

My Parenting Experience II B

Version 14
January 1, 2020

CHILD NAME _____

*** This survey should be filled out by the child's primary caregiver and put in a confidential envelope.** This is a survey about you and your home visitor. Now that you have been in the program longer, we are asking you to answer these questions again. 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. The survey is **CONFIDENTIAL** and your answers will not be seen by anyone except the research team. For each question, fill in the circle that best describes you and your home visitor. **Please place this survey in the envelope given to you by your home visitor, seal it, and return it to them.** 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:

2. Please write in baby's birth date:

3. Please tell us whether Healthy Families Home Visitor has helped your family or provided you information in the following areas.

	Helped a lot	Helped a little	Not helped yet	We don't need help
a. Getting food, clothing, housing, or transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Information on parenting strategies and child growth/development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Opportunities to meet other parents (such as in play groups).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling less depressed, stressed, or frustrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Going back to school, job training, or finding a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Accessing interpretation or translation services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Help and support with other children in the household.	<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. Parent Update: <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																																																																																																																																																																											
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F. Is survey being filled out (for the caregiver) by Healthy Families worker? <input type="radio"/> Yes <input type="radio"/> No																																																																																																																																																																											

4. Please tell us whether your home visitor has:

	Yes	Not Sure	No
a. Helped me to see strengths in myself I didn't know I had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helped me think about my values, traditions, religious beliefs and/or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Respected my family's values, traditions, religious beliefs and/or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Helped me to use my own skills and resources to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Worked together with me to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Helped me to see that I am a good parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used or given me materials and information in the language I prefer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Talked with me in the language I prefer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Encouraged me to think about my own personal goals or dreams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Provided opportunities for me to bond, connect, and/or play with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Shared information with me about the importance of bonding, connecting, and/or playing with my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Overall, how would you rate the Healthy Families Program? Excellent Good Fair Poor

6. What do you like most about Healthy Families?

7. How could the Healthy Families Program be better?

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