

My Parenting Experience I

Version 14.1
January 1, 2020

CHILD NAME _____

* This survey should be filled out by the child's primary caregiver.

This is a survey about you, your child, and your family. Your answers are important to us. Some of the questions may seem a little personal, but they will help us plan better programs for you and other parents. When your child is older, we will ask you to answer these questions again. The survey is **CONFIDENTIAL** and your answers will not be seen by anyone except program staff and the research team. For each question, fill in the circle that best describes you and your ideas. Ask your home visitor for help if you have questions. **Thank you for helping!**

FORM INSTRUCTIONS: Completely darken response circles like this ●. Clearly print numbers as shown:

0	1	2	3	4	5	6	7	8	9
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1. Please write in today's date:

Month	Day	Year

2. Please write in baby's birth date:

Month	Day	Year

3. Please fill in the circle that best shows how you feel about the support you get from other people.

I have:	As much as I would like	Almost as much as I would like	Somewhere in between	A little less than I would like	Much less than I would like
a. Love and affection from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chances to talk to someone I trust about personal or family problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Chances to go out and do things with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People who care about what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Chances to talk about money issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Help when I need transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Help taking care of my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. People to talk to about parenting/raising children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over; additional questions are on the back.

(For program use only)

The section below should be completed by the Healthy Families Home Visitor.

A. Visitor ID <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table> <table style="width: 100%;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table>	0	0	0	0	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	B. 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E. Is survey being filled out (for the caregiver) by a Healthy Families worker? <input type="radio"/> Yes <input type="radio"/> No																																																																																																																																																															

4. Being a parent can sometimes be hard. Here are some statements about parenting. What is hard for you right now? There are no right or wrong answers. You will probably agree with some of the statements and disagree with others.

	Strongly Agree	Agree	Not Sure	Dis-agree	Strongly Disagree
a. I often feel that I cannot handle things very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am not as interested in people as I used to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel trapped by my responsibilities as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I find myself giving up more of my life to meet my child's needs than I ever expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel alone and without friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Quite a few things bother me about my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Since having a baby, I am almost never able to do things that I like to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Sometimes I am afraid that I may lose control and hurt my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Having a baby has caused more problems than I expected in my relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I enjoy feeding my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I enjoy holding my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I enjoy comforting my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I enjoy playing with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. During the past 2 weeks, have you often been bothered by feeling down, depressed, or hopeless?
 Yes No

6. During the past 2 weeks, have you often been bothered by having little interest or pleasure in doing things?
 Yes No

7. In the past month, how often have you done the following activities with your child?

	Not at all	Once a month or less	A few times per month	A few times a week	About once a day	More than once a day
a. Sing songs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tell stories or talk about daily activities you are doing with your child (such as feeding or dressing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Play games (like Peekaboo, finger-games, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Read/look at books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you very much for participating in Oregon's Healthy Families evaluation. If you have further questions or comments, please do not hesitate to contact NPC Research at 503-243-2436.