

Respondent ID #: _____

Date: _____

HEALTHY MARRIAGE PROGRAM PRE-PROGRAM SURVEY

For Youth-Focused Programs

PRIVACY

Thank you for your help with this important study. This survey includes questions about your attitudes about marriage and relationships, your relationship experiences, and parenting. Your name will not be on the questionnaire 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 HMRF 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. ATTITUDES ABOUT MARRIAGE AND RELATIONSHIPS

A1. How much do you agree or disagree with the following statements about marriage?

MARK ONE BOX IN EACH ROW

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Marriages are happy or unhappy and there is not much you can do to change it..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. If you are happily married, you don't need to work on your relationship..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Marriage should be lifelong..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. It is okay to live with a boyfriend/girlfriend without being married..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. It is okay to live with a boyfriend/girlfriend without a plan to be married..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. It is okay to have kids without being married..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. It is okay to have kids without a plan to be married.... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. It is hard on kids to be raised by a single parent..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A2. When you think of your future, what do you think are the chances that...

MARK ONE BOX IN EACH ROW

| | ALMOST NO CHANCE | SOME CHANCE (BUT PROBABLY NOT) | A 50-50 CHANCE | A GOOD CHANCE | ALMOST CERTAIN |
|--|----------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|
| a. You will be married to one person for life?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. You will live with a boyfriend/girlfriend without being married?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. You will have a child without being married..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

A3. In a healthy relationship, how important is it that couples...

MARK ONE BOX IN EACH ROW

| | NOT AT ALL IMPORTANT | A LITTLE IMPORTANT | PRETTY IMPORTANT | VERY IMPORTANT |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|
| a. Do not cheat on each other?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Do not call each other names?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Do not threaten each other?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Do not push, shove, hit, slap, or grab each other?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Do not argue?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Encourage each other when life is hard?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Enjoy spending time together?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A4. How much do you agree or disagree with the following statements about relationships?

MARK ONE BOX IN EACH ROW

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. In a healthy relationship it is essential for couples to talk about things that are important to them..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Even in a good relationship, couples will occasionally have trouble talking about their feelings..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. A relationship is stronger if a couple doesn't talk about their problems..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A5. How much do you agree or disagree with the following statements about relationships?

MARK ONE BOX IN EACH ROW

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|----------------------------|----------------------------|----------------------------|------------------------------|
| a. A person who makes their partner angry on purpose deserves to be hit..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Sometimes physical violence, such as hitting or pushing, is the only way to express your feelings..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Violence between dating partners is a personal matter and people should not interfere..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. It's okay to stay in a relationship even if you're afraid of your boyfriend/girlfriend..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

SECTION B. ATTITUDES ABOUT SEX

B1. How much do you agree or disagree with the following statements about sex?

MARK ONE BOX IN EACH ROW

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A person should only have sex with someone they love..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. A person should only have sex if they are married or made a lifelong commitment..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. MALE: I would be devastated if I got someone pregnant at this age..... FEMALE: I would be devastated if I got pregnant at this age..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. I would feel comfortable having sex with someone I was attracted to but didn't know very well..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Two people who are in love do not need to use condoms/birth control..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. At my age right now, having sexual intercourse would create problems..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. At my age right now, it is okay to have sexual intercourse if I use protection, like a condom, the pill, etc..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

B2. How much do you agree or disagree with the following statements about sex?

MARK ONE BOX IN EACH ROW

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. If my boyfriend/girlfriend wanted to have sex, but I didn't, I would find it pretty hard to say "no"..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. I feel good enough about myself that I can say "no" even if my friends are having sex..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

SECTION C: CURRENT RELATIONSHIP

C1. Do you have a boyfriend/girlfriend?

No → **GO TO QUESTION D1**

Yes

C2. Please indicate how often the following things happen with your boyfriend/girlfriend.

My boyfriend/girlfriend...

MARK ONE BOX IN EACH ROW

| | NONE OF THE TIME | SOME OF THE TIME | HALF OF THE TIME | MOST OF THE TIME | ALL OF THE TIME |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Makes me feel good about myself..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Pressures me to do risky things I don't want to do..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Wants to control what I do..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Tries to make me look bad..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Puts down my physical appearance or how I look..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Insults or criticizes my ideas..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Blames me for his/her problems..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

C3. When you have a serious disagreement with your boyfriend/girlfriend, how often do you...

MARK ONE BOX IN EACH ROW

| | NONE OF THE TIME | SOME OF THE TIME | HALF OF THE TIME | MOST OF THE TIME | ALL OF THE TIME |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Just keep your thoughts and feelings to yourself?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Discuss your disagreements?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. End up throwing things or hitting something?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Keep arguing until you get your way?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Yell or shout?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Give each other the silent treatment?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

C4. How often do the following things happen with your boyfriend/girlfriend?

MARK ONE BOX IN EACH ROW

| | NONE OF THE TIME | SOME OF THE TIME | HALF OF THE TIME | MOST OF THE TIME | ALL OF THE TIME |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. My boyfriend/girlfriend can count on me to be there when he/she needs me..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. My boyfriend/girlfriend and I talk about the things that really matter..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. I am comfortable sharing my thoughts and feelings with my boyfriend/girlfriend. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

SECTION D: CONTACT WITH CHILDREN

D1. Do you have children of your own living with you in your home?

SELECT ONE ONLY

- No, I do not have any children → **END SURVEY**
- I have one or more children, but they do not live with me. → **ANSWER D2-D4b THEN END SURVEY**
- I live with at least one of my children → **GO TO E1**

D2. How old is your youngest child?

_____ YEARS

D3. When is the last time you saw your youngest child?

SELECT ONE ONLY

- In the past week ←
 - In the past month
 - In the past six months
 - In the past year
 - 1 – 2 years ago
 - More than 2 years ago
 - Never
- **GO TO --**

D4a. IF SEEN CHILD IN PAST MONTH: In the past month, how often did you see or visit your youngest child?

SELECT ONE ONLY

- Every day or almost every day ←
- One to three times a week
- One to three times a month →
- I did not see or visit this child in the past month → **GO TO D5**

D4b. In the past month when you saw [CHILD], how many hours per day did you usually spend with [CHILD1]?

|_|_| HOURS

D5. In the past month, how often have you reached out to your youngest child even if he or she did not respond?

This includes calling on the phone; sending email, letters, or cards; texting; or using Facebook or FaceTime.

SELECT ONE ONLY

- Every day or almost every day
- One to three times a week
- One to three times a month
- I did not see or visit this child in the past month

SECTION E: PARENTING AND CO-PARENTING

Questions in this section are about your **YOUNGEST CHILD** that lives with you. Please answer these questions about that child.

E1. Thinking about your youngest child, how often does each of the following happen in your family?

MARK ONE BOX IN EACH ROW

| | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I am happy being with my child..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. My child 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 my child 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 my child doing things what he/she likes to do..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

E2. Thinking about the times when your youngest child has done something wrong, how often do you...

MARK ONE BOX IN EACH ROW

| | NEVER | A FEW TIMES A MONTH | A FEW TIMES A WEEK | EVERY DAY OR ALMOST EVERYDAY |
|---|----------------------------|----------------------------|----------------------------|-------------------------------------|
| a. ...hit, spank, grab, or use physical punishment with your child?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. ...yell, shout, or scream at your child because you are 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"/> |

E3. In the past month, how often have you felt overwhelmed by your parenting responsibilities?

- 1 Never
- 2 Once in a while
- 3 Somewhat often
- 4 Very often

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

My child's other parent and I work well together as parents.

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

E5. Would you be able to count on the child's other parent to take care of your child or children in an emergency?_

¹ Yes

⁰ No

^d I don't know

THANK YOU FOR COMPLETING THIS SURVEY!