

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

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

RESPONSIBLE FATHERHOOD PROGRAM  
POST-PROGRAM SURVEY

*For Incarcerated Fathers*

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 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 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.

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Some of the questions on this survey ask you to enter dates or times. If you type an answer that is out of range for dates or times, like typing 13 instead of 1 through 12 to identify a month, a message will appear asking you to correct your entry. If you get one of these messages and need help, please contact the program staff member who set up the survey.

**SECTION A: PARENTING AND CO-PARENTING**

[A1a: ASK ALL]

**We would like to 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**

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

**SOFT CHECK: IF A1a = NO RESPONSE; This question is very important. Please select an answer.**  
IF A1a = NO RESPONSE, GO TO B1

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

\_\_\_\_\_ [CHILD1] → **GO TO A1d**

**SOFT CHECK: IF A1b = NO RESPONSE; This question is very important. Please select an answer.**  
IF A1B = NO RESPONSE, GO TO A1d

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

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

**A1d. How old is [YOURCHILD1]?**

\_\_\_\_\_ YEARS

**SOFT CHECK: IF A1d > 20; Your child's age should be less than 21 years.**  
**HARD CHECK: IF A1d = non-numeric OR A1d < 0; Please enter a number. Your child's age should be less than 21 years.**  
IF MISSING GO TO A2a

**A2a. When is the last time you saw [YOURCHILD1]?**

**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 TO A2c**

SOFT CHECK: IF A2a = NO RESPONSE; **This question is very important. Please select an answer.**  
IF A2a = NO RESPONSE, GO TO A2b

**A2b. In the past month, how often did you see [YOURCHILD1]?**

**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

**A2c. In the past month, how often did you talk to [YOURCHILD1] on the phone?**

**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 talk on the phone with this child in the past month

**A2d. In the past month, how often have you sent letters to [YOURCHILD1]?**

**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 send letters to this child in the past month

[IF A2a = 3 - 7 OR MISSING AND A2c = 4 OR MISSING AND A1a = 1, GO TO B1; IF A2a = 3 - 7 OR MISSING AND A2c = 4 OR MISSING AND A1a = 2, GO TO A5a; ELSE GO TO A3]

**A3. In the past month, how often have you talked with [YOURCHILD1] about things he/she is especially interested in?**

**MARK ONE ONLY**

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

**A4. Please tell us how often you've felt or acted this way in the past month with [YOURCHILD1].**

MARK ONE BOX IN EACH ROW

|  | NEVER                      | HARDLY EVER                | SOMETIMES                  | OFTEN                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I am happy being with [MYCHILD1].....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. [MYCHILD1] 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 [MYCHILD1] when he/she is upset..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

[IF A1a = 2, GO TO A5a; ELSE, GO TO B1.]

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

**A5a. What is your next youngest child's first name or initials?**

\_\_\_\_\_

**A5b. How old is [YOURCHILD2]?**

\_\_\_\_\_ YEARS

**SOFT CHECK: IF A5b > 20; Your child's age should be less than 21 years.**

**HARD CHECK: IF A5b = non-numeric OR A5b < 0; Please enter a number. Your child's age should be less than 21 years.**

**A6a. When is the last time you saw [YOURCHILD2]?**

**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 TO A6c**

**SOFT CHECK: IF A6a = NO RESPONSE; This question is very important.**

**Please select an answer.**

IF A6a = NO RESPONSE, GO TO A6b

**A6b. In the past month, how often did you see [YOURCHILD2]?**

**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

**A6c. In the past month, how often did you talk with [YOURCHILD2] on the phone?**

**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 talk on the phone with this child in the past month

**A6d. In the past month, how often have you sent letters to [YOURCHILD2]?**

**MARK ONE ONLY**

- <sup>1</sup>  Every day or almost every day
- <sup>2</sup>  One to three times a week
- <sup>3</sup>  One to three times in the past month
- <sup>4</sup>  I did not send letters to this child in the past month

[IF A6a = 3 - 7 OR MISSING AND A6c = 4 OR MISSING, GO TO B1]

**A6e. In the past month, how often have you talked with [YOURCHILD2] about things he/she is especially interested in?**

**MARK ONE ONLY**

- <sup>1</sup>  Never
- <sup>2</sup>  Hardly ever
- <sup>3</sup>  Sometimes
- <sup>4</sup>  Often

[If A6a = 3 – 7 OR MISSING GO TO B1]

**A7. Please tell us how often you've felt or acted this way in the past month with [YOURCHILD2].**

MARK ONE BOX IN EACH ROW

|  | NEVER                      | HARDLY EVER                | SOMETIMES                  | OFTEN                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I am happy being with [MYCHILD2].....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. [MYCHILD2] 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 [MYCHILD2] when he/she is upset..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## SECTION B: ECONOMIC STABILITY

[B1: ASK ALL]

**B1. How much do you agree or disagree with each of the statements below?**

MARK ONE BOX IN EACH ROW

|  | STRONGLY<br>AGREE          | AGREE                      | DISAGREE                   | STRONGLY<br>DISAGREE       |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 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"/> |

[B2: ASK ALL]

**B2. Do you have a job now?**

- Yes
- No → GO TO B3

**SOFT CHECK: IF B2 = NO RESPONSE; This question is very important.  
Please select an answer.  
IF B2 = NO RESPONSE, GO TO B3**

**B2a. Is it a work release job?**

- Yes
- No

**B2b. When did you start working in this job?**

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

**HARD CHECK: IF Month > 12 OR Month < 1; Month must be a number from 1 to 12.  
IF Year > Current Year OR Year < 1900; Year must be the current year or earlier.  
HARD CHECK: IF Month = non-numeric; Month must be a number from 1 to 12.  
IF Year = non-numeric; Year must be the current year or earlier.**

[B3: ASK ALL]

**B3. Have you participated in education or job training programs in the past month?**

- No
- Yes (please describe):

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[B4: ASK ALL]

**B4. Below are some general statements about child support. For each statement, please indicate whether you believe it is true or false. If you don't know, mark "I don't know" for that statement.**

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, 4, OR MISSING]

**B5. Do you have a legal arrangement or child support order that requires you to provide financial support for any of your children?**

MARK ONE ONLY

1  Yes

0  No

d  I don't know

SOFT CHECK: IF B5 = NO RESPONSE; **This question is very important.**

**Please select an answer.**

IF B5 = NO RESPONSE, GO TO C1

[SKIP IF A1a=3, 4, OR MISSING]

**B6. Do you know how to request a change in your child support order if your income changes?**

MARK ONE ONLY

1  Yes

0  No

**GO TO QUESTION C1 ON NEXT PAGE**

## SECTION C: HEALTHY MARRIAGE/RELATIONSHIPS

[C1: ASK ALL]

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

MARK ONE BOX IN EACH ROW

|  | STRONGLY<br>AGREE          | AGREE                      | DISAGREE                   | STRONGLY<br>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: ASK ALL]

**C2. Are you currently in a relationship (whether you are married or not married)?**

<sup>1</sup>  Yes

<sup>0</sup>  No



**GO TO D1**

SOFT CHECK: IF C2 = NO RESPONSE; **This question is very important.**

**Please select an answer.**

IF C2 = NO RESPONSE, GO TO D1

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

**MARK ONE ONLY**

<sup>1</sup>  We are married

<sup>2</sup>  We are romantically involved on a steady basis

<sup>3</sup>  We are involved in an on-again, off-again relationship

**C4. When is the last time you saw your current partner/spouse?**

**MARK ONE ONLY**

<sup>1</sup>  In the past week

<sup>2</sup>  In the past month

<sup>3</sup>  In the past six months

<sup>4</sup>  In the past year

<sup>5</sup>  1-2 years ago

<sup>6</sup>  More than 2 years ago

<sup>7</sup>  Never

**C5. In the past month, how often have you talked on the phone with your partner/spouse?**

**MARK ONE ONLY**

- <sup>1</sup>  Every day or almost every day
- <sup>2</sup>  One to three times a week
- <sup>3</sup>  One to three times a month
- <sup>4</sup>  I did not talk to my spouse/partner on the phone in the past month

**C6. Please indicate how often the following happened in the past month.**

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. Please indicate how often the following happened in the past month.**

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

**GO TO QUESTION D1 ON NEXT PAGE**

## SECTION D: PERSONAL DEVELOPMENT

### SECTION D: ASK ALL

**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 turn to, such as a friend or family member, if you suddenly needed to borrow money?**

**MARK ONE ONLY**

<sup>1</sup>  Yes

<sup>0</sup>  No

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

**GO TO QUESTION E1 ON NEXT PAGE**

**SECTION E: PROGRAM PERCEPTIONS**

[E1: ASK ALL]

**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): \_\_\_\_\_

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

MARK ONE BOX IN EACH ROW

|   | STRONGLY<br>AGREE          | AGREE                      | DISAGREE                   | STRONGLY<br>DISAGREE       | NOT<br>APPLICABLE           |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| a. Since attending the program, I know how to handle money 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, [MYCHILD1]'s mother and I work better together as parents [SKIP IF A1a = 3, 4, OR MISSING].....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |                             |
| d. Since attending the program, MY[CHILD2]'s mother and I work better together as parents [SKIP IF A1a =1, 3, 4, OR MISSING]..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |                             |
| e. Since attending the program, I feel more confident about my ability to stay connected with my child(ren)....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | na <input type="checkbox"/> |
| f. Since attending the program, I feel more confident about my ability to get a job when I get out of jail/prison.....            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | na <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!**