

Respondent ID #: \_\_\_\_\_

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

RESPONSIBLE FATHERHOOD PROGRAM

POST-PROGRAM SURVEY

*For Community-Based Fathers*

PRIVACY

Thank you for your help with this important study. This survey includes questions about your parenting, relationships, economic stability, wellbeing, 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. 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 AND CO-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, 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 or legally adopted children.**

**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 A1d**
- <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]

**A1c. How old is your child? [CHILD 1]**

\_\_\_\_\_ YEARS → **GO TO A1f**

**A1d. What is your youngest child's first name or initials?**

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

**A1e. How old is your youngest child? [CHILD 1]**

\_\_\_\_\_ YEARS

**A1f. 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 → **GO TO A3**
- <sup>0</sup> No, he or she does not live with me all or most of the time → **GO TO A1g**

**A1g. When is the last time you saw [CHILD1]?**

**MARK ONE ONLY**

1 In the past week

2 In the past month

3 In the past six months

4 In the past year

5 1-2 years ago

6 More than 2 years ago

7 Never

GO  
TOA2c

**A2a. In the past month, how often did you see [CHILD1]?**

**MARK ONE ONLY**

1 Every day or almost every day

2 One to three times a week

3 One to three times in the past month

4 I did not see this child in the past month

GO TO A2c

**A2b. In the past month when you saw [CHILD1], how many hours per day did you usually spend with [CHILD1]?**

|\_|\_| HOURS

**A2c. In the past month, how often have you reached out to [CHILD1] even if [CHILD1] did not respond? This includes calling on the phone; sending email, letters, or cards; texting; or using Facebook or FaceTime.**

**MARK ONE ONLY**

1 Every day or almost every day

2 One to three times a week

3 One to three times in the past month

4 Never in the past month

**A2d. In the past month, did you buy things for [CHILD1] that he or she needed like diapers, clothes, school supplies, medicine, or other things he or she needed?**

1 Yes

2 No

**A2e. Do you have an agreement with the mother of [CHILD1] about spending time with [CHILD1]?**

**MARK ONE ONLY**

- 1  Yes, we have a legal document
- 2  Yes, we have a written agreement that is not court-ordered
- 3  Yes, we have a verbal understanding
- 4  No, we have no parenting agreement → GO TO A6

**A2f. How often does [CHILD1]'s mother follow the agreement?**

**MARK ONE ONLY**

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Never

**A2g. How often do you follow the agreement?**

**MARK ONE ONLY**

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Never

SKIP IF A1g = 3 - 7

**A3. 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 [CHILD1].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. [CHILD1] 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 [CHILD1] 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 [CHILD1] doing what he/she likes to do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SKIP IF A1g = 3 - 7

**A4. Over the past month, how often did 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 [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"/>

SKIP IF A1g = 3 - 7

**A5. In the past month, how often have 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. Had a meal together with [CHILD1]?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Taken [CHILD1] places he/she needed to go, such as to school or to the doctor?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Helped [CHILD1] with his/her bedtime routine or homework?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Talked with [CHILD1] about things he/she is especially interested in?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A6. 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

[If A1a = 2, continue to A7a; else, GO TO B1.]

Now think about your next youngest biological or legally adopted child, [CHILD2].

A7a. What is your next youngest child's first name or initials?

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

A7b. How old is your next youngest child?

\_\_\_\_\_ YEARS

A8. Does [CHILD2] live with you all or most of the time?

Yes, he or she lives with me all or most of the time → GO TO A10

No, he or she does not live with me all or most of the time

A9a. When is the last time you saw [CHILD2]?

MARK 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  
A9d

A9b. In the past month, how often did you see [CHILD2]?

MARK ONE ONLY

Every day or almost every day

One to three times a week

One to three times in the past month

I did not see this child in the past month → GO TO A9d

A9c. In the past month when you saw [CHILD2], how many hours per day did you usually spend with [CHILD2]?

|\_|\_| HOURS

**A9d. In the past month, how often have you reached out to [CHILD2] even if [CHILD2] did not respond? This includes calling on the phone; sending email, letters, or cards; texting; or using Facebook or FaceTime.**

**MARK ONE ONLY**

- 1 Every day or almost every day
- 2 One to three times a week
- 3 One to three times in the past month
- 4 Never in the past month

**A9e. In the past month, did you buy things for [CHILD2] that he or she needed like diapers, clothes, school supplies, medicine, or other things he or she needed?**

- 1 Yes
- 0 No

**A9f. Do you have an agreement with the mother of [CHILD2] about spending time with [CHILD2]?**

- 1 Yes, we have a legal document  
←
- 2 Yes, we have a written agreement that is not court-ordered
- 3 Yes, we have a verbal understanding
- 4 No, we have no parenting agreement → **GO TO A13**

**A9g. How often does [CHILD2]'s mother follow the agreement?**

**MARK ONE ONLY**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

**A9h. How often do you follow the agreement?**

**MARK ONE ONLY**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

SKIP IF A9a = 3 - 7

**A10. Please tell us how often you've felt or acted this way in the past month with [CHILD2].**

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. I am happy being with [CHILD2].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. [CHILD2] 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 [CHILD2] 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 [CHILD2] doing what he/she likes to do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SKIP IF A9a = 3 - 7

**A11. Over the past month, how often did 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 [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"/>

SKIP IF A9a = 3 - 7

**A12. In the past month, how often have 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. Had a meal together with [CHILD2]?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Taken [CHILD2] places he/she needed to go, such as to school or to the doctor?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Helped [CHILD2] with his/her bedtime routine or homework?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Talked with [CHILD2] about things he/she is especially interested in?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A13. In the past month, how often have you felt overwhelmed by your parenting responsibilities?**

**MARK ONE ONLY**

<sup>1</sup>  Never

<sup>2</sup>  Hardly ever

<sup>3</sup>  Sometimes

<sup>4</sup>  Often

**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**

- 1  Never
- 2  Once in a while
- 3  Somewhat often
- 4  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 APPLICABLE
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"/>
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**B4. Do you have an updated resume that you can give to employers?**

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

**B5a. What is your current employment status?**

**MARK ALL THAT APPLY**

- <sup>1</sup>  Full-time employment (usually work 35 or more hours a week)
- <sup>2</sup>  Part-time employment (usually work 1 – 34 hours a week)
- <sup>3</sup>  Employed, but number of hours changes from week to week
- <sup>4</sup>  Temporary, occasional, or seasonal employment, or odd jobs for pay
- <sup>5</sup>  Not currently employed

**B5b. Are you...**

MARK ONE BOX IN EACH ROW

	YES	NO
a. Actively looking for work?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Retired?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Disabled?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. In school full or part time?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

[IF B5a = 1, 2, 3, OR 4]

**B6. When did you first start working in the job you have now? If you have more than one job, think about the job for which you worked the most hours during the past 30 days.**

|\_|\_| / |\_|\_|\_|\_| MONTH / YEAR

**B7. Some men experience challenges that make it hard to find or keep a good job. How much does the following make it hard for you to find or keep a job?**

MARK ONE BOX IN EACH ROW

	NOT AT ALL	A LITTLE	A LOT
a. Do not have reliable transportation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Do not have right clothes for a job (including uniforms).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Do not have documentation for legal employment (e.g., birth certificate).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Do not have good enough childcare or family help.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Have a criminal record.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Do not have the right skills or education for good jobs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Have substance use or mental health problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**B8. Below are some general statements about knowledge of child support. For each statement, please indicate whether you believe it is true or false.**

*Please complete this question even if you do not have a child support order.*

MARK ONE BOX IN EACH ROW

	TRUE	FALSE	I DON'T KNOW
a. Fathers can get help with their child support by calling the child support agency.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
b. A father has the right to ask for a change in the amount of his child support order.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
c. The law requires a father to pay child support even if the mother of his child has a new partner.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
d. The law requires a father to pay child support even if the child's mother prevents him from seeing his child.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>

SKIP IF A1a= 3 OR 4

**B9. Do you have a legal arrangement or child support order that requires you to provide financial support for ANY of your children that do not live with you all or most of the time?**

**MARK ONE ONLY**

Yes

No

I don't know

SKIP IF A1a= 3 OR 4

**B10. Do you know how to request a change in your child support order if your income changes?**

**MARK ONE ONLY**

Yes

No

I don't know

GO TO  
C1

**SECTION C. RELATIONSHIPS/MARRIAGE**

**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 not married)?**

- 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. In the past month, how often have 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"/>

**C5. In the past month, how often have 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"/>

**C6. How satisfied are you with the way you and your partner/spouse handle conflict?**

MARK ONE ONLY

- 1  Very satisfied
- 2  Somewhat satisfied
- 3  Not at all satisfied

**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"/>

**D2. How much do you agree or disagree with the following statements?**

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I have little control over the things that happen to me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I have hope when I think about my future.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I wouldn't know where to go for help if I had money troubles.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I have others who will listen when I need to talk about my problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. When I am lonely, there are several people I can talk to.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I have people I can count on if I am feeling down.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. If there is a crisis, I have others I can talk to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**D3. Is there someone you could you turn to, such as a friend or family member, if you suddenly needed to borrow money?**

**MARK ONE ONLY**

<sup>1</sup>  Yes

<sup>2</sup>  No

<sup>3</sup>  I don't know

**SECTION E. PROGRAM PERCEPTIONS**

**E1. Since you began attending the program, have you obtained any of the following?**

**MARK ALL THAT APPLY**

- <sup>1</sup> High school diploma/GED
- <sup>2</sup> Vocational/technical certification
- <sup>3</sup> Other (Please specify): \_\_\_\_\_
- <sup>4</sup> None of the above

**E2. How much do you agree or disagree with the following statements?**

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
a. Since attending the program, I know how to handle money and bills better.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. Since attending the program, I feel more confident that I have the skills necessary to be an effective parent.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. Since attending the program, [CHILD1]'s mother and I work better together as parents [SKIP IF A1a = 3 or 4].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
d. Since attending the program, [CHILD2]'s mother and I work better together as parents [SKIP IF A1a = 3 or 4].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
e. Since attending the program, I do more to financially support my child(ren).[SKIP IF A1a = 3 or 4].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

**E3. Overall, how much would you say that this program has helped you?**

**MARK ONE ONLY**

- <sup>1</sup> A lot
- <sup>2</sup> Some
- <sup>3</sup> Not at all

**E4. Please share any other thoughts about this program.**

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**THANK YOU FOR COMPLETING THIS SURVEY!**