

NAME: _____
(Print: first name & last name)

New Mexico PreK-6 Parent Survey 2011

version: PK6PAR

ID# - -
Site ID Group ID Participant ID

Date of administration:
Month Day Year

Language of administration: 1 English
(Circle appropriate number) 2 Spanish
3 Other, Specify _____

Location of administration: 1 School
2 Home
3 Program/evaluation office
4 Other, Specify _____

Type of administration: 1 Individual
2 Group

Survey Version: 1 Baseline
2 Posttest
3 Follow-up

Person completing survey: 1 Parent/Guardian
2 Foster Parents
3 Grandparents
4 Other, Specify _____

Important note: If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline survey, then skip to Page #4, Section C, Question #1.

ID # - -

INSTRUCTIONS:

This survey asks questions about you, your thoughts and feelings about your child's behavior at home and school. Some questions ask about your thoughts about tobacco, alcohol, and other drugs. We greatly value your input and by completing this survey you will be helping us to learn more about how to prevent the use of drugs and alcohol by youth.

For each item check the box that best fits with how you feel about the question. Remember this is not a test and there are NO right or wrong answers. Simply respond as truthfully as you can. Answering questions is voluntary. You do not have to answer questions that make you feel uncomfortable.

Please answer the following questions thinking about your child who is receiving services here.

Your responses are also confidential. They will be kept private.

TELL US ABOUT YOU

SECTION A: Your Background

1. Are you male or female? Male Female
2. What is your age? _____ years old
 - (a) What is the age of your preschool child (in this program) _____
 - (b) What is the gender of your preschool child M F
3. What is your marital status?
 Single Separated Widowed
 Married Divorced Living with someone (partner, boyfriend, girl friend)
 Other: Specify

4. How many children do you have living with you? _____
5. How many persons live in your home? _____
6. Were you born in the United States? Yes No

7. If **NO**, how many years have you been in this country?

8. Is a language other than English spoken in your home? Yes No

9. How would you best describe yourself? (*Circle all that apply.*)

- a White / Anglo Saxon
- b Black or African American (non Hispanic)
- c Asian / Asian American
- d American Indian or Alaskan Native
- e Pueblo (specify tribe: _____)
- f Navajo
- g Apache (specify tribe: _____)
- h Other Indian: (specify: _____)
- i Hispanic
- j Mexican/Mexican American/Chicano
- k Spanish
- l Central American (specify country: _____)
- m South American (specify country: _____)
- n Puerto Rican
- o Cuban
- p Other: specify _____

10. What is the highest grade you completed in school?

11. What is your current employment status?

- Employed full time (35 hours a week or more) Unemployed, disabled
- Employed part time Unemployed, retired
- Unemployed, looking for work Other: _____
- Unemployed, not looking for work

SECTION C: Family Interaction

How often do you do the following things?	Always	Usually	Sometimes	Rarely	Never
1. Kiss or hug your children?	4	3	2	1	0
2. Give your children rewards?	4	3	2	1	0
3. Yell or holler at your children?	4	3	2	1	0
4. Have fun together as a family?	4	3	2	1	0
5. Threaten or criticize your children?	4	3	2	1	0
6. Hit or spank your children?	4	3	2	1	0
7. Spend time with individual child?	4	3	2	1	0
8. Ignore children when misbehaving	4	3	2	1	0
9. Tell others about children's bad behavior?	4	3	2	1	0
10. Acknowledge (praise) for good behavior?	4	3	2	1	0
11. Have family discussions to establish rules?	4	3	2	1	0
12. Go to cultural events together?	4	3	2	1	0
13. Get angry when children make mistakes?	4	3	2	1	0

SECTION D:**Please choose the answer that most closely reflects your ability.**

How good do you feel about your ability:	Very Poor	Poor	So-So	Good	Very Good
1. To manage your anger?	0	1	2	3	4
2. To express your emotions?	0	1	2	3	4
3. To teach your child right from wrong?	0	1	2	3	4
4. To handle your child fighting or destructive behavior?	0	1	2	3	4
5. To handle your child's refusal to do housework?	0	1	2	3	4
6. To make suggestions to your child's teacher?	0	1	2	3	4
7. To make plans to achieve personal goals?	0	1	2	3	4
8. To access community resources?	0	1	2	3	4
9. How good do you feel about your relationship with your children?	0	1	2	3	4
10. How good do you feel about your relationship with other family members?	0	1	2	3	4

PLEASE CONTINUE ON THE NEXT PAGE

SECTION E:

Please choose the answer that best describes your feelings.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. My child rarely does things for me that make me feel good.	1	2	3	4	5
2. Most times I feel my child does not like me and does not want to be close to me.	1	2	3	4	5
3. My child smiles at me much less than I expected.	1	2	3	4	5
4. When I do things for my child I get the feeling that my efforts are not appreciated very much.	1	2	3	4	5
5. When playing, my child doesn't often giggle or laugh.	1	2	3	4	5
6. My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
7. My child doesn't seem to smile as much as most children.	1	2	3	4	5
8. My child is not able to do as much as I expected.	1	2	3	4	5
9. It takes a long time and it is very hard for my child to get used to new things.	1	2	3	4	5

Please choose the one of the following phrases that best fits you					
10. I feel that I am: <ol style="list-style-type: none"> 1. Not very good at being a parent 2. A person who has some trouble being a parent 3. An average parent 4. A better than average parent 5. A very good parent 	1	2	3	4	5

Done!!!

Thanks again!!

TURN YOUR SURVEY IN TO THE PERSON IN CHARGE