

OMB CONTROL NUMBER: 0704-XXXX

OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-XXXX, is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Thank you for participating in the Navy New Parent Support Program (NPSP) Evaluation. Your responses and feedback are an important part of examining NPSP home visitation programing effectiveness. Your participation will help to ensure that families with children 0-3-years-old can rely on high quality home visitation programs.

Your responses will remain confidential, so please answer as openly and honestly as possible. Your participation is voluntary, so you may skip any question that you do not want to answer. If you are an active duty service member, please be sure to complete this survey while you are off duty.

You can move through the survey using the green **[NEXT]** button. Once you click the **[NEXT]** button, you will not be able to return to the previous page.

For some of the pages, you might have to scroll down to answer all the questions. For all questions. Select your answer choice by clicking on it. Please be sure to read the instructions on each page of the survey, as the answer choices are not the same on each page.

Please click the **[NEXT]** button to begin the survey.

Please answer the following demographic questions to the best of your ability.

What is your military status?

- Active Duty Member
- Family Member, Spouse
- Retired Military
- Family Member, Daughter
- Other (SPECIFY, please do not include any personally identifiable information such as names in your response): _____

What is the sponsor's military status?

- Active Duty
- Retired Military
- Other (SPECIFY, please do not include any personally identifiable information such as names in your response): _____

How is the sponsor related to you?

- I am the sponsor
- My spouse is the sponsor
- My parent is the sponsor
- Other (SPECIFY, please do not include any personally identifiable information such as names in your response): _____

Have you received New Parent Support Services before (such as with another child or at a prior duty station)?

- Yes
- No

[NEXT]

Display This Question:

If What is your military status? = Active Duty Member

Are you expected to be deployed, go away for training, or go on TDY in the next three months?

- Yes, deployment
- Yes, training
- Yes, TDY
- No

Display This Question:

If Is your partner expected to be deployed, go away for training, or go on TDY in the next three months? = Yes, deployed

If Is your partner expected to be deployed, go away for training, or go on TDY in the next three months? = Yes, away for training

If Is your partner expected to be deployed, go away for training, or go on TDY in the next three months? = Yes, on TDY

How long are you expected to be away for your upcoming deployment, training, or TDY?

	Please only enter numbers. For months only, enter 0 years.
Years	
Months	

[NEXT]

What is your marital status?

- Single, not in a relationship
- Single, in a relationship
- Married
- Divorced
- Separated
- Widowed

Display This Question:

*If What is your relationship status? = Single, in a relationship
Or What is your relationship status? = Married*

What is your partner's military status?

- Active Duty Member
- Family Member, Spouse
- Unmarried Partner
- Retired Military
- Other (SPECIFY, please do not include any personally identifiable information such as names in your response): _____

Display This Question:

If What is your partner's military status? = Active Duty Member

Is your partner currently deployed, away for training, or on TDY?

- Yes, deployed
- Yes, training

Yes, TDY

No

[NEXT]

Display This Question:

If Is your partner currently deployed, away for training, or on TDY? = Yes, deployed

If Is your partner currently deployed, away for training, or on TDY? = Yes, away for training

If Is your partner currently deployed, away for training, or on TDY? = Yes, on TDY

How long will your partner be away due to deployment, training, or TDY?

Please only enter numbers. For months only,
enter 0 years.

Years

Months

Display This Question:

If Is your partner currently deployed, away for training, or on TDY? = No

Is your partner expected to be deployed, go away for training, or go on TDY in the next three months?

Yes, deployment

Yes, training

Yes, TDY

No

[NEXT]

Display This Question:

If Is your partner expected to be deployed, go away for training, or go on TDY in the next three months? = Yes, deployed

If Is your partner expected to be deployed, go away for training, or go on TDY in the next three months? = Yes, away for training

If Is your partner expected to be deployed, go away for training, or go on TDY in the next three months? = Yes, on TDY

How long is your partner expected to be away for their upcoming deployment, training, or TDY?

	Please only enter numbers. For months only, enter 0 years.
Years	
Months	

Display This Question:

If What is your relationship status? = Single, in a relationship

Or What is your relationship status? = Married

Has your partner received New Parent Support Services before (such as with another child or at a prior duty station)?

- Yes
- No
- Unsure

What is your age in years?

[NEXT]

Display This Question:

If What is your relationship status? = Single, in a relationship

Or What is your relationship status? = Married

What is your partner's age in years?

What is your sex?

Male

Female

Display This Question:

If What is your relationship status? = Single, in a relationship

Or What is your relationship status? = Married

What is your partner's sex?

Male

Female

Did you immigrate to the United States?

Yes

No

Are you Spanish/Hispanic/Latino?

Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

No, not Spanish/Hispanic/Latino

[NEXT]

What is your race? (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Display This Question:

*If What is your relationship status? = Single, in a relationship
Or What is your relationship status? = Married*

Did your partner immigrate to the United States?

- Yes
- No

Display This Question:

*If What is your relationship status? = Single, in a relationship
Or What is your relationship status? = Married*

Is your partner Spanish/Hispanic/Latino?

- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino
- No, not Spanish/Hispanic/Latino

[NEXT]

What is your partner's race? (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What is the last year of school you completed?

- 7th grade or less
- 8th grade
- Some high school/GED
- High school graduate
- Vocational school training
- Some college
- College graduate
- Post-B.A. Training
- Advanced Degree

[NEXT]

Display This Question:

If What is your relationship status? =Single, in a relationship

Or What is your relationship status? = Married

What is the last year of school your partner completed?

- 7th grade or less
- 8th grade
- Some high school/GED
- High school graduate
- Vocational school training
- Some college
- College graduate
- Post-B.A. Training
- Advanced Degree

What is an estimate of your household's total yearly income?

- \$0-\$10,000
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001-\$70,000
- \$70,001-\$80,000
- \$80,001-\$90,000
- \$90,001-\$100,000
- More than \$100,000

[NEXT]

Do you live on the installation?

- Yes
- No

Display This Question:

If Do you live on the installation? = No

What is your current living situation?

- Own
- Rent
- Shared housing with relatives or friends
- Temporary (Shelter, temporary with friends or relatives)
- Homeless

Who do you currently live with?

- Living together with your partner/spouse
- Living alone (or with children only)
- Living with your parents (or other adults)
- Other living situation (SPECIFY, please do not include any personally identifiable information such as names in your response): _____

[NEXT]

Approximately how long have you been [Insert Response from Previous Question]?

	Please only enter numbers. For months only, enter 0 years.
Years	
Months	

	Yes	No
Did you PCS in the last three months?	<input type="radio"/>	<input type="radio"/>
Are you planning for a PCS in the next three months?	<input type="radio"/>	<input type="radio"/>

Are you or your partner currently pregnant?

- Yes
- No

Display This Question:
If Are you or your partner currently pregnant? = Yes

Is this your first child?

- Yes
- No

[NEXT]

Display This Question:

If Are you or your partner currently pregnant? = Yes

How many weeks pregnant?

Are you or your partner currently in the process of adoption?

Yes

No

Display This Question:

If Are you or your partner currently in the process of adoption? = Yes

Is this your first child?

Yes

No

Did you or your partner give birth or adopt a child over the last 12 months?

Yes

No

Display This Question:

If Did you or your partner give birth or adopt a child over the last 12 months? = Yes

Is this your first child?

Yes

No

[NEXT]

How many children are living with you?

Display This Question:
If How many children are living with you? Text Response Is Greater Than or Equal to 1

Do you have any children living with you who are from a prior relationship? (either yours or your partner's)

- Yes
- No

Please provide the following information for the child (0-3-years-old) for which you are currently receiving NPSP services.

Date of birth or expected date of birth if still pregnant (mm/dd/yyyy):	
Sex:	<input type="radio"/> Male <input type="radio"/> Female
Your relationship to the child:	
Does this child have any special needs or a disability?	<input type="radio"/> Yes <input type="radio"/> No

Display This Question:
If What is your relationship status? = Single, in a relationship
Or What is your relationship status? = Married

What is your partner's relationship to this child?

[NEXT]

Display This Question:

If How many children are living with you? Text Response Is Greater Than or Equal to 1

Please provide the following information for the other children living with you.

Child	Age (Please only enter numbers. For months only, enter 0 years.)	Sex	Any special needs or a disability?
1	Years: _____ Months: _____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
2	Years: _____ Months: _____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
3	Years: _____ Months: _____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
4	Years: _____ Months: _____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No

[NEXT]

Display This Question:

If Are you or your partner currently pregnant? = Yes

Please read the following statements and choose the best response.

	Strongly disagree	Disagree	Agree	Strongly agree
My partner is very supportive of this pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is an unplanned pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is not a good time for me to have a baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[NEXT]

Display This Question:

If What is your relationship status? = Single, in a relationship

Or What is your relationship status? = Married

Please read the following statements and choose the best response.

	Strongly disagree	Disagree	Agree	Strongly agree
My partner treats me well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have a very good relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish my partner and I got along better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought seriously about ending my relationship with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner sometimes drinks five or more drinks at a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

time, but mostly on weekends.

[NEXT]

Please read the following statements and choose the best response.

	Strongly disagree	Disagree	Agree	Strongly agree
This is a very stressful time for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I feel out of control, like I'm losing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncontrolled anger can be a problem in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I only have a few friends/family to help with the baby (my children).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes drink enough to feel really high or drunk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes drink five or more drinks of alcohol at a time, but mostly on weekends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is sometimes necessary to discipline a child with a good, hard spanking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can think of a situation when I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

would approve
of a wife
slapping a
husband's face.

Strongly
disagree

Disagree

Agree

Strongly
agree

I can think of a
situation when I
would approve
of a husband
slapping a wife's
face.

It is sometimes
necessary for
parents to slap a
teen who talks
back or is getting
into trouble.

When I was a
child I was
spanked or hit a
lot by my mother
or father.

When I was a
teenager, I was
hit a lot by my
mother or father.

When I was
growing up, I
saw my mother
or father hit or
throw something
at their partner.

My parents
helped me when
I had problems.

I have unhappy
memories of my
childhood.

My parents did
not comfort me
when I was
upset.

	Strongly disagree	Disagree	Agree	Strongly agree
My income is often inadequate for basic needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am a person of worth, at least on an equal basis with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I frequently feel as if I am not as good as others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone I'm close to makes me feel confident in myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I can talk to openly about anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I can talk to about problems in my relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to borrow money from in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Agree	Strongly agree
I have someone to take care of my child/children for several hours if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone who helps me around the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone I can count on in times of need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually wake up feeling pretty good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think good things will happen to me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are times when I feel life is not worth living.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad quite often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you or your partner been involved in a suspected or verified case of child abuse or neglect?

- Yes
- No

Have you or your partner been involved in a suspected or verified case of spouse abuse?

- Yes
- No

[NEXT]

Part I. Please select the response that describes how often the statements are true for you or your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	<input type="radio"/>						
2. When we argue, my family listens to "both sides of the story."	<input type="radio"/>						
3. In my family, we take time to listen to each other.	<input type="radio"/>						
4. My family pulls together when things are stressful.	<input type="radio"/>						
5. My family is able to solve our problems.	<input type="radio"/>						

Part II. Please select the response that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	<input type="radio"/>						
7. When I am lonely, there are several people I can talk to.	<input type="radio"/>						

8. I would have no idea where to turn if my family needed food or housing.	<input type="radio"/>						
9. I wouldn't know where to go for help if I had trouble making ends meet.	<input type="radio"/>						
10. If there is a crisis, I have others I can talk to.	<input type="radio"/>						
11. If I needed help finding a job, I wouldn't know where to go for help.	<input type="radio"/>						

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child (0-3-years-old) for which you are currently receiving NPSP services. Please select the response that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	<input type="radio"/>						
13. I know how to help my child learn.	<input type="radio"/>						
14. My child misbehaves just to upset me.	<input type="radio"/>						

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	<input type="radio"/>						
16. When I discipline my child, I lose control.	<input type="radio"/>						
17. I am happy being with my child.	<input type="radio"/>						
18. My child and I are very close to each other.	<input type="radio"/>						
19. I am able to soothe my child when he/she is upset.	<input type="radio"/>						
20. I spend time with my child doing what he/she likes to do.	<input type="radio"/>						

[NEXT]

The following questionnaire includes a series of statements which may be applied to yourself. Read each of the statements and determine if you AGREE or DISAGREE with the statement. If you agree with a statement, select A for agree. If you disagree with a statement, select DA for disagree. Remember to reach each statement; it is important not to skip any statement.

	Agree A	Disagree DA
1. I am a happy person.	<input type="radio"/>	<input type="radio"/>
2. I know what is the right and wrong way to act.	<input type="radio"/>	<input type="radio"/>
3. I sometimes act without thinking.	<input type="radio"/>	<input type="radio"/>
4. I am often lonely inside.	<input type="radio"/>	<input type="radio"/>
5. My family fights a lot.	<input type="radio"/>	<input type="radio"/>
6. Everything in a home should always be in its place.	<input type="radio"/>	<input type="radio"/>
7. I often feel very upset.	<input type="radio"/>	<input type="radio"/>
8. Sometimes I have bad thoughts.	<input type="radio"/>	<input type="radio"/>
9. I sometimes worry that I will not have enough to eat.	<input type="radio"/>	<input type="radio"/>
10. I am easily upset by my problems.	<input type="radio"/>	<input type="radio"/>
11. Sometimes I feel all alone in the world.	<input type="radio"/>	<input type="radio"/>
12. My family has problems getting along.	<input type="radio"/>	<input type="radio"/>
13. Children should never disobey.	<input type="radio"/>	<input type="radio"/>
14. I sometimes lose my temper.	<input type="radio"/>	<input type="radio"/>
15. I often feel worthless.	<input type="radio"/>	<input type="radio"/>
16. My family has many problems.	<input type="radio"/>	<input type="radio"/>
17. It is okay to let a child stay in dirty diapers for a while.	<input type="radio"/>	<input type="radio"/>
18. I am often upset and do not know why.	<input type="radio"/>	<input type="radio"/>

	Agree	Disagree
	A	DA
19. Children should be quiet and listen.	<input type="radio"/>	<input type="radio"/>
20. I sometimes fail to keep all of my promises.	<input type="radio"/>	<input type="radio"/>
21. I often feel very alone.	<input type="radio"/>	<input type="radio"/>
22. My life is good.	<input type="radio"/>	<input type="radio"/>
23. I am often upset.	<input type="radio"/>	<input type="radio"/>
24. Other people have made my life unhappy.	<input type="radio"/>	<input type="radio"/>
25. I sometimes say bad words.	<input type="radio"/>	<input type="radio"/>
26. I am often depressed.	<input type="radio"/>	<input type="radio"/>
27. Children should not learn how to swim.	<input type="radio"/>	<input type="radio"/>
28. My life is happy.	<input type="radio"/>	<input type="radio"/>
29. I sometimes worry that my needs will not be met.	<input type="radio"/>	<input type="radio"/>
30. I often feel alone.	<input type="radio"/>	<input type="radio"/>
31. A child needs very strict rules.	<input type="radio"/>	<input type="radio"/>
32. Other people have made my life hard.	<input type="radio"/>	<input type="radio"/>
33. People sometimes take advantage of me.	<input type="radio"/>	<input type="radio"/>

[NEXT]

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please select the response that best describes how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I am happy in my role as a parent.	<input type="radio"/>				
There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="radio"/>				
Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="radio"/>				
I sometimes worry whether I am doing enough for my child(ren).	<input type="radio"/>				
I feel close to my child(ren).	<input type="radio"/>				
I enjoy spending time with my child(ren).	<input type="radio"/>				
My child(ren) is (are) an important source of affection for me.	<input type="radio"/>				
Having children gives me a more certain and	<input type="radio"/>				

optimistic view
for the future.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
The major source of stress in my life is my child(ren).	<input type="radio"/>				
Having children leaves little time and flexibility in my life.	<input type="radio"/>				
Having children has been a financial burden.	<input type="radio"/>				
It is difficult to balance different responsibilities because of my child(ren).	<input type="radio"/>				
The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="radio"/>				
If I had to do it over again, I might decide not to have children.	<input type="radio"/>				
I feel overwhelmed by the responsibility of being a parent.	<input type="radio"/>				

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Having children has meant having too few choices and too little control over my life.	<input type="radio"/>				
I am satisfied as a parent.	<input type="radio"/>				
I find my child(ren) enjoyable.	<input type="radio"/>				

[NEXT]

Below is a list of some of the ways you may have felt or behaved.

Please indicate how often you have felt this way **during the past week** by using the scale provided.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[NEXT]

Thank you for taking the time to complete this survey. Your responses have been recorded.

You will receive \$30 compensation via an Amazon gift code within the next 7 business days. This will come in an email directly from Amazon. If you have questions related to the study or your compensation, please contact the Penn State evaluation team at trhv@psu.edu. You will receive the link to your next survey in 3-months and/or upon NPSP service completion.

Please close the current tab on your web browser.