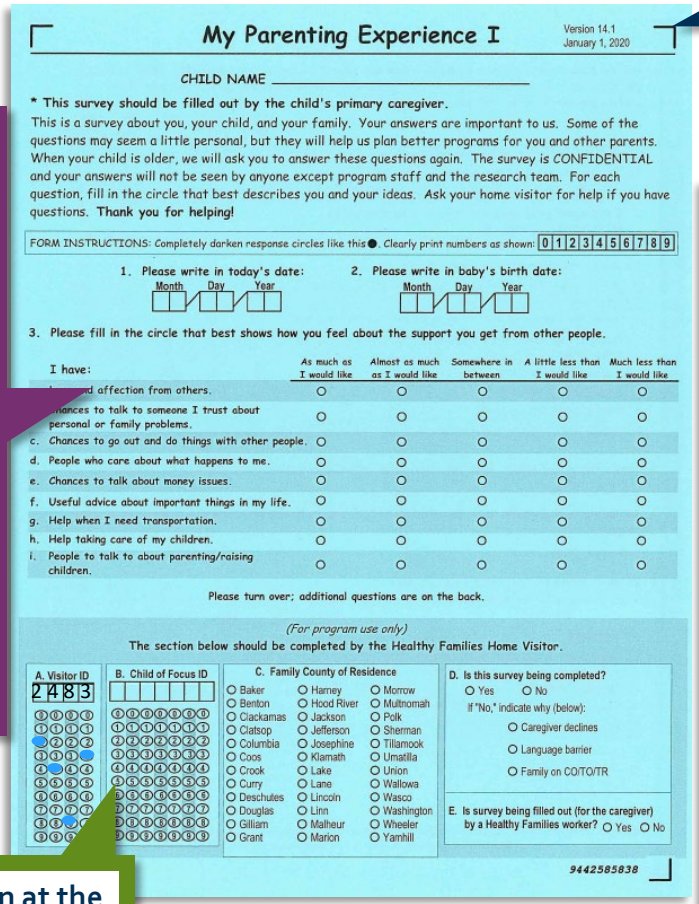
FILLING OUT THE MY PARENTING EXPERIENCE I FORM: A HOW TO GUIDE

January 2023

The My Parenting Experience I (MPE I) Reporting Form is used to record experiences of the primary caregiver, including statements about parenting and parenting supports, feelings during the past two weeks, and frequency of activities performed with their child.

The My Parenting Experience I Form



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

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
[illegible]d affection from others.	○	○	○	○	○
[illegible]hances to talk to someone I trust about personal or family problems.	○	○	○	○	○
c. Chances to go out and do things with other people.	○	○	○	○	○
d. People who care about what happens to me.	○	○	○	○	○
e. Chances to talk about money issues.	○	○	○	○	○
f. Useful advice about important things in my life.	○	○	○	○	○
g. Help when I need transportation.	○	○	○	○	○
h. Help taking care of my children.	○	○	○	○	○
i. People to talk to about parenting/raising children.	○	○	○	○	○

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: 2483

B. Child of Focus ID

C. Family County of Residence

○ Baker	○ Harney	○ Morrow
○ Benton	○ Hood River	○ Multnomah
○ Clackamas	○ Jackson	○ Polk
○ Clatsop	○ Jefferson	○ Sherman
○ Columbia	○ Josephine	○ Tillamook
○ Coos	○ Klamath	○ Umatilla
○ Crook	○ Lake	○ Union
○ Curry	○ Lane	○ Wallowa
○ Deschutes	○ Lincoln	○ Wasco
○ Douglas	○ Linn	○ Washington
○ Gilliam	○ Malheur	○ Wheeler
○ Grant	○ Marion	○ Yamhill

D. Is this survey being completed? ○ Yes ○ No
If "No," indicate why (below):
○ Caregiver declines
○ Language barrier
○ Family on CO/TO/TR

E. Is survey being filled out (for the caregiver) by a Healthy Families worker? ○ Yes ○ No

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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.	○	●	X	○	○
b. I am not as interested in people as I used to be.	○	○	○	○	○
c. I feel trapped by my responsibilities as a parent.	○	○	○	○	○
d. I find myself giving up more of my life to meet my child's needs than I ever expected.	○	○	○	○	○
e. I feel alone and without friends.	○	○	○	○	○
f. Quite a few things bother me about my life.	○	○	○	○	○
g. Since having a baby, I am almost never able to do things that I like to do.	○	○	○	○	○
h. Sometimes I am afraid that I may lose control and hurt my child.	○	○	○	○	○
i. Having a baby has caused more problems than I expected in my relationships.	○	○	○	○	○
j. I enjoy feeding my child.	○	○	○	○	○
k. I enjoy holding my child.	○	○	○	○	○
l. I enjoy comforting my child.	○	○	○	○	○
m. I enjoy playing with my child.	○	○	○	○	○

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

6. During the past 2 weeks, have you often been bothered by having little interest or pleasure i
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	Abo onc a d
a. Sing songs	○	○	○	○	○
b. Tell stories or talk about daily activities you are doing with your child (such as feeding or dressing)	○	○	○	○	○
c. Play games (like Peekaboo, finger-games, etc.)	○	○	○	○	○
d. Read/look at books	○	○	○	○	○

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

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Top of the Form

- Child name, today's date, & baby's birth date are required
- This form has a total of 30 questions
- The primary caregiver fills out questions 3a-3i on the front page and all questions on the back page
- This form should be completed only after the baby is born and within 1 month of the baby's birth

- The MPE I bubble form is a double-sided page, and is blue color
- Confirm you are using the correct form by verifying that the upper right-hand corner reads: "Version 14.1, January 1, 2020"

Required Information at the Bottom of the Form

- All these fields are required for the evaluation to use the form
- Be sure that numbers and bubbles match

Back of form

Tips and Reminders!

- Use *only* blue or black ink, and no pencil please
- For bubbling errors, guide the parent to put an "X" through the incorrect bubble, then bubble the correct item (see example in 4a on this page)
- Please do not staple additional pages or notes to the bubble form. Paperclipped and/or sticky notes are fine