OMB No.: 0970-0566

Expiration Date: 4/30/2024

Healthy Marriage Adult Program
Exit Survey

**Thank you for participating in this program. Throughout the program we will ask you to provide information so that we can better support you, and to help monitor the program’s performance. We hope you will answer all the questions asked by program staff or in surveys, but you may skip any questions you do not want to answer. Your answers will be kept private as required by law.**

**PRINCIPAL PURPOSE: The information you provide will be used primarily to (a) provide you with services, (b) monitor and help improve the performance of Healthy Marriage and Responsible Fatherhood (HMRF) programs, and (c) help understand HMRF services and participants across programs.**

**ROUTINE USES: Your information will be kept private and cannot be used against you in any law enforcement action. Your information may be combined with information from other individuals but you will not be personally identifiable. However, there may be circumstances where disclosure of your personal information may be requested; in these cases, processes are in place to further protect your information for such requests. These requests may include: (a) by a congressional office if you ask that office to help obtain a copy of your records; (b) to coordinate and respond to a data security breach; (c) for research or evaluation purposes; (d) for administrative or legal actions; or (e) by contractors supporting the purpose and uses described here, but only on a must know basis in order to perform their duties. Please see the sources below for more information about these routine uses.**

**DISCLOSURE: This request is voluntary. The relevant SORN is 09-80-0361, OPRE Research and Evaluation Project Records.**

 **AUTHORITY: 42 U.S.C. 613 - Research, evaluations, and national studies; 42 U.S.C. 628b - National random sample study of child welfare; 42 U.S.C. 1310 - Cooperative research or demonstration projects; 42 U.S.C. 9836 - Designation of Head Start agencies; 42 U.S.C. Subchapter II-B - Child Care and Development Block Grant; and Pub L. No. 110-161, Division G, Title II, Payments to States for the Child Care and Development Block Grant (121 STAT. 2179).**

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 0970-0566 and the expiration date is 04/30/2024. If you have any comments on this collection of information, please contact Hannah McInerney at nform2helpdesk@mathematica-mpr.com.

A. PARENTING

[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 youngest and oldest children—who is 24 years old or younger.

A1a. Do you have any children who are 24 years old or younger? Please include biological children, adopted children, stepchildren, foster children, and any child or youth up to age 24 whom you are actively raising and who is the child of a partner or relative but who is not your biological or legally adopted child.

SELECT ONE ONLY

 1 🔾 Yes, I have one child who is 24 years old or younger

**GO TO A1b**

 2 🔾 Yes, I have more than one child who is 24 years old or younger

 3 🔾 No, I have no children

**GO TO B1**

 4 🔾 No, all my children are 25 years old 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 youngest child’s first name or initials?

[SOFT CHECK: IF A1b = NO RESPONSE; This question is very important. Please select an answer.]

A1c. Is this your biological or legally adopted child?

SELECT ONE ONLY

 1 🔾 Yes, this is my biological child

**GO TO A1e**

 2 🔾 Yes, this is my legally adopted child

 0 🔾 No **GO TO A1d**

[ASK IF BIOLOGICAL OR LEGALLY ADOPTED CHILD = NO OR A1c = NO RESPONSE]

A1d. What is your relationship to [CHILD1]?

SELECT ONE ONLY

 1 🔾 Parental figure to spouse's or partner's biological child

 2 🔾 Foster parent

 3 🔾 Relative

 4 🔾 Other *(specify)*

A1e. How old is [CHILD1]?

 | | | 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.

HARD CHECK IF CHILD AGE > 24; Your child’s age should be less than 25 years old.

HARD CHECK IF CHILD AGE = 0 OR NON-NUMERIC; Please enter the age of your child in months or years.

SOFT CHECK IF CHILD AGE = NO RESPONSE; Please enter the age of your child in months or years.

A1f. Does [CHILD1] live with you all or most of the time?

SELECT ONE ONLY

 1 🔾 Yes, he or she lives with me all or most of the time **GO TO A2a**

 0 🔾 No, he or she does not live with me all or most of the time **IF A1a = 2, GO TO A4A ELSE GO TO A7**

[SOFT CHECK: IF A1f = NO RESPONSE; This question is very important. Please select an answer.

IF A1f = NO RESPONSE AND A1a = 2, GO TO A4; ELSE GO TO B1]

A2a. Please tell us how often you’ve felt or acted this way in the past month with [CHILD1].

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
| a. I am happy being with [CHILD1]  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. [CHILD1] and I are very close to each other  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. I try to comfort [CHILD1] when he/she is upset  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. I spend time with [CHILD1] doing what he/she likes to do  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

A2b. Over the past month, did you…

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. ...hit, spank, grab, or use physical punishment with [CHILD1]?  | 1 🔾 | 0 🔾 |
| b. ...yell, shout, or scream at [CHILD1] because you were mad at him/her?  | 1 🔾 | 0 🔾 |
| c. ...talk to [CHILD1] about what he/she did wrong?  | 1 🔾 | 0 🔾 |

A3. How much do you agree or disagree with the following statement?

“[CHILD1]’s other parent and I work well together as parents.”

SELECT ONE ONLY

 1 🔾 Strongly agree

 2 🔾 Agree

 3 🔾 Disagree

 4 🔾 Strongly disagree

[IF A1a = 2, CONTINUE TO A4a; ELSE, GO TO A7]

A4a. Now think about your oldest child. What is this child’s first name or initials?

A4b. Is this your biological or legally adopted child?

SELECT ONE ONLY

 1 🔾 Yes, this is my biological child

**GO TO A4d**

 2 🔾 Yes, this is my legally adopted child

 0 🔾 No **GO TO A4c**

[ASK IF BIOLOGICAL OR LEGALLY ADOPTED CHILD = NO OR A4B = NO RESPONSE]

A4c. What is your relationship to [CHILD2]?

SELECT ONE ONLY

 1 🔾 Parental figure to spouse's or partner's biological child

 2 🔾 Foster parent

 3 🔾 Relative

 4 🔾 Other *(specify)*

A4d. How old is [CHILD2]?

 | | | 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.

HARD CHECK IF CHILD AGE > 24; Your child’s age should be less than 25 years old.

HARD CHECK IF CHILD AGE = 0 OR NON-NUMERIC; Please enter the age of your child in months or years.

SOFT CHECK IF CHILD AGE = NO RESPONSE; Please enter the age of your child in months or years.

A4e. Does [CHILD2] live with you all or most of the time?

SELECT ONE ONLY

 1 🔾 Yes, he or she lives with me all or most of the time **GO TO A5a**

 0 🔾 No, he or she does not live with me all or most of the time **GO TO A7**

SOFT CHECK: IF A4e = NO RESPONSE; This question is very important. Please select an answer.

IF A4e = NO RESPONSE AND A1f = 1, GO TO A7, ELSE GO TO B1

A5a. Please tell us how often you’ve felt or acted this way in the past month with [CHILD2].

|  | SELECT ONE RESPONSE PER ROW |
| --- | --- |
|  | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
| a. I am happy being with [CHILD2]  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. [CHILD2] and I are very close to each other  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. I try to comfort [CHILD2] when he/she is upset  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. I spend time with [CHILD2] doing what he/she likes to do  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

A5b. Over the past month, did you…

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. ...hit, spank, grab, or use physical punishment with [CHILD2]?  | 1 🔾 | 0 🔾 |
| b. ...yell, shout, or scream at [CHILD2] because you were mad at him/her?  | 1 🔾 | 0 🔾 |
| c. ...talk to [CHILD2] about what he/she did wrong?  | 1 🔾 | 0 🔾 |

A6. How much do you agree or disagree with the following statement?

“[CHILD2]’s other parent and I work well together as parents.”

SELECT ONE ONLY

 1 🔾 Strongly agree

 2 🔾 Agree

 3 🔾 Disagree

 4 🔾 Strongly disagree

A7. In the past month, how often have you felt overwhelmed by your parenting responsibilities?

SELECT ONE ONLY

 1 🔾 Never

 2 🔾 Hardly ever

 3 🔾 Sometimes

 4 🔾 Often

B. JOB AND CAREER ADVANCEMENT

[ASK ALL]

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

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE |
| a. I would like to learn new job skills  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| b. I know where to find job openings  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| c. I know how to apply for a job  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| d. I feel confident in my ability to conduct an effective job search for a job I want  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| e. I feel confident in my interviewing skills  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |

[ASK ALL]

B2. Do you have an updated resume that you can give to employers?

SELECT ONE ONLY

 1 🔾 Yes

 0 🔾 No

[ASK ALL]

B3a. Do you have a checking account?

SELECT ONE ONLY

 1 🔾 Yes

 0 🔾 No

[ASK ALL]

B3b. Do you have a savings account?

SELECT ONE ONLY

 1 🔾 Yes

 0 🔾 No

[ASK ALL]

B4. How often do you find it difficult to pay your bills?

SELECT ONE ONLY

 1 🔾 Never

 2 🔾 Once in a while

 3 🔾 Somewhat often

 4 🔾 Very often

[ASK ALL]

B5a. What is your current employment status?

SELECT ALL THAT APPLY

 1 □ Full-time employment (usually work 35 or more hours a week)

 2 □ Part-time employment (usually work 1 to 34 hours a week)

 3 □ Employed, but number of hours changes from week to week

 4 □ Temporary, occasional, or seasonal employment or odd jobs for pay

 5 □ Stay-at-home parent or homemaker

 6 □ Not currently employed

 [SOFT CHECK: IF CURRENT EMPLOYMENT = NOT CURRENTLY EMPLOYED, DISABLE OTHER OPTIONS]

[ASK IF CURRENT EMPLOYMENT = STAY-AT-HOME PARENT OR NOT CURRENTLY EMPLOYED]

B5b. Are you actively looking for work?

SELECT ONE ONLY

 1 🔾 Yes

 0 🔾 No

[ASK ALL]

B5c. Are you currently in school, working toward your GED, or in college or other post-high school education?

SELECT ONE ONLY

 1 🔾 Yes

 0 🔾 No

[ASK ALL]

B5d. In the past 30 days, how much money did you make?

 Please include tips, bonuses, commissions, and regular overtime pay, and count all money you received before taxes and deductions and money you earned from informal work or odd jobs. If you held more than one job, include your total earnings from all of your work during the past 30 days. Do not include the earnings of other people who live with you.

 Your best estimate is fine.

SELECT ONE ONLY

 1 🔾 No earnings in the past 30 days

 2 🔾 $1–$499

 3 🔾 $500–$1,000

 4 🔾 $1,001–$2,000

 5 🔾 $2,001–$3,000

 6 🔾 $3,001–$4,000

 7 🔾 $4,001–$5,000

 8 🔾 More than $5,000

[SKIP IF CURRENT EMPLOYMENT = STAY-AT-HOME PARENT OR NOT CURRENTLY EMPLOYED]

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.

| | | / | | | | |

 MM YYYY

[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.]

[ASK ALL]

B7. Some people experience challenges that make it hard to find or keep a good job. Do any of the following make it difficult for you to find or keep a job?

SELECT ALL THAT APPLY

 1 □ I have a criminal record

 2 □ I do not have reliable transportation

 3 □ I do not have the right clothes for a job (including uniforms)

 4 □ I do not have documentation for legal employment (for example, a birth certificate)

 5 □ I do not have good enough child care or family help

 6 □ I do not have the right skills or education for good jobs

 7 □ I have a physical disability or poor health

 8 □ I have substance use or mental health challenges

 9 🔾 None of the above

[SOFT CHECK: IF JOB CHALLENGES = NONE OF THE ABOVE; DISABLE OTHER OPTIONS]

C. PERSONAL DEVELOPMENT

[ASK ALL]

C1. This question is about feelings you may have experienced recently. During the past 30 days, how often have you felt…

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER 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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Hopeless?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Restless or fidgety?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. So depressed that nothing could cheer you up?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. That everything was an effort?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Worthless?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

D. HEALTHY MARRIAGE/RELATIONSHIPS

[ASK ALL]

D1. How much do you agree or disagree with the following statements?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
| a. It is better for children if their parents are married  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Living together is just the same as being married  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

[ASK ALL]

D2. What is your current marital status?

SELECT ONE ONLY

 1 🔾 Married

**GO TO D4**

 2 🔾 Engaged

 3 🔾 Separated

 4 🔾 Divorced

**GO TO D3**

 5 🔾 Widowed

 6 🔾 Never married

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

 [ASK IF MARITAL STATUS = SEPARATED, DIVORCED, WIDOWED, NEVER MARRIED, OR NO RESPONSE]

D3. What is your current partner status?

SELECT ONE ONLY

 1 🔾 No current partner (unpartnered) **GO TO E1**

 2 🔾 I am romantically involved or in a committed relationship with someone on a steady basis

**GO TO D4**

**C**

 3 🔾 I am involved in an on-again and off-again relationship

[IF D2 = 3, 4, 5, 6 OR NO RESPONSE AND D3 = NO RESPONSE, THEN E1]

D4. How much of the time do you live with your current partner?

SELECT ONE ONLY

 1 🔾 All of the time

 2 🔾 Most of the time

 3 🔾 Some of the time

 4 🔾 None of the time

D5. This question is about your relationship with your partner/spouse. During the past month, how often did the following happen?

|  | SELECT ONE RESPONSE PER ROW |
| --- | --- |
|  | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
| a. My partner/spouse and I were good at working out our differences.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. I felt respected even when my partner/spouse and I disagreed  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. When my partner/spouse and I had a serious disagreement, we worked on it together to find a resolution.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. When my partner/spouse and I had a serious disagreement, we discussed our disagreements respectfully.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. During arguments, my partner/spouse and I were good at taking breaks when we needed them.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. When my partner/spouse and I argued, past hurts got brought up again.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. My partner/spouse understands that there are times when I do not feel like talking and times when he/she does.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

D6. During the past month, how often has the following happened?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
| a. My partner/spouse was rude or mean to me when we disagree  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. My partner/spouse seemed to view my words or actions more negatively than I meant them to be  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Our arguments became very heated.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Small issues suddenly became big arguments.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. My partner/spouse or I stayed mad at one another after an argument.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

D7. In the past month, how often has the following happened?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
| a. My partner/spouse blamed me for his/her problems.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. My partner/spouse yelled or screamed at me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

D8. In the past month, how often has the following happened?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NEVER | HARDLY EVER | SOMETIMES | OFTEN |
| a. I blamed my spouse/partner for my problems.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. I yelled or screamed at my spouse/partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

D9. How satisfied are you with the way you and your partner/spouse handle conflict?

SELECT ONE ONLY

 1 🔾 Very satisfied

 2 🔾 Somewhat satisfied

 3 🔾 Not at all satisfied

D10. Sometimes couples are not faithful to each other. Has your partner/spouse cheated on you with someone else since the program began?

SELECT ONE ONLY

 1 🔾 Definitely yes

 2 🔾 Probably yes

 3 🔾 Probably no

 4 🔾 Definitely no

D11. How much do you agree or disagree with the following statements about your partner/spouse?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE |
| a. I trust my partner/spouse completely.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| b. My partner/spouse knows and understands me  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| c. I can count on my partner/spouse to be there for me  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| d. I feel appreciated by my partner/spouse  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |
| e. My partner/spouse expresses love and affection toward me  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | na 🔾 |

D12. In the past month, how often have you and your partner/spouse done the following things?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | ALMOST EVERY DAY | ONCE OR TWICE A WEEK | ONCE OR TWICE A MONTH | LESS OFTEN |
| a. Talk to each other about the day.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Laugh together.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Participate together in an activity we both enjoy.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

D13. How satisfied are you with your current relationship?

SELECT ONE ONLY

 1 🔾 Very satisfied

 2 🔾 Somewhat satisfied

 3 🔾 Not at all satisfied

D14. How much do you agree or disagree with this statement? I view our marriage/relationship as lifelong.

SELECT ONE ONLY

 1 🔾 Strongly agree

 2 🔾 Agree

 3 🔾 Disagree

 4 🔾 Strongly disagree

E. PROGRAM PERCEPTIONS

[ASK ALL]

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

SELECT ALL THAT APPLY

 1 □ High school diploma/GED

 2 □ Vocational/technical certification

 3 □ Other *(specify)*:

na 🔾 None of the above

SOFT CHECK: IF E1 = 4, disable 1, 2, and 3

[ASK ALL]

E2. 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 🔾 | 2 🔾 | na 🔾 |
| b. Ended a relationship that was just not working for you?  | 1 🔾 | 2 🔾 | na 🔾 |
| c. Ended a relationship that was physically unhealthy or abusive?  | 1 🔾 | 2 🔾 | na 🔾 |

[ASK ALL]

E3. On a scale from 1 to 5, overall, how helpful was the program to you?

SELECT ONE ONLY

 1 🔾 1 – not at all

 2 🔾 2

 3 🔾 3

 4 🔾 4

 5 🔾 5 – extremely helpful

[SKIP IF CHILDREN = NO CHILDREN OR NO CHILDREN AGE 24 OR YOUNGER]

E4. On a scale from 1 to 5, overall, how helpful was the program for your parenting?

SELECT ONE ONLY

 1 🔾 1 – not at all

 2 🔾 2

 3 🔾 3

 4 🔾 4

 5 🔾 5 – extremely helpful

na 🔾 Not addressed by this program

[SKIP IF CHILDREN = NO CHILDREN OR NO CHILDREN AGE 24 OR YOUNGER]

E5. On a scale from 1 to 5, overall, how helpful was the program for helping you work together as parents with your spouse, partner, or co-parent?

SELECT ONE ONLY

 1 🔾 1 – not at all

 2 🔾 2

 3 🔾 3

 4 🔾 4

 5 🔾 5 – extremely helpful

na 🔾 Not addressed by this program

[ASK ALL]

E6. On a scale from 1 to 5, overall, how helpful was the program for your financial well-being?

SELECT ONE ONLY

 1 🔾 1 – not at all

 2 🔾 2

 3 🔾 3

 4 🔾 4

 5 🔾 5 – extremely helpful

na 🔾 Not addressed by this program

Thank you for completing this survey!