

OMB

**MATHEMATICA**  
**Policy Research**

Control No.: XXXX-XXXX  
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Respondent ID #: \_\_\_\_\_

Date: \_\_\_\_\_

HEALTHY MARRIAGE PROGRAM  
**PRE-PROGRAM SURVEY**  
*For Adult-Focused Programs*

PRIVACY

Thank you for your help with this important study. This survey includes questions about your parenting, relationships, economic stability, well-being, and program experiences. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private to the extent permitted by law.

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The information requested in this survey will be used to document how programs receiving HMRP grant funding operate and describe participant outcomes. The data gathered will allow ACF to better monitor grantee progress and performance. In accordance with the requirements of the Privacy Act of 1974, as amended ([5 U.S.C. 552a](#)), ACF/OPRE established system of records titled: 09-80-0361 OPRE Research and Evaluation Project Records, HHS/ACF/OPRE. A Federal Register Notice ([80 FR 17893](#)) announced the system.

**SECTION A: PARENTING**

We would like get a sense of who you are as a parent. We realize that children are different and may require different parenting.

Questions in this section are about your child—or, if you have more than one child, your two youngest children—under the age of 21.

**A1a. Do you have any children who are under 21 years old? Please only include your biological children or children you have legally adopted.**

**MARK ONE ONLY**

- <sup>1</sup> Yes, I have one child who is younger than age 21
- <sup>2</sup> Yes, I have more than one child who is younger than age 21 → GO TO A1c
- <sup>3</sup> No, I have no children
- <sup>4</sup> No, all my children are 21 years or older → GO TO B1

**A1b. What is your child's first name or initials?**

\_\_\_\_\_ [CHILD1] → GO TO A1d

**A1c. What is your youngest child's first name or initials?**

\_\_\_\_\_ [CHILD1]

**A1d. How old is [CHILD 1]?**

\_\_\_\_\_ YEARS

**A1e. Does [CHILD1] live with you all or most of the time?**

- <sup>1</sup> Yes, he or she lives with me all or most of the time
- <sup>0</sup> No, he or she does not live with me all or most of the time

IF A1a = 2, GO TO A4; ELSE GO TO B1

**A2. Please answer questions in A2 for [CHILD 1] only.**

**A2a. Please tell us how often you've felt or acted this way in the past month with [CHILD1].**

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. I am happy being with [CHILD 1].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. [CHILD 1] and I are very close to each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I try to comfort [CHILD 1] when he/she is upset.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I spend time with [CHILD 1] doing what he/she likes to do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



**A2b. Over the past month, how often did you...**

MARK ONE BOX IN EACH ROW

	NEVER	1 -3 TIMES A MONTH	1 - 3 TIMES A WEEK	EVERY DAY OR ALMOST EVERY DAY
a. ... hit, spank, grab, or use physical punishment with [CHILD 1]?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. ... yell, shout, or scream at [CHILD 1] because you were mad at him/her?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. ...talk to [CHILD 1] about what he/she did wrong?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A3. How much do you agree or disagree with the following statement?**

**[CHILD 1]'s other parent and I work well together as parents.**

**MARK ONE ONLY**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

If A1a = 2, continue to A4; else, go to question A7.

**A4. Now think about your next youngest biological or legally adopted child.**

**A4a. What is your next youngest child's first name or initials?**

\_\_\_\_\_ [CHILD2]

**A4b. How old is [CHILD 2]?**

\_\_\_\_\_ YEARS

**A4c. Does [CHILD2] live with you all or most of the time?**

- 1  Yes, he or she lives with me all or most of the time → **GO TO A5a**
- 0  No, he or she does not live with me all or most of the time → **GO TO B1**

Please answer questions in A5 for [CHILD 2] only.

**A5a. Please tell us how often each of the following happens in your family.**

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. I am happy being with [CHILD 2].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. [CHILD 2] and I are very close to each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I try to comfort [CHILD 2] when he/she is upset.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I spend time with [CHILD 2] doing what he/she likes to do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A5b. In the past month, how often did you...**

MARK ONE BOX IN EACH ROW

	NEVER	1-3 TIMES A MONTH	1 - 3 TIMES A WEEK	EVERY DAY OR ALMOST EVERY DAY
a. ... hit, spank, grab, or use physical punishment with [CHILD 2]?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. ... yell, shout, or scream at [CHILD 2] because you were mad at him/her?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. ...talk to [CHILD 2] about what he/she did wrong?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A6. How much do you agree or disagree with the following statement?**

[CHILD 2]'s other parent and I work well together as parents.

**MARK ONE ONLY**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

**A7. In the past month, how often have you felt overwhelmed by your parenting responsibilities?**

**MARK ONE ONLY**

- 1  Never
- 2  Hardly ever
- 3  Sometimes
- 4  Often

**GO TO QUESTION B1 ON THE NEXT PAGE**

**SECTION B: ECONOMIC STABILITY**

**B1. Currently, do you...**

MARK ONE BOX IN EACH ROW

	YES	NO
a. Have a checking account?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Have a savings account?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Use a budget to plan your spending?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**B2. How often do you find it difficult to pay your bills?**

**MARK ONE ONLY**

- <sup>1</sup>  Never
- <sup>2</sup>  Once in a while
- <sup>3</sup>  Somewhat often
- <sup>4</sup>  Very often

**B3. How much do you agree or disagree with each of the statements below?**

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABL E
a. I would like to learn new job skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. I have good job skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. I know where to find job openings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
d. I know how to apply for a job.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
e. I feel confident in my ability to conduct an effective job search for a job I want.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
f. I feel confident in my interviewing skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
g. I would like to get a job.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>
h. I would like to get a better job.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>
i. I am usually on time for work.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>
j. If I'm not going to go to work, I let my supervisor know ahead of time.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>

**B4. Do you have an updated resume that you can give to employers?**

- <sup>1</sup>  Yes
- <sup>0</sup>  No

**GO TO QUESTION C1 ON THE NEXT PAGE**

**SECTION C: MARRIAGE/RELATIONSHIPS**

**C1. How much do you agree or disagree with the following statements?**

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. It is better for children if their parents are married....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Living together is just the same as being married.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C2. Are you currently in a relationship (whether you are married or unmarried)?**

- Yes
- No → GO TO D1

**C3. Which of the following statements best describes your relationship with your current partner?**

**MARK ONE ONLY**

- We are married
- We are romantically involved on a steady basis
- We are involved in an on-again and off-again relationship

**C4. How much of the time do you live with your partner?**

**MARK ONE ONLY**

- All of the time
- Most of the time
- Some of the time
- None of the time

**C5. This question is about your relationship with your partner/spouse. During the PAST MONTH, how often did the following happen?**

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. My partner/spouse and I were good at working out our differences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I felt respected even when my partner/spouse and I disagreed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. When my partner/spouse and I had a serious disagreement, we worked on it together to find a resolution.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. When my partner/spouse and I had a serious disagreement, we discussed our disagreements respectfully.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. During arguments, my partner/spouse and I were good at taking breaks when we needed them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. When my partner/spouse and I argued, past hurts got brought up again.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My partner/spouse understands that there are times when I do not feel like talking and times when he/she does.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C6. During the PAST MONTH, how often has the following happened?**

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. My partner/spouse was rude or mean to me when we disagreed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My partner/spouse seemed to view my words or actions more negatively than I meant them to be.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Our arguments became very heated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Small issues suddenly became big arguments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My partner/spouse or I stayed mad at one another after an argument.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



**C7. In the PAST MONTH, how often has the following happened?**

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. My partner/spouse blamed me for his/her problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My partner/spouse yelled or screamed at me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C8. How satisfied are you with the way you and your partner/spouse handle conflict?**

MARK ONE ONLY

- <sup>1</sup>  Very satisfied
- <sup>2</sup>  Somewhat satisfied
- <sup>3</sup>  Not at all satisfied

**C9. How much do you agree or disagree with the following statements about your partner/spouse?**

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I trust my partner/spouse completely.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My partner/spouse knows and understands me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I can count on my partner/spouse to be there for me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I feel appreciated by my partner/spouse.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My partner/spouse expresses love and affection toward me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C10. In the past month, how often have you and your partner/spouse done the following things?**

MARK ONE BOX IN EACH ROW

	ALMOST EVERY DAY	ONCE OR TWICE A WEEK	ONCE OR TWICE A MONTH	LESS OFTEN
a. Talk to each other about the day.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Laugh together.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Participate together in an activity we both enjoy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C11. How satisfied are you with your current relationship?**

**MARK ONE ONLY**

<sup>1</sup>  Very satisfied

<sup>2</sup>  Somewhat satisfied

<sup>3</sup>  Not satisfied

**C12. How much do you agree or disagree with this statement? I view our marriage/relationship as lifelong.**

**MARK ONE ONLY**

<sup>1</sup>  Strongly agree

<sup>2</sup>  Agree

<sup>3</sup>  Disagree

<sup>4</sup>  Strongly disagree

**GO TO QUESTION D1 ON THE NEXT PAGE**

**SECTION D: PERSONAL DEVELOPMENT**

**D1. This question is about feelings you may have experienced recently. During the PAST 30 DAYS, how often have you felt...**

MARK ONE BOX IN EACH ROW

	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
a. Nervous?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Hopeless?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Restless or fidgety?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. So depressed that nothing could cheer you up?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. That everything was an effort?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Worthless?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**THANK YOU FOR COMPLETING THIS SURVEY!**