OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-XXXX, is estimated to average 20 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 your continued participation 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.
Has your relationship status changed since you took the last survey (within the last 3 months)?
○ Yes
○ No
Display This Question: If Has your relationship status changed since you took the last survey (within the last 3 months)? = Yes
What is your relationship status?
○ Single, not in a relationship
○ Single, in a relationship
○ Married
ODivorced
○ 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
O Family Member, Spouse
O 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?		
O Yes, deployed		
O Yes, away for training		
○ Yes, on TDY		
○ No		
Display This Question: If Is your partner currently deployed, away for tra If Is your partner currently deployed, away for tra If Is your partner currently deployed, away for tra	aining, or on TDY? = Yes, away for training	
How long will your partner be away due to deplo	yment, training, or TDY?	
	Please only enter numbers. For months only, enter 0 years.	
Years		
Months		

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	neni	av.	Inie	()1	uestion:
$\boldsymbol{\smile}$	וטטו	a_{y}	11110	wι	10011011.

If Is your partner currently deployed, away for tra	ining, or on TDY? = No	
Is your partner expected to be deployed, go awamonths?	ay for training, or go on TDY in the next three	
O Yes, deployment		
○ Yes, training		
○ Yes, TDY		
○ No		
Display This Question:		
If Is your partner expected to be deployed, go av months? = Yes, deployed	vay for training, or go on TDY in the next three	
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 av months? = Yes, on TDY	vay for training, or go on TDY in the next three	
How long is your partner expected to be away fo	or 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
Ounsure
Display This Question:
If What is your relationship status? = Single, in a relationship
Or What is your relationship status? = Married
or marie fear totalienomp datas. Married
What is you partner's age in years?
Display This Question:
If What is your relationship status? = In a relationship
Or What is your relationship status? = Married
What is your partner's sex?
○ Male
○ Female

	[NEXT
Display This Que	estion:
If What is yo	our relationship status? = In a relationship
Or What is y	our relationship status? = Married
Did your partne	er immigrate to the United States?
O Yes	
○ No	
Display This Que	
	our relationship status? = In a relationship
Or What is y	vour relationship status? = Married
ls your partner	Spanish/Hispanic/Latino?
	exican, Mexican-American, Chicano, Puerto Rican, Cuban, or other spanic/Latino
O No, not	Spanish/Hispanic/Latino
What is your pa	artner's 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? = 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
O High school graduate
O Vocational school training
○ Some college
○ College graduate
O Post-B.A. Training
O Advanced Degree
Display This Question:
If Wave 1 What is your military status? = Active Duty Member
Has your deployment, training, or TDY status changed since the last time you took the survey (within the last 3 months)?
O Yes, my deployment status changed.
O Yes, my training status changed.
O Yes, my TDY status changed.
○ No

 $[\mathsf{NEXT}]$

If Has your deployment, trai (within the last 3 months)? = Yes			ou took the survey
	Yes	No	Length of Deployment
Are you currently deployed?	0	0	
Are you expected to be deployed in the next three months?	0	\circ	
Display This Question: If Has your deployment, trai (within the last 3 months)? = Yes			ou took the survey
	Yes	No	
	165	NO	Length of Training
Are you currently away for training?	O	O	Length of Training
	O		Length of Training
for training? Are you expected to be away for training in the	O O	O	Length of Training
for training? Are you expected to be away for training in the next three months?	ning, or TDY status cha	anged since the last time y	
for training? Are you expected to be away for training in the next three months? Display This Question: If Has your deployment, training in the next three months?	ning, or TDY status cha	anged since the last time y	

Display This Question:

Are you expected to go on TDY in the next three months?

[NEX] Did your living situation change since the last time you took the survey (within the last 3 months)?
○ Yes, where I live changed.
○ Yes, who I lived with changed.
○ Yes, where I live and who I live with changed.
○ No.
Skip To: Pregnancy If Did your living situation change since the last time you took the survey (within the last 3 months)? = No.
Skip To: Live With If Did your living situation change since the last time you took the survey (within the last 3 months)? = Yes, who I lived with changed.
Skip To: Live on Installation If Did your living situation change since the last time you took the survey (within the last 3 months)? = Yes, where I live changed.
Skip To: Live With If Did your living situation change since the last time you took the survey (within the last 3 months)? = Yes, where I live and who I live with changed.
Who do you currently live with?
Living together with your partner/spouse
Living alone (or with children only)
Living with your parents, grandparents, or other family members

Other (SPECIFY, please do not include any personally identifiable information such as names in your response):

O Living with other adults

If Did your living situation change sin Yes, who I lived with changed.	ce the last time you took the	survey (within the last 3 months)? =
Do you live on the installation?		
○ Yes		
○ No		
Display This Question: If Did your living situation change sin Yes, who I lived with changed.	ce the last time you took the	survey (within the last 3 months)? =
What is your current living situation?		
Own		
Rent		
O Shared housing with relatives	or friends	
O Temporary (Shelter, temporary	y with friends or relatives)	
O Homeless		
	Yes	No
Did you PCS in the last three months?	\circ	
Are you planning for a PCS in the next three months?		
Are you or your partner currently preg	nant?	
○ Yes		
○ No		

Display This Question:

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
Has there been a change in the number of children living with you since the last time you took the survey (within the last 3 months)?
O Yes, there are more children living with me.
O Yes, there are less children living with me.
○ No.
Display This Question: If Has there been a change in the number of children living with you since the last time you took the survey (within the last 3 months)? = Yes, there are more children living with me.
Did you or your partner give birth or adopt a child over the last 3 months?
○ Yes
○ No
Display This Question:

If Has there been a change in the number of children living with you since the last time you took the survey (within the last 3 months)? = Yes, there are more children living with me

If Has there been a change in the number of children living with you since the last time you took the survey (within the last 3 months)? = Yes, there are less children living with me

How many children are living with you?

[NEXT]
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

If Has there been a change in the number of children living with you since the last time you took the survey (within the last 3 months)? = Yes, there are more children living with me.

Display This Question:

Please provide the following information for any child who started living with you since the last time you took the survey (within the last 3 months).

Child	Age (Please only enter numbers. For months only, enter 0 years.)	Sex	Any special needs or a disability?
1	Years:	○ Male ○ Female	○ Yes ○ No
2	Years:	○ Male ○ Female	○ Yes ○ No
3	Years:	○ Male ○ Female	○ Yes ○ No
4	Years: Months:	O Male O Female	○ Yes ○ No

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.		
I know what is the right and wrong way to act.	0	0
3. I sometimes act without thinking.	0	0
4. I am often lonely inside.		
5. My family fights a lot.		0
6. Everything in a home should always be in its place.	0	0
7. I often feel very upset.	\bigcirc	\circ
8. Sometimes I have bad thoughts.	\bigcirc	0
9. I sometimes worry that I will not have enough to eat.	0	0
10. I am easily upset by my problems.	0	0
11. Sometimes I feel all alone in the world.	0	0
12. My family has problems getting along.	0	0
13. Children should never disobey.	0	0
14. I sometimes lose my temper.	0	0
15. I often feel worthless.		
16. My family has many	0	0
problems. 17. It is okay to let a child	\bigcirc	O
stay in dirty diapers for a while.	\circ	\circ
18. I am often upset and do not know why.	\circ	\circ

	Agree	Disagree
10. Children should be quiet	Α	DA
19. Children should be quiet and listen.		\bigcirc
20. I sometimes fail to keep all of my promises.	\circ	\circ
21. I often feel very alone.		
22. My life is good.	O	O
22		\bigcirc
23. I am often upset.		\bigcirc
24. Other people have made my life unhappy.	\circ	\circ
25. I sometimes say bad words.	\circ	\circ
26. I am often depressed.		
27. Children should not learn	O	O
how to swim.		\bigcirc
28. My life is happy.		
29. I sometimes worry that	O	O
my needs will not be met.		\bigcirc
30. I often feel alone.		
31. A child needs very strict	O	\bigcirc
rules.	\bigcirc	\circ
32. Other people have made my life hard.	\circ	0
33. People sometimes take		
advantage of me.		

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.	0	0	0	0	0
There is little or nothing I wouldn't do for my child(ren) if it was necessary.	0	0		0	0
Caring for my child(ren) sometimes takes more time and energy than I have to give.	0	0	0	0	0
I sometimes worry whether I am doing enough for my child(ren).	0	0	0	0	0
I feel close to my child(ren).	\circ	\circ	\circ	\circ	\circ
I enjoy spending time with my child(ren).	0	0	0	0	0
My child(ren) is (are) an important source of affection for me.	0	0	0	0	0
Having children gives me a more certain and	0	0	0	0	0

optimistic view for the future.					
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
The major source of stress in my life is my child(ren).	0	0	0	0	0
Having children leaves little time and flexibility in my life.	0	0	\circ	0	0
Having children has been a financial burden.	0	0	0	0	0
It is difficult to balance different responsibilities because of my child(ren).	0	0	0	0	0
The behavior of my child(ren) is often embarrassing or stressful to me.		0		0	0
If I had to do it over again, I might decide not to have children.	0	0	\circ	0	0
I feel overwhelmed by the responsibility of being a parent.	0	0	0	0	0

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Having children has meant having too few choices and too little control over my life.			0	0	0
I am satisfied as a parent.	\bigcirc	\circ	\circ	\circ	0
I find my child(ren) enjoyable.	\circ	\circ	0	0	0

We're interested in your feelings about your involvement with NPSP. There are no right or wrong answers to any of our questions. Please answer as honestly and openly as you can. Here are some of the ways families may feel about having NPSP in their lives. Some are positive and some are negative. You may have both positive and negative feelings at the same time. Please read the following statements carefully. Then, thinking about how you feel right now about your involvement with NPSP, please indicate how much you agree or disagree with each.

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I believe my family will get the help we really need from NPSP.	0	0	0	0	0
I realize I need some help to make sure my kids have what they need.	0	0	0	0	0
I was fine before NPSP got involved. The problem is theirs, not mine.	0	0	0	0	0
I really want to make use of the services (help) NPSP is providing me.	0		0		0
It's hard for me to work with the home visitor I've been assigned.	0	0	0	0	0
Anything I say they're going to turn it around to make me look bad.	0	0			0

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
There's a good reason why NPSP is involved in my family.	0	0	0	0	0
Working with NPSP has given me more hope about how my life is going to go in the future.	0	0		0	0
I think my home visitor and I respect each other.	0	0	0	0	0
I'm not just going through the motions. I'm really involved in working with NPSP.	0	0		0	0
My home visitor and I agree about what's best for my child.	0	0	0	0	0
I feel like I can trust NPSP to be fair and to see my side of things.	0	0		0	0
I think things will get better for my child(ren) because NPSP is involved.	0				0

	Strongly disagree	Disagree	Not sure	O Agree	Strongly agree
What NPSP wants me to do is the same as what I want.	0	0	0	0	0
There were definitely some problems in my family that NPSP saw.	0	0	0	0	0
My home visitor doesn't understand where I'm coming from at all.	0	0	0	0	0
NPSP is helping me take care of some problems in our lives	0	0	0	0	0
I believe NPSP is helping my family get stronger.	0	0	0	0	0
NPSP is not out to get me.	\circ	\circ	\circ	0	0

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

You will receive \$20 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. Thank you again for your continued participation in the Navy NPSP Evaluation.

Please close the current tab on your web browser.