

OMB No.: 0970-0XXX  
Expiration Date: xx/xx/xxxx

# Healthy Marriage Youth Program Exit Survey

**This survey asks questions about your attitudes about marriage and relationships, attitudes about sex, relationship skills, and program experience. Your name will not be on the survey, and your responses will remain private. 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.**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. 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. This is a voluntary collection of information. The answers you give will be kept private. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Dr. Mathew Stange at [nform2.0helpdesk@mathematica-mpr.com](mailto:nform2.0helpdesk@mathematica-mpr.com).



## A. ATTITUDES ABOUT MARRIAGE AND RELATIONSHIPS

[ASK ALL]

First, we would like to hear about your attitudes about marriage.

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

SELECT ONE RESPONSE PER ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. There is only one true love out there who is right for me to marry.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. In the end, feelings of love should be enough to sustain a happy marriage.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Living together before marriage will improve a couple's chances of remaining happily married....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. It is okay to live with a boyfriend/girlfriend without being married.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. It is okay to live with a boyfriend/girlfriend without a plan to be married.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. It is okay to have kids without being married.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. It is okay to have kids without a plan to be married.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. It is better for children if their parents are married	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Living together is just the same as being married.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

[ASK ALL]

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

SELECT ONE RESPONSE PER ROW

	ALMOST NO CHANCE	SOME CHANCE BUT PROBABLY NOT	A 50-50 CHANCE	A GOOD CHANCE	ALMOST CERTAIN
a. You will have a healthy marriage with one person for life?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. You will live with a boyfriend/girlfriend without being married?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. You will have a child without being married?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	6 <input type="radio"/>

[ASK ALL]

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

SELECT ONE RESPONSE PER ROW

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

[ASK ALL]

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

SELECT ONE RESPONSE PER 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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Even in a good relationship, couples will occasionally have trouble talking about their feelings.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. A relationship is stronger if a couple doesn't talk about their problems.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

[ASK ALL]

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

SELECT ONE RESPONSE PER ROW

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

[ASK ALL]

**A6. Since completing the program, have you...**

SELECT ONE RESPONSE PER ROW

	YES	NO	I AM NOT IN THIS TYPE OF RELATIONSHIP
a. Ended a relationship that was emotionally unhealthy or abusive?.....	1 <input type="radio"/>	2 <input type="radio"/>	na <input type="radio"/>
b. Ended a relationship that was just not working for you?.....	1 <input type="radio"/>	2 <input type="radio"/>	na <input type="radio"/>
c. Ended a relationship that was physically unhealthy or abusive?.....	1 <input type="radio"/>	2 <input type="radio"/>	na <input type="radio"/>

## B. ATTITUDES ABOUT SEX

[ASK ALL]

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

SELECT ONE RESPONSE PER ROW

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

[ASK ALL]

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

SELECT ONE RESPONSE PER 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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I feel comfortable saying "no" even if my friends are having sex.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

## C. RELATIONSHIP SKILLS

[ASK ALL]

**C1. Do you have a boyfriend/girlfriend?**

- 1  Yes → **GO TO C2**  
 0  No → **GO TO C1a**

SOFT CHECK: IF C1 = NO RESPONSE; This question is very important. Please select an answer.

IF C1 = NO RESPONSE, GO TO D1

[ASK IF BOYFRIEND/GIRLFRIEND = NO]

**C1a. How much do you agree or disagree with the following statements?**

SELECT ONE RESPONSE PER ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I believe I will be able to effectively deal with conflicts that arise in my relationship.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I feel good about my ability to make a romantic relationship last.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I am very confident when I think of having a stable, long-term relationship.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I have the skills needed for a lasting, stable romantic relationship.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I am able to recognize the warning signs of a bad relationship.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I know what to do when I recognize the warning signs of a bad relationship.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

[ASK IF BOYFRIEND/GIRLFRIEND = NO]

**C1b. How good or bad are you at each of the following?**

SELECT ONE RESPONSE PER ROW

	I AM EXTREMELY GOOD AT THIS	I AM GOOD AT THIS	I AM BAD AT THIS	I AM EXTREMELY BAD AT THIS
a. Admitting that you might be wrong during a disagreement	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Avoiding saying things that could turn a disagreement into a big fight.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Accepting another person's point of view even if you don't agree with it.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Listening to another person's opinion during a disagreement.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Working through problems without arguing.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

[ASK IF BOYFRIEND/GIRLFRIEND = YES]

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

SELECT ONE RESPONSE PER 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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Pressures me to do risky things I don't want to do.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Wants to control what I do.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Tries to make me look bad.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Puts down my physical appearance or how I look.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Insults or criticizes my ideas.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Blames me for his/her problems.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

[ASK IF BOYFRIEND/GIRLFRIEND = YES]

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

SELECT ONE RESPONSE PER 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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Discuss your disagreements?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. End up throwing things or hitting something?.....	<input type="radio"/> <sup>1</sup>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Keep arguing until you get your way?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Yell or shout?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Give each other the silent treatment?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



[ASK IF BOYFRIEND/GIRLFRIEND = YES]

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

SELECT ONE RESPONSE PER 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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. My boyfriend/girlfriend and I talk about the things that really matter.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I am comfortable sharing my thoughts and feelings with my boyfriend/girlfriend. .	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

## D: CONTACT WITH CHILDREN

[D1: ASK ALL]

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

**SELECT ONE ONLY**

- 1  No, I do not have any children → **GO TO F1**
- 2  I have one or more children, but they do not live with me → **ANSWER D2-D5 THEN GO TO F1**
- 3  I live with at least one of my children → **GO TO E1**

SOFT CHECK: IF D1 = NO RESPONSE; **This question is very important. Please select an answer.**

IF D1 = NO RESPONSE, F1

**D2. How old is your youngest child?**

|\_|\_| years old or |\_|\_| months old

[SHOW OPEN-TEXT FIELD AND DROP-DOWN FOR CLIENT TO SELECT MONTHS OR YEARS]

HARD CHECK IF CHILD AGE > 11 MONTHS; **Enter age in years for children over 11 months old.**

SOFT CHECK: IF D2 > 20; **Your child's age should be less than 20 years.**

HARD CHECK: IF D2 = non-numeric OR D2 < 0; **Please enter a number. Your child's age should be less than 20 years.**

SOFT CHECK IF D2= NO RESPONSE: **This question is very important. Please select an answer.**

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

**SELECT ONE ONLY**

- 1  In the past week
- 2  In the past month
- 3  In the past 6 months
- 4  In the past year
- 5  1 – 2 years ago
- 6  More than 2 years ago
- 7  Never

SOFT CHECK: IF D3 = NO RESPONSE; **This question is very important. Please select an answer.**

IF D3 = NO RESPONSE; GO TO D4a

[Ask if D3=1 or 2]

**D4a. In the past month, how often did you see or visit your youngest child?**

- 1  Every day or almost every day
  - 2  One to three times a week
  - 3  One to three times a month
  - 4  I did not see or visit this child in the past month
- GO TO D5

**SOFT CHECK: IF D4a = NO RESPONSE; This question is very important. Please select an answer.**

**IF D4a = NO RESPONSE; GO TO D4b**

[Ask if D4a = 1,2,3;]

**D4b. In the past month, when you saw your youngest child, how many hours per day did you usually spend with that child? Do not include hours the child is sleeping.**

|\_|\_| HOURS

**HARD CHECK: IF D4b > 24; Time must be less than or equal to 24 hours.**

**HARD CHECK: IF D4b = non-numeric OR D4b < 0; Please enter a number. Time must be less than or equal to 24 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**

- 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

## E: PARENTING AND CO-PARENTING

[SECTION E: ASK IF D1 = 3]

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

**E1. How old is your youngest child?**

|\_\_|\_\_| years old or |\_\_|\_\_| months old

[SHOW OPEN-TEXT FIELD AND DROP-DOWN FOR CLIENT TO SELECT MONTHS OR YEARS]

HARD CHECK IF CHILD AGE > 11 MONTHS; Enter age in years for children over 11 months old.

SOFT CHECK: IF E1 > 20; Your child's age should be less than 20 years.

HARD CHECK: IF E1 = non-numeric OR E1 < 0; Please enter a number. Your child's age should be less than 20 years.

SOFT CHECK IF E1 = NO RESPONSE: **This question is very important. Please select an answer.**

**E2. 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 that he/she likes to do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**E3. Over the past month, did you...**

SELECT ONE RESPONSE PER ROW

	YES	NO
a. ...hit, spank, grab, or use physical punishment with your child?.....	1 <input type="radio"/>	0 <input type="radio"/>
b. ...yell, shout, or scream at your child because you were mad at him/her?.....	1 <input type="radio"/>	0 <input type="radio"/>
c. ...talk to your child about what he/she did wrong?.....	1 <input type="radio"/>	0 <input type="radio"/>

**E4. In the past month, how often have you felt overwhelmed by your parenting responsibilities?**

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

**E5. 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

**E6. 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  Don't know

## F. PROGRAM PERCEPTIONS

[ASK ALL]

**F1. How much do you agree or disagree with the following statements about the program?**

SELECT ONE RESPONSE PER ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Since attending the program, I better understand what makes a relationship healthy.. .	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I have learned new skills in this program that I plan to use in my relationships.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I am confident in my abilities to use the skills and knowledge presented in this program.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

[ASK ALL]

**F2. On a scale from 1 to 5, overall, how helpful was the program to you?**

- 1  1 – not at all
- 2  2
- 3  3
- 4  4
- 5  5 – extremely helpful

**Thank you for completing this survey!**