

Attachment MMMM:
6th Grade Curricula Parent Satisfaction Questionnaire

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

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0941).

PARENTS MATTER! FOR DATING MATTERS

PARTICIPANT SATISFACTION QUESTIONNAIRE

Please answer each question as honestly as you can so that we can continue to improve the program. Circle your response to each question.

Site Number _____ **Survey Date** _____

1. How important do you think the information and skills covered in the *Parents Matter! for Dating Matters™ Program* are to families like yours?

Not important **Somewhat important** **Very important**

2. Have you shared information that you learned in the *Parents Matter! for Dating Matters™ Program* with other people you know?

Yes **No**

If yes, with whom did you share information? Circle all that apply.

Spouse **Sibling** **Neighbor** **Friend** **Other**

3. How useful were the information and skills you learned in the *Parents Matter! for Dating Matters™ Program* in helping you talk to your child about relationships and sex?

Not useful **Somewhat useful** **Very useful**

4. How confident are you in your ability to use the information and skills you learned in the *Parents Matter! for Dating Matters™ Program*?

Not confident **Somewhat confident** **Very confident**

5. How many times have you used the information and skills you learned in the *Parents Matter! for Dating Matters™ Program*?

None

Once or twice

Many times

6. How likely are you to continue to use the information and skills you learned in the *Parents Matter! for Dating Matters™ Program*?

Not likely

Somewhat likely

Very likely

7. How well did the facilitators listen to your ideas and questions?

Not well

Somewhat well

Very well

8. How easy or difficult was it for you to feel a connection with the facilitators?

Very difficult

Somewhat difficult

Somewhat easy

Very easy

9. Do you feel like you were given enough opportunities to share something about yourself in the *Parents Matter! for Dating Matters™ sessions*?

No

Somewhat

Yes

10. Were the facilitators prepared for the sessions?

Yes

No

11. How comfortable was the facility in which the *Parents Matter! for Dating Matters™ Program* was held?

Not comfortable

Somewhat comfortable

Very comfortable

12. How easy was it for you to get to the facility where the *Parents Matter! for Dating Matters™ Program* was held?

Not easy

Somewhat easy

Very easy

13. What are your overall feelings about your experience in the *Parents Matter! for Dating Matters™ Program*? (Tick one)

- Very positive**
- Somewhat positive**
- Neutral**
- Somewhat negative**
- Very negative**

14. What did you like most about the *Parents Matter! for Dating Matters™ Program*?

15. What changes would you recommend for future *Parents Matter! for Dating Matters™* sessions?

***Thank you for completing this form and participating
in Parents Matter! for Dating Matters.***