

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

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DATING MATTERS™ 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 Matters™ for Parents Program* are to families like yours?

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

2. Have you shared information that you learned in the *Dating Matters™ 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**

3. How useful were the information and skills you learned in the *Dating Matters™ 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**

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

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

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

None

Once or twice

Many times

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

No

Somewhat

Yes

10. Were the facilitators prepared for the sessions?

Yes

No

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

Not comfortable

Somewhat comfortable

Very comfortable

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

Not easy

Somewhat easy

Very easy

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

Very positive

Somewhat positive

Neutral

Somewhat negative

Very negative

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

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

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