PARENTS AND CHILDREN TOGETHER (PACT) EVALUATION

INSTRUMENT (9)

ON-LINE SURVEY

(FOR PROGRAM STAFF)

MATHEMATICA
Policy Research

Reference No.: 06997.172

DRAFT Staff Survey

PACT Implementation Study

December 28, 2012

CONTENTS

SECTION i. INTRODUCTION

The Parents and Children Together (PACT) evaluation, funded by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), is building knowledge about the effectiveness of Responsible Fatherhood and Healthy Marriage grant programs and is seeking to describe grantee programs to support replication and improvement. ACF has contracted with Mathematica Policy Research to complete the evaluation.

The length of this survey is different for different people, but on average it should take no more than 30 minutes. Your participation in this survey is important and will help us understand more about the staff that work in fatherhood and marriage and relationship strengthening programs. Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and no individual names will be reported.

Participation in the survey is completely voluntary and you may choose to skip any question.

If you have any questions about the survey, please do not hesitate to contact Mathematica. You can reach Mathematica by calling 1-866-xxx-xxxxx or emailing xxxxxxx@mathematica-mpr.com.

Thank you for completing this survey.

Before starting the survey, please read and answer the statement below.

i1. **I have read the introduction and understand that the information I provide will be kept private and used only for research purposes. My responses will be combined with the responses of other staff and no individual names will be reported.**

❍ I agree with the above statement and will complete the survey...........................1

❍ I do not agree with the above statement and will not complete the survey..........0   END SURVEY

i1=1
REQUIRED

i2. **Please confirm whether you work for *[PREFILL RF/HM PROGRAM NAME FROM DATABASE]* at [PREFILL NAME OF ORGANIZATION FROM DATABASE]?**

Select one only

❍ Yes, I work for *[PREFILL RF/HM PROGRAM NAME FROM DATABASE]*..........1

❍ No...0   END SURVEY

❍ Don't know..d   END SURVEY

❍ Refuse...r   END SURVEY

A. STAFF BACKGROUND

ALL
REQUIRED

A1. **What is your job title?**

P
A
G

[   ] (STRING 0-300)

○ Don't know...d

ALL
NOT REQUIRED

A2. **How long have you been employed at [PREFILL NAME OF ORGANIZATION FROM DATABASE]?**

[   ] MONTHS/YEARS (0-120)

Please select one button below to indicate whether you are reporting in months or years.

P
A
G

Select one only

○ Months..1

○ Years..0

○ Don't know...d

ALL
REQUIRED

A3. **The next questions are about your work activities at [PREFILL NAME OF ORGANIZATION FROM DATABASE]. Which of the following activities do you take part in during a <u>typical</u> work week on this job?**

2
0
1
0

N
a
t

PROGRAMMER: CODE ONE PER ROW

Select one per row

		YES	NO	DON'T KNOW
a.	Conduct outreach to recruit potential program participants.	1 ○	0 ○	d ○
b.	Screen potential participants for program eligibility or conduct intake for new participants.	1 ○	0 ○	d ○
c.	Provide parenting and/or fatherhood education.	1 ○	0 ○	d ○
d.	Provide marriage and relationship skills education.	1 ○	0 ○	d ○
e.	Help participants prepare for or obtain employment.	1 ○	0 ○	d ○
f.	Help connect participants with needed support services or resources.	1 ○	0 ○	d ○
g.	Manage or supervise other individuals at your organization.	1 ○	0 ○	d ○
h.	Train other staff at your organization.	1 ○	0 ○	d ○
i.	Provide financial education.	1 ○	0 ○	d ○
j.	Other services (specify)	1 ○	0 ○	d ○

[   ] (STRING (NUM))

ALL
REQUIRED

A4. **Did you have any of the following experiences before coming to work for [PREFILL NAME OF ORGANIZATION FROM DATABASE]?**

Baby FACES Prog

PROGRAMMER: CODE ONE PER ROW

Select one per row

		YES	NO	DON'T KNOW
a.	Prior experience working with fathers?	1 ○	0 ○	d ○
b.	Prior experience working with couples?	1 ○	0 ○	d ○
c.	Prior experience working in a fatherhood program?	1 ○	0 ○	d ○
d.	Prior experience working in a marriage and relationship strengthening program?	1 ○	0 ○	d ○
e.	Prior experience providing parenting and/or fatherhood education?	1 ○	0 ○	d ○
f.	Prior experience providing marriage and relationship skills education?	1 ○	0 ○	d ○
g.	Prior experience helping individuals prepare for or obtain employment?	1 ○	0 ○	d ○
h.	Prior experience recruiting or enrolling participants into a voluntary program?	1 ○	0 ○	d ○
i.	Prior experience providing case management to individuals or couples?	1 ○	0 ○	d ○
j.	Prior experience managing or supervising staff?	1 ○	0 ○	d ○
k.	Prior experience providing financial education?	1 ○	0 ○	d ○
l.	Any other relevant experience? (specify)	1 ○	0 ○	d ○

(STRING (NUM))

A3C = 1 OR A4E = 1
NOT REQUIRED

A5. **How long have you been providing parenting and/or fatherhood education?**

Please account for all work you have done for current and past organizations related to parenting and/or fatherhood education.

PACT developed

MONTHS/YEARS (0-120)

Please select one button below to indicate whether you are reporting in months or years.

Select one only

○ Months..1

○ Years..0

○ Don't know...d

A3d = 1 OR A4f = 1
NOT REQUIRED

A6. **How long have you been providing marriage and relationship skills education?**

PACT developed

> *Please account for all work you have done for current and past organizations related to marriage and relationship skills education.*

[   ] MONTHS/YEARS (0-120)

Please select one button below to indicate whether you are reporting in months or years.

Select one only

❍ Months..1

❍ Years...0

❍ Don't know...d

A3E = 1 OR A4G = 1
NOT REQUIRED

A7. **How long have you been helping individuals prepare for and obtain employment?**

PACT developed

> *Please account for all work you have done for current and past organizations related to employment.*

[   ] MONTHS/YEARS (0-120)

Please select one button below to indicate whether you are reporting in months or years.

Select one only

❍ Months..1

❍ Years...0

❍ Don't know...d

SECTION B. TRAINING OPPORTUNITIES

The next questions ask about training opportunities you have received as a staff member at [PREFILL NAME OF ORGANIZATION FROM DATABASE].

ALL
REQUIRED

B1. **During the past 12 months, have you participated in any professional training activities related to your work, either at your workplace or somewhere else?**

Select one only

○ Yes..1

○ No..0 GO TO B4

○ Don't know...d GO TO B4

IF B1=1
NOT REQUIRED

B2. **Why did you participate in these professional training activities?**

Select all that apply

☐ Job requirement..1

☐ Interested in topics...2

☐ Working toward additional credentials, certificate or degree................................3

☐ To update my skills..4

☐ Other (specify)...5

(STRING (NUM))

☐ Don't know...d

IF B1=1
NOT REQUIRED

B3. **Based on the content of the professional training activities you have completed in the past 12 months, how helpful was this training in guiding how you do your work?**

Select one only

○ Very helpful...1

○ Somewhat helpful...2

○ Not very helpful...3

○ Don't know...d

EHS R&P Staff Questionnaire – tailored for PACT

ALL
NOT REQUIRED

B4. **A lot of factors can affect the ability of employees to obtain training. How strongly do you agree or disagree with each of the following statements about training at [PREFILL NAME OF ORGANIZATION FROM DATABASE]?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
a. The workload and related pressures make it hard to get involved in training.	1 ○	2 ○	3 ○	4 ○	d ○
b. Topics covered at available trainings are often too limited or irrelevant.	1 ○	2 ○	3 ○	4 ○	d ○
c. I have concerns about the quality of available trainings.	1 ○	2 ○	3 ○	4 ○	d ○
d. Training activities take too much time away from delivery of program services.	1 ○	2 ○	3 ○	4 ○	d ○

ALL
REQUIRED

B5. **Overall, based on all of the training you have received at [*PREFILL NAME OF ORGANIZATION FROM DATABASE*], how prepared do you feel for your staff role?**

Select one only

- ○ Very prepared...1
- ○ Somewhat prepared..2
- ○ Not very prepared...3
- ○ Don't know...d
- ○ Refuse..r

SECTION C. STAFF MENTORING AND SUPPORT

The questions in this section ask about the level of support you receive from other staff working at [PREFILL NAME OF ORGANIZATION FROM DATABASE]*, including whether you receive or provide supportive mentoring or coaching. When responding, please consider all staff working at* [PREFILL NAME OF ORGANIZATION FROM DATABASE]*, including program managers, supervisors, case managers, group facilitators, outreach staff, trainers, etc. Staff may work either for [PREFILL RF/HM PROGRAM NAME FROM DATABASE] or another program.*

ALL
REQUIRED

C1. **Is there someone who mentors or coaches you at [PREFILL NAME OF ORGANIZATION FROM DATABASE], that is, someone you feel comfortable going to for guidance or feedback on your career and professional development?**

Select one only

❍ Yes...1

❍ No..0   GO TO C4

❍ Don't know...d   GO TO C4

C1=1
NOT REQUIRED

C2. **Who serves as a mentor or coach to you in your work?**

Select all that apply

☐ FILL PROGRAM-SPECIFIC JOB TITLE 1..1

☐ FILL PROGRAM-SPECIFIC JOB TITLE 2..2

☐ FILL PROGRAM-SPECIFIC JOB TITLE 3..3

☐ OTHER PROGRAM-SPECIFIC JOB TITLE (SPECIFY)....................................4

C1=1
NOT REQUIRED

C3. **How often do you receive feedback or guidance from a mentor or coach?**

Select only one

❍ Once a week or more...1

❍ Once every two weeks...2

❍ Once a month..3

❍ Less than once a month...4

❍ Only as needed...5

❍ Don't know..d

ALL
REQUIRED

C4. **Have you acted as a mentor or coach to other staff at [PREFILL NAME OF ORGANIZATION FROM DATABASE]?**

P
A
^

Select only one

❍ Yes...1

❍ No..0

❍ Don't know...d

ALL
REQUIRED

C5. **Overall, how supported do you feel by the other staff working at [PREFILL NAME OF ORGANIZATION FROM DATABASE]?**

P
A
^

Select only one

❍ Very supported...1

❍ Somewhat supported...2

❍ Not very supported..3

❍ Don't know...d

❍ Refuse...r

ALL
REQUIRED

C6. **How strongly do you agree or disagree with the following statement?**

P
A
^

Overall, the staff at [PREFILL NAME OF ORGANIZATION FROM DATABASE] works as a team.

Select only one

❍ Strongly agree...1

❍ Agree...2

❍ Disagree..3

❍ Strongly disagree..4

❍ Don't know...d

❍ Refuse...r

SECTION D. SUPERVISION AND PROGRAM LEADERSHIP

The next questions ask about supervision you may receive as a staff member for [PREFILL RF/HM PROGRAM NAME FROM DATABASE]. If you have more than one supervisor, please answer these questions about the supervisor you work with the most in the [PREFILL RF/HM PROGRAM NAME FROM DATABASE].

ALL
REQUIRED

D1. **Is there at least one person at [PREFILL NAME OF ORGANIZATION FROM DATABASE] whom you regard as your supervisor?**

P
A
C

Select one only

- ❍ Yes..1
- ❍ No...0 GO TO D5
- ❍ Don't know..d GO TO D5

D1=1
NOT REQUIRED

D2. **How frequently do you have one-on-one supervision meetings?**

P
A
C

Select one only

- ❍ Never...1
- ❍ Daily..2
- ❍ Weekly...3
- ❍ Bi-Weekly..4
- ❍ Monthly..5
- ❍ Once every few months...6
- ❍ Yearly..7
- ❍ Don't know...d

D1=1
NOT REQUIRED

D3. **How frequently do you participate in group supervision meetings with other staff members?**

P
A
C

Select one only

- ❍ Never...1
- ❍ Daily..2
- ❍ Weekly...3
- ❍ Bi-Weekly..4
- ❍ Monthly..5
- ❍ Once every few months...6
- ❍ Yearly..7
- ❍ Don't know...d

D1=1
REQUIRED

D4. **Please read the following statements and decide if you strongly disagree, disagree, somewhat disagree, somewhat agree, agree, or strongly agree with each statement.**

My supervisor…

PROGRAMMER: CODE ONE PER ROW

Di cki ns on an d

Select one per row

		STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSE
a.	encourages staff to spend time mentoring new employees.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
b.	encourages staff to help each other with work problems.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
c.	cares about me as a person.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
d.	provides emotional support to me in difficult situations with fathers and couples.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
e.	is appropriately flexible when it comes to applying rules.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
f.	has an attitude that helps me be enthusiastic about working in social services.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
g.	supports me in balancing the demands of my job with my personal life.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
h.	provides the expert help I need to do my job.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
i.	knows effective ways to work with fathers and couples.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
j.	is willing to help me complete difficult tasks.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
k.	encourages creative solutions.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
l.	reinforces the training I receive.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
m.	helps me learn and improve.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
n.	is available to me when I ask for help.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
o.	has expectations for my work that are challenging but reasonable.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
p.	gives me clear feedback on my job performance.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
q.	has helped staff develop into an effective team.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯

The final questions in this section ask about the leadership staff for [PREFILL RF/HM PROGRAM NAME FROM DATABASE]. Consider any staff member in a leadership role for your responses.

ALL
NOT REQUIRED

D5. How strongly do you agree or disagree with the following statements about the leadership at [*PREFILL RF/HM PROGRAM NAME FROM DATABASE*]? Leadership staff can include the director, coordinator, or manager for [*PREFILL RF/HM PROGRAM NAME FROM DATABASE*] or other management staff at [PREFILL NAME OF ORGANIZATION FROM DATABASE]. The leadership…

Su
rv
ey
of
Or

PROGRAMMER: CODE ONE PER ROW

Select one per row

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
a.	inspires others with their plans for this program's future.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
b.	leads by example.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
c.	gets people to work together for the same goal.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
d.	insists on only the best performance.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
e.	treats each staff member as an individual with different needs, abilities, and aspirations.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
f.	takes time to listen carefully and discuss people's concerns.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
g.	encourages new ways of looking at how we do our jobs.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
h.	gives special recognition to others' work when it is very good.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
i.	provides well-defined performance goals and objectives.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
j.	emphasizes using new ideas, services, and administrative techniques, before most other organizations do.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
k.	supports new ideas to help improve the quality of services offered to participants.	1 ◯	2 ◯	3 ◯	4 ◯	d ◯

E. QUALITY OF RESOURCES AND SERVICE DELIVERY

ALL
REQUIRED

E1. **Please read the following statements and decide if you strongly disagree, disagree, somewhat disagree, somewhat agree, agree, or strongly agree with that statement.**

PROGRAMMER: CODE ONE PER ROW

Select one per row

Dickinson and	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSE
a. The mission of this organization is clear to me.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
b. My work reflects the organization's purpose.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
c. I feel good about what this organization does for [FATHERS OR COUPLES FROM DATABASE].	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
d. In this organization, there is more emphasis on the quality of services than on the number of participants served.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
e. I am satisfied with the salary I receive from this organization.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
f. I am paid fairly considering my education and training.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
g. I am paid fairly considering the responsibilities I have.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
h. I am satisfied with the physical work environment at this organization.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
i. I am proud to tell others that I am part of this organization.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
j. The administration shows concern for staff.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
k. Employees of this organization are respected by other community professionals.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
l. This organization is committed to my personal safety in the office.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
m. This organization is committed to my personal safety when working off-site.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
n. My professional opinions are respected in this organization.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
o. I have sufficient input in formulating policies that govern my work.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
p. There are strong, positive relationships between this organization and other community resource providers.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○
q. I have the support to make work-related decisions when	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	d ○	r ○

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSE
appropriate.								
r. Organizational management shares leadership roles with staff.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
s. This organization effectively responds to public criticism when it occurs.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯

| ALL |
| NOT REQUIRED |

E2. **The next questions ask about the challenges programs may have in providing services. Do any of the following challenges exist for *[PREFILL RF/HM PROGRAM NAME FROM DATABASE]*?**

T
h
e

H
e

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO	DON'T KNOW
a. Our program does not have enough money for needed program activities.	1 ◯	0 ◯	d ◯
b. Our program does not have adequate space for program activities.	1 ◯	0 ◯	d ◯
c. Our program does not have adequate equipment and supplies for needed program activities.	1 ◯	0 ◯	d ◯
d. Our program does not have enough of the right staff to deliver services.	1 ◯	0 ◯	d ◯
e. There is a lack of administrative or support staff.	1 ◯	0 ◯	d ◯
f. There is a lack of agreement among staff on participants' needs and interests.	1 ◯	0 ◯	d ◯
g. Our program needs more interpreters or bilingual staff.	1 ◯	0 ◯	d ◯
h. Our program has difficultly notifying participants of upcoming activities.	1 ◯	0 ◯	d ◯
i. Our program has little ability to offer activities at times convenient for participants.	1 ◯	0 ◯	d ◯
j. Our program has difficulty getting participants engaged in services.	1 ◯	0 ◯	d ◯
k. Other (specify)	1 ◯	0 ◯	d ◯

(STRING (NUM))

ALL
REQUIRED

E3. **Please read the following statements and decide if you strongly disagree, disagree, somewhat disagree, somewhat agree, agree, or strongly agree with each statement.**

D
i

PROGRAMMER: CODE ONE PER ROW

Select one per row

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSE
a. My workload is manageable.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
b. The amount of required paperwork and other administrative tasks are manageable.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
c. There is a good match between the duties of this job and my skills and interests.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
d. There is a good fit between my family life and work life.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
e. The work I'm doing now suits me.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯
f. I would recommend this organization to others seeking employment in this field.	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	d ◯	r ◯

ALL
NOT REQUIRED

E4. **How strongly do you agree or disagree with the following statement?**

Frequent staff turnover is a problem for *[PREFILL RF/HM PROGRAM NAME FROM DATABASE]*.

Ba
FA
S
Pro
am
Dir
or
Int

Select one only

◯ Strongly disagree...1

◯ Disagree..2

◯ Agree...3

◯ Strongly agree...4

◯ Don't know...d

| ALL |
| NOT REQUIRED |

E5. **How successfully do you think *[PREFILL RF/HM PROGRAM NAME FROM DATABASE]* provides each of the following services?**

Source: FACS

PROGRAMMER: CODE ONE PER ROW

Select one per row

		DO NOT PROVIDE THIS SERVICE	NOT VERY SUCCESSFUL	SOMEWHAT SUCCESSFUL	VERY SUCCESSFUL	DON'T KNOW
a.	Parenting and/or fatherhood education	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
b.	Marriage and relationship skills education	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
c.	Job skills training	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
d.	Employment assistance	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
e.	GED or other basic education	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
f.	Occupational training or certification	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
g.	Case management and/or support services	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
h.	Financial education	1 ◯	2 ◯	3 ◯	4 ◯	d ◯
i.	Other services (specify)	1 ◯	2 ◯	3 ◯	4 ◯	d ◯

| (STRING (NUM) |

F. STAFF DEMOGRAPHICS

ALL
NOT REQUIRED

The next questions ask about your background.

F1. **Are you Hispanic, Latino, or of Spanish origin?**

OMB   *Select one only*

◯ No, not of Hispanic, Latino or Spanish origin...0

◯ Yes, Mexican, Mexican American, Chicano...1

◯ Yes, Puerto Rican..2

◯ Yes, another Hispanic, Latino or Spanish origin..3

◯ Don't know...d

ALL
NOT REQUIRED

F2. **What is your race?**

OMB   *Select all that apply*

□ American Indian or Alaska Native..1

□ Asian...2

□ Black or African American..3

□ Native Hawaiian or other Pacific Islander..4

□ White...5

□ Other (specify)..6

> (STRING 50)

□ Don't know..d

ALL
NOT REQUIRED

F3. **What country were you born in?**

BSF

Select one only

❍ United States...1   GO TO F5

❍ Puerto Rico...2

❍ Canada...3

❍ Mexico..4

❍ Cuba...5

❍ Dominican Republic..6

❍ El Salvador...7

❍ Haiti..8

❍ Jamaica..9

❍ Guatemala..10

❍ Nicaragua...11

❍ Other Country (specify)...99

(STRING 50)

❍ Don't know...d

F3 = 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 99, d
NOT REQUIRED

F4. **When did you first come to live in the United States?**

BSF

|__|__|__|__| YEAR
  (1900-2012)

❍ Don't know...d

ALL
NOT REQUIRED

F5. **What is the highest level of education you have completed?**

COBRA
tailored for
PACT

Select one only

❍ High School: Diploma..1

❍ High School: General Education Development or GED....................................2

❍ Some college/some postsecondary vocational courses......................................3

❍ 2-year or 3-year college degree (Associate's degree)..4

❍ Vocational school diploma...5

❍ 4-year college degree (Bachelor's degree)...6

❍ Some graduate work/no graduate degree...7

❍ Graduate or professional degree (e.g., MA, MBA, PH.D., JD, MD).......................8

❍ Don't know..d

ALL
NOT REQUIRED

F6. **Are you…**

Select one only

❍ Male...1

❍ Female...2

❍ Don't know..d

ALL
NOT REQUIRED

F7. **THANK YOU FOR COMPLETING THE SURVEY!**