OMB No.: 0970-0566
Expiration Date: xx/xx/xxxx

Reentering Fathers 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).

A. PARENTING AND CO-PARENTING

[ASK ALL]

A1. How many children do you have who are newborn up to age 24? Do not include current pregnancies.

|__|__| CHILDREN UP TO 24 YEARS OLD

[SOFT CHECK: IF A1 = NO RESPONSE = **This question is very important. Please provide an answer.**]
[HARD CHECK: IF A1 < 0 = **Number of children must be 0 or greater.**]
IF A1 = NON-NUMERIC = **Please enter count of children as a number.**]

[IF A1 = 0 OR NO RESPONSE, GO TO B1]

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

The next questions are about your youngest child. We only ask about your youngest child to reduce the number of questions on the survey.

A2. What is your youngest child's first name or initials?

_____

[SOFT CHECK: IF A2 = NO RESPONSE = **This question is very important. Please provide a response.**]

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

A3. How old is [YOUNGEST]?

|__|__| YEARS OLD OR |__|__| MONTHS OLD

[SHOW OPEN-TEXT FIELD AND DROP-DOWN FOR CLIENT TO SELECT MONTHS OR YEARS]
[HARD CHECK IF A3 > 11 MONTHS = **Please enter age in years for children over 11 months old.**
HARD CHECK IF A3 > 24 YEARS = **Your child's age should be less than 25 years old.**
HARD CHECK IF A3 = 0 OR NON-NUMERIC = **Please enter the age of your child in months or years.**
HARD CHECK IF A3 > 0 AND MONTHS / YEARS DROP-DOWN = NO RESPONSE = **Please select months or years.**]
[SOFT CHECK IF A3 = NO RESPONSE = **Please enter the age of your child in months or years.**]

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

A4. When is the last time you saw [YOUNGEST]?

MARK ONE ONLY

1 ❍ In the past month
2 ❍ In the past year
3 ❍ More than a year ago
4 ❍ Never

[ASK IF A4 = 1 OR NO RESPONSE]

[SKIP IF A4 = 2, 3, OR 4]

A5. In the past month, how often did you see [YOUNGEST]?

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

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

A6. In the past month, how often did you….

MARK ONLY ONE PER ROW

	Every day or almost every day	One to three times a week	One to three times in the past month	Never in the past month
a. Talk to [YOUNGEST] on the phone?.....	1 ❍	2 ❍	3 ❍	4 ❍
b. Write to [YOUNGEST], such as letters or text messages?.....	1 ❍	2 ❍	3 ❍	4 ❍

[ASK IF (A4 = 1 AND (A5 = 1, 2, 3, OR NO RESPONSE)) OR (A6a = 1, 2, OR 3) OR (A6b = 1, 2, OR 3)]

A7. In the past month, how often have you talked with [YOUNGEST] about things he or she is especially interested in?

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 ❍ Never in the past month

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

Now we would like to ask some questions about the other parent or coparent of your youngest child.

A8. Have you seen or talked to the other parent or coparent of [YOUNGEST] in the past month?

1 ❍ Yes

0 ❍ No

[ASK IF A8 = 1]

[SKIP IF A8 = 0 OR NO RESPONSE]

A9. Thinking about [YOUNGEST], how much do you agree or disagree with each of the statements below?

MARK ONLY ONE PER ROW

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. The other parent or coparent of [YOUNGEST] contradicts the decisions I made about [YOUNGEST].....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
b. The other parent or coparent of [YOUNGEST] makes negative comments, jokes, or sarcastic comments about the way I parent.....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
c. The other parent or coparent of [YOUNGEST] undermines me as a parent.....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
d. The other parent or coparent and I discuss the best way to meet [YOUNGEST]'s needs.....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
e. The other parent or coparent of [YOUNGEST] and I share information about [YOUNGEST] with each other.....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
f. The other parent or coparent of [YOUNGEST] and I make joint decisions about [YOUNGEST].....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
g. The other parent or coparent of [YOUNGEST] and I try to understand where each other is coming from.....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
h. The other parent or coparent of [YOUNGEST] and I respect each other's decisions made about [YOUNGEST].....	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

B. ECONOMIC STABILITY

[ASK ALL]

B1. Are you currently in jail, prison, or a detention center?

1 ❍ Yes → GO TO B3

0 ❍ No

[ASK IF B1 = 0 OR NO RESPONSE]

[SKIP IF B1 = 1]

B2. What is your current living situation?

MARK ONE ONLY

1 ❍ Own your home or have a mortgage

2 ❍ Rent or pay some amount toward rent

3 ❍ Live rent free with a friend or relative

4 ❍ Couch surf or move from home to home

5 ❍ Live in a shelter, halfway house, or treatment center

6 ❍ Live on the streets, in a car, abandoned building, or another place not meant for sleeping

8 ❍ Other

[ASK ALL]

B3. Do you have a job now?

1 ❍ Yes

0 ❍ No → GO TO B5

[ASK IF B3 = 1]

[SKIP IF B3 = 0 OR NO RESPONSE]

B4. Is it a work release job?

1 ❍ Yes

0 ❍ No

[ASK ALL]

B5. Have you participated in education or job training programs in the past month?

1 ❍ Yes

0 ❍ No

[ASK ALL]

B6. How much do you agree or disagree with each of the statements below?

MARK ONLY ONE PER ROW

	Strongly agree	Agree	Disagree	Strongly disagree
a. I would like to learn new job skills.....	1 ❍	2 ❍	3 ❍	4 ❍
b. I have good job skills.....	1 ❍	2 ❍	3 ❍	4 ❍

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

B7. Do you have a legal arrangement or child support order that requires you to provide financial support for ANY of your children who do not live with you all or most of the time?

1 ❍ Yes

0 ❍ No

2 ❍ I don't know

C. MARRIAGE/RELATIONSHIPS

[ASK ALL]

C1. What is your current marital status?

MARK ONE ONLY

1 ❍ Married
2 ❍ Engaged → GO TO C3
3 ❍ Separated
4 ❍ Divorced
5 ❍ Widowed
6 ❍ Never married

[ASK IF C1 = 3, 4, 5, 6, OR NO RESPONSE]

[SKIP IF C1 = 1 OR 2]

C2. What is your current partner status?

MARK ONE ONLY

1 ❍ No current partner (unpartnered or single) → GO TO C5
2 ❍ I am romantically involved or in a committed relationship with someone on a steady basis
3 ❍ I am involved in an on-again and off-again relationship

[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)]

[SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]

C3. When was the last time you saw your current spouse or partner?

MARK ONE ONLY

1 ❍ In the past month
2 ❍ In the past year
3 ❍ More than a year ago
4 ❍ Never

[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)]

[SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]

C4. In the past month, how often have you talked on the phone with your partner/spouse?

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 to my partner/spouse on the phone in the past month

[ASK ALL]

C5. In the past month, about how often have you attended religious services?

[DISPLAY OPTION 5 IF B1 = 1 OR NO RESPONSE]

[HIDE OPTION 5 IF B1 = 0]

MARK ONE ONLY

- 5 ❍ I do not have access to religious services in this facility
- 1 ❍ I did not attend religious services in the past month
- 2 ❍ 1 to 3 times in the past month
- 3 ❍ 1 to 3 times a week
- 4 ❍ Every day or almost every day

D. PROGRAM PERCEPTIONS

For the next set of questions, we would like you to think about communication skills. Examples of communication skills include paying attention, taking turns speaking, and describing problems using "I" statements (like "I feel…") instead of "you" statements (like "you are…").

[ASK ALL]

D1. During the program, how often did you learn about communication skills?

MARK ONE ONLY

1 ❍ Never

2 ❍ Sometimes

3 ❍ Often

[ASK IF (D1 = 2, 3, OR NO RESPONSE) AND (C3 = 1 OR (C4 = 1, 2, OR 3))]

[SKIP IF D1 = 1 OR {(C3 = 2, 3, 4, OR NO RESPONSE) AND (C4 = 4 OR NO RESPONSE)}]

D2. How often have you used communication skills from the program with your spouse or partner to discuss:

MARK ONLY ONE PER ROW

	Never	Sometimes	Often
a. Your relationship?	1 ❍	2 ❍	3 ❍
[ASK IF A1 > 0] [SKIP IF A1 = 0 OR NO RESPONSE] b. Parenting?	1 ❍	2 ❍	3 ❍
c. Your finances?	1 ❍	2 ❍	3 ❍

[ASK IF (D1 = 2, 3, OR NO RESPONSE) AND A1 > 0]

[SKIP IF D1 = 1 OR (A1 = 0 OR NO RESPONSE)]

D3. How often have you used communication skills from the program with:

MARK ONLY ONE PER ROW

	Never	Sometimes	Often
[ASK IF A8 = 1] [SKIP IF A8 = 0 OR NO RESPONSE] a. The coparent of your youngest child?	1 ❍	2 ❍	3 ❍
b. Your children?	1 ❍	2 ❍	3 ❍

We'd like you to think back to before you started the program to answer the next questions.

D4. Before the program, how confident were you in working out differences respectfully with:

MARK ONLY ONE PER ROW

	Not at all	Somewhat	Very
[ASK IF C3 = 1 OR (C4 = 1, 2, OR 3)] [SKIP IF (C3 = 2, 3, 4, OR NO RESPONSE) AND (C4 = 4 OR NO RESPONSE)] a. Your spouse or partner?.....	1 ❍	2 ❍	3 ❍
[ASK IF B3 = 1] [SKIP IF B3 = 0 OR NO RESPONSE] b. Your boss or coworkers?.....	1 ❍	2 ❍	3 ❍

And now thinking about today:

D5. How confident are you in working out differences respectfully with:

MARK ONLY ONE PER ROW

	Not at all	Somewhat	Very
[ASK IF C3 = 1 OR (C4 = 1, 2, OR 3)] [SKIP IF (C3 = 2, 3, 4, OR NO RESPONSE) AND (C4 = 4 OR NO RESPONSE)] a. Your spouse or partner?.....	1 ❍	2 ❍	3 ❍
[ASK IF B3 = 1] [SKIP IF B3 = 0 OR NO RESPONSE] b. Your boss or coworkers?.....	1 ❍	2 ❍	3 ❍

[ASK IF C3 = 1 OR (C4 = 1, 2, OR 3)]

[SKIP IF (C3 = 2, 3, 4, OR NO RESPONSE) AND (C4 = 4 OR NO RESPONSE)]

D6. How much has your communication with your spouse or partner changed since you started the program?

MARK ONE ONLY

1 ❍ Gotten worse

2 ❍ Stayed about the same

3 ❍ Gotten better

[ASK ALL]

D7. On a scale from 1 to 5, overall, how helpful was the program to you?

Not at all ⟷ Extremely helpful				
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

Thank you for completing this survey!