ACH NATURAL WONDERS

ASSESSMENT OF PARENTS & PARENTAL NEEDS SURVEY

Version 13

May 9, 2017

48 questions

INTRO

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_ and I'm calling from the University of Arkansas at Little Rock for the Arkansas Children’s Hospital. We are conducting a short survey with randomly selected parents in Arkansas. The survey is to help better understand what parents need to raise and care for their children. We are not trying to sell you anything.

IF NEEDED: Children’s Hospital is sponsoring this survey and it is coordinated by the Natural Wonders Partnership Council parenting and caregiving workgroup.

PARENT SCREENER

Q1. First, are you or any member of your household a parent or guardian who has the primary responsibility for caring for a child less than 18 years of age?

IF NEEDED:

In other words, are you or anyone in your household the main parent, grandparent or adoptive parent who makes decisions about a child’s care, including daily routine, education and health care?

YES 🡪 CONTINUE TO Q2

NO-🡪 END INTERVIEW

Q2 How many children less than 18 years of age live in your household?

PARENT SELECTION

Since this is a survey about PARENTING NEEDS, we would like to speak to the PRIMARY or MAIN person responsible for making decisions about the child/children in the household.

Q3 Are you this person?

IF NO ask, “Who would that be and what would be the best number to reach them at; or, when would be a good time to reach them on this number? GATHER INFO AND END CALL.

CELL PHONE VERIFICATION AND SAFETY QUESTIONS

INFORMED CONSENT

This interview takes only about 12 minutes and all information you provide will be confidential. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. If you have questions about this survey, I will provide you with a name and telephone number for you to call to get more information.

Contact Information:

Irma Cardenas

501-364-2367

PRIMARY PARENT ON PHONE

Q4 Enter gender [Verify if necessary.]

1 Male 🡪 GO TO Q5b

2 Female 🡪 GO TO Q5a

Q5a. What is your relationship to the child/your children in your household? Are you the biological mother, step-mother, or adoptive mother?

Biological

Step

Adoptive

Grandmother (volunteered)

Other (specify) 🡪 END INTERVIEW

Q5b. What is your relationship to the child/your children in your household? Are you the biological father, step-father, or adoptive father?

Biological

Step

Adoptive

Grandfather (volunteered)

Other (specify) 🡪 END INTERVIEW

Thinking about your current parenting situation, in general…

Q6 How much support do you feel you have from friends or extended family when it comes to raising your child(ren)? Would you say you

need . . .

A lot of support,

Some support

Very little support, OR

No support

Don’t Know

Refused

Q7 How confident are you in your ability to effectively manage all the tasks and challenges related to parenting? Would you say . . .

Very confident

Somewhat Confident

Not very confident, OR

Not confident at all

Don’t Know

Refused

If each of the following services were available to you free of charge, please tell me if you have wanted or would be interested in receiving parenting information, education or support on any of these topics. How about . . .

Q8 [Help in] improving your children’s physical health?

Yes

No

Maybe

Q9 [Help in] improving your children’s behavior and mood?

Yes

No

Maybe

Q10 [Help in] improving your children’s nutrition?

Yes

No

Maybe

Q11 [Help in] improving your children’s learning and education?

Yes

No

Maybe

Q12 [Help in] Improving your children’s teeth?

Yes

No

Maybe

Q13 How easy or hard has it been for you to find childcare or after-school programs that meet your family’s needs? Has it been . . .

Very easy

Somewhat easy

Somewhat hard

Very hard, OR

Nearly impossible

Not applicable

Don’t Know

Refused

Parents receive information, skills, and support in a variety of ways. For each, please tell me if you receive parental help and information from this source often, sometimes, rarely or never. How about . . .

(RANDOM ORDER)

Q14 From family members or friends?

Often

Sometimes

Rarely, or

Never

Q15 From parenting websites, internet or social media resources like Facebook?

Often

Sometimes

Rarely, or

Never

Q16 From books, magazine or other written materials?

Often

Sometimes

Rarely, or

Never

Q17 From church, pastor or faith leader?

Often

Sometimes

Rarely, or

Never

Q18 From your child’s doctor or other healthcare professional?

Often

Sometimes

Rarely, or

Never

Q19 From your child’s school or childcare?

Often

Sometimes

Rarely, or

Never

Q20 Where else have you turn to for advice or information about parenting and raising children?

(Specify)

555 – Nothing Else

777 – Don’t know

There are many reasons why parents do not get information or support to help with parenting their children. For each of the following, please tell me if these reason apply to you?

Q21 You are not aware of what is out there to support you with your parenting. Would you say this applies to you a lot, a little, or not at all?

A lot

A little

Not at all

Q22 It is difficult for you to get anywhere due to transportation

A lot

A little

Not at all

Q23 You do not have time or cannot get away from work

A lot

A little

Not at all

Q24 You are uncomfortable speaking with others about your parenting

A lot

A little

Not at all

Q25 The information you find does not help your parenting needs or is too difficult to understand

A lot

A little

Not at all

Q26 You do not think you need any information or support to raise your children

A lot

A little

Not at all

Q27 Are there any other reasons you have experienced that have made it difficult for you to find or get support to help with parenting your child(ren)?

OPEN

Next, I'd like to ask you some questions that are about events that might have happened in your childhood. These questions are sensitive, but your responses can be valuable to better understand how problems that occur early in life can relate to challenges that families and parents face. Your responses to these questions are confidential and will not be reported in any way that can identify you.

All of these questions refer to the time period before you were 18 years of age. Now, looking back, before you were 18 years of age . . .

Q28. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you?

Yes 🡪 Go to Q30

No 🡪 Go to Q29

Don’t Know/Refused

Q29. Or did a parent or other adult in the household act in a way that made you afraid that you might be physically hurt?

Yes

No

Don’t Know/Refused

Q30. Did a parent or other adult in the household often push, grab, slap, or throw something at you?

Yes 🡪 GO TO 32

No 🡪 Go to Q31

Don’t Know/Refused

Q31. Or did a parent or other adult in the household ever hit you so hard that you had marks or were injured?

Yes

No

Don’t Know/Refused

Q32. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way, or try to or actually have oral, anal, or vaginal sex with you?

Yes

No

Don’t Know/Refused

Q33 Did you often feel that no one in your family loved you or thought you were important or special?

Yes 🡪 GO TO 35

No 🡪 Go to Q34

Don’t Know/Refused

Q34 Did you often feel that your family didn’t look out for each other, feel close to each other, or support each other?

Yes

No

Don’t Know/Refused

Q35. Did you often feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?

Yes 🡪 GO TO 37

No 🡪 Go to Q36

Don’t Know/Refused

Q36 Or did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes

No

Don’t Know/Refused

Q37. Were your parents ever separated or divorced?

Yes

No

Don’t Know/Refused

Q38. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her or sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Yes 🡪 GO TO 39

No 🡪 Go to Q38

Don’t Know/Refused

Q38 Was your mother or stepmother ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes

No

Don’t Know/Refused

Q39. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes

No

Don’t Know/Refused

Q40. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes

No

Don’t Know/Refused

Q41. Did a household member go to prison?

Yes

No

Don’t Know/Refused

IF YES TO ANY All of these childhood experiences are things we encourage participants, like yourself, to discuss with their doctor or healthcare provider.

DEMOGRAPHICS AND HOUSEHOLD STRUCTURE

NA Question - What is the demographic profile of parents and their children 0 to 17 years of age in the state of Arkansas?

And lastly, I have just a few questions about you?

Q42 What is your age?

Q43 What is the ZIP Code where you currently live?

Q44 What is the highest grade or year of school you completed?

Never attended school

< 8th Grade (Elementary)

Grades 9 through 11 (Some high school)

Grade 12 or GED (High school graduate)

College 1 year to 3 years (Some college or technical school)

College 4 years or more (College graduate)

Don’t Know

Refused

Q45 Are you Hispanic or Latino(a)?

Yes

No

Don’t Know

Refused

Q46 Which one or more of the following would you say is your race?

White

Black or African American

American Indian or Alaska Native

Asian, or

Pacific Islander

Don’t Know

Refused

Q47 Are you…?

Married

Divorced

Widowed

Separated

Never married, OR

A member of an unmarried couple

Don’t Know

Refused

Q48 Now I would like to ask about the combined income of everybody who lives with you. Is your annual household income from all sources…?

Less than 10K

Less than 15K

Less than 25K

Less than 35K

Less than 50K

Less than 75K

75K or more

Don’t Know

Refused