Attachment NNNN:

7th 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

**Form Approved**

OMB No. 0920-0941

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**Dating MattersTM for Parents**

**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 *Dating* *MattersTM for Parents Program* are to families like yours?

|  |  |  |
| --- | --- | --- |
| **Not important** | **Somewhat important** | **Very important** |

1. Have you shared information that you learned in the *Dating* *MattersTM for Parents 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** |

1. How useful were the information and skills you learned in the *Dating* *MattersTM for Parents Program* in helping you talk to your child about risks faced by your child including teen dating violence?

|  |  |  |
| --- | --- | --- |
| **Not useful** | **Somewhat useful** | **Very useful** |

1. How confident are you in your ability to use the information and skills you learned in the *Dating* *MattersTM for Parents Program*?

|  |  |  |
| --- | --- | --- |
| **Not confident** | **Somewhat confident** | **Very confident** |

1. How many times have you used the information and skills you learned in the *Dating* *MattersTM for Parents Program*?

|  |  |  |
| --- | --- | --- |
| **None** | **Once or twice** | **Many times** |

1. How likely are you to continue to use the information and skills you learned in the *Dating* *MattersTM for Parents Program*?

|  |  |  |
| --- | --- | --- |
| **Not likely** | **Somewhat likely** | **Very likely** |

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

|  |  |  |
| --- | --- | --- |
| **Not well** | **Somewhat well** | **Very well** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Very difficult** | **Somewhat difficult** | **Somewhat easy** | **Very easy** |

1. Do you feel like you were given enough opportunities to share something about yourself in the *Dating* *MattersTM for Parents* sessions?

|  |  |  |
| --- | --- | --- |
| **No** | **Somewhat** | **Yes** |

1. Were the facilitators prepared for the sessions?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. How comfortable was the facility in which the *Dating* *MattersTM for Parents Program* was held?

|  |  |  |
| --- | --- | --- |
| **Not comfortable** | **Somewhat comfortable** | **Very comfortable** |

1. How easy was it for you to get to the facility where the *Dating* *MattersTM for Parents Program* was held?

|  |  |  |
| --- | --- | --- |
| **Not easy** | **Somewhat easy** | **Very easy** |

1. What are your overall feelings about your experience in the *Dating* *MattersTM for Parents Program*? (Tick one)

|  |
| --- |
| **\_\_\_ Very positive** |
| **\_\_\_ Somewhat positive** |
| **\_\_\_ Neutral** |
| **\_\_\_ Somewhat negative** |
| **\_\_\_ Very negative** |

1. What did you like most about the *Dating* *MattersTM for Parents Program*?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What changes would you recommend for future *Dating* *MattersTM for Parents* sessions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for completing this form and participating***

***in Dating Matters****TM* ***for Parents!***