dating Matters (e.g., Parents Matter!)? {Estimate your average travel distance one way.}

- Less than 5 miles
- At least 5 miles but less than 10 miles
- At least 10 miles but less than 15 miles
- At least 15 miles but less than 20 miles
- 20 or more miles

(3) How many Parents Matter! (Dating Matters) program sessions have you attended this year?

- 1
- 2
- 3
- 4
- 5
- 6
- Don't know yet (this is the first session)