

# My Parenting Experience II A

Version 14  
January 1, 2020

CHILD NAME \_\_\_\_\_

This is a survey about you, your child, and your family. The survey is **CONFIDENTIAL** and your answers will not be seen by anyone except program staff and the research team. 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

*(For program use only)*

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

<b>A. Parent Update:</b> <input type="radio"/> 6-month <input type="radio"/> 12-month <input type="radio"/> 24-month <input type="radio"/> 36-month <input type="radio"/> 48-month <input type="radio"/> 60-month																																																																																																																			
<b>B. Visitor ID</b>	<b>C. Child of Focus ID</b>	<b>D. Healthy Families Site</b>			<b>E. Is this survey being completed?</b>																																																																																																														
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<b>F. Is survey being filled out (for the caregiver) by Healthy Families worker?</b>					<input type="radio"/> Yes <input type="radio"/> No																																																																																																														

4. 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 a month	A few times a week	About once a day	More than once a day
a. Sing songs/dance to music	<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. Read/look at books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 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"/>
e. Play outside in a yard, a park, or a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Even when children are very young, talking to them about the book you are reading/showing them can help with early literacy. Please answer questions 5 and 6 based on the experiences you share with your child when reading.

5. When you read to your child, how often do you:

	Never	Rarely	Sometimes	Often
a. Talk about what will happen next in the story?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Point out and talk about pictures in the book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Point out and talk about words from the book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Relate the story you are reading to something in your child's experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. We are looking for any of the following types of activities as examples of being engaged with the reading activity. When reading with your child, how often does your child:

	Never	Rarely	Sometimes	Often	Too young
a. Pretend to read along?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Participate in reading by doing any of the following: turning pages, asking questions, or acting out parts of the book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Think back to when your baby was born. At that time, how did you feel regarding...

	Needed Some Help!	Needed a Little Help	Was Doing Okay	Was Doing Great!
a. Your knowledge of how children grow and develop?	①	②	③	④
b. Your confidence that you knew what was right for your child?	①	②	③	④
c. Your ability to help your child learn?	①	②	③	④

8. How do you feel NOW regarding...

	Need Some Help!	Need a Little Help	Doing Okay	Doing Great!
a. Your knowledge of how children grow and develop?	①	②	③	④
b. Your confidence that you know what is right for your child?	①	②	③	④
c. Your ability to help your child learn?	①	②	③	④

If pages are separated, please do not staple.  
Write in the Child's Name or HFO ID here: \_\_\_\_\_

9. During the past 2 weeks, have you often been bothered by feeling down, depressed, or hopeless?

Yes  No

10. During the past 2 weeks, have you often been bothered by having little interest or pleasure in doing things?

Yes  No

11. Being a parent is sometimes 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"/>

Thank you! Questions? Call NPC Research at (503) 243-2436.