
Parent Questionnaire

PLEASE NOTE:

There are 8 sections in this questionnaire

Read instructions in each section carefully.

Please do not leave any item unanswered unless asked to skip.

Choose just one out of the different options given to you for each item unless asked otherwise.

Please be frank while responding.

There are no right or wrong answers. Each of us have our own individual way of living so please respond accordingly.

Your responses will be kept strictly confidential.

Please fill in the following details and then proceed further.

Section 1

DATE _____

NAME OF YOUTH _____

NAME OF PARENT/ADULT BEING INTERVIEWED _____

YOUR AGE _____

PHONE NUMBER _____

ADDRESS _____
Street City Zip Code

PLEASE CHECK ONLY ONE OF THE OPTIONS:

EDUCATION

- | | | |
|---|---|---|
| <input type="checkbox"/> grade school or junior high | <input type="checkbox"/> attending/attended college | <input type="checkbox"/> technical school degree |
| <input type="checkbox"/> attending/attended high school | <input type="checkbox"/> college graduate | <input type="checkbox"/> graduate degree (Masters) |
| <input type="checkbox"/> high school graduate | <input type="checkbox"/> attending/attended graduate school | <input type="checkbox"/> graduate degree (Doctoral) |

RACE/ETHNICITY

- | | | |
|--|--|--|
| <input type="checkbox"/> White (European American) | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Black (African American) | <input type="checkbox"/> Black (Other) | <input type="checkbox"/> Mexican American (Latino) |
| <input type="checkbox"/> Other Latin or Spanish heritage | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Multiracial |

SEX

- Male
 Female

RELATION TO YOUTH

- | | |
|--|--|
| <input type="checkbox"/> Father (biological, step, adoptive) | <input type="checkbox"/> Mother (biological, step, adoptive) |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Other male (specify) _____ | <input type="checkbox"/> Other female (specify) _____ |

PRESENT MARITAL OR RELATIONSHIP STATUS

- | | | | | |
|------------------------------------|--|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Significant Other | <input type="checkbox"/> Engaged | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Remarried | <input type="checkbox"/> Widowed | |

APPROXIMATE CURRENT ANNUAL HOUSEHOLD INCOME

- | | | |
|--|--|--|
| <input type="checkbox"/> \$1,000-4,999 | <input type="checkbox"/> \$20,000-29,999 | <input type="checkbox"/> \$75,000-99,999 |
| <input type="checkbox"/> \$5,000-9,999 | <input type="checkbox"/> \$30,000-39,999 | <input type="checkbox"/> \$100,000-149,999 |
| <input type="checkbox"/> \$10,000-14,999 | <input type="checkbox"/> \$40,000-49,999 | <input type="checkbox"/> \$150,000 and above |
| <input type="checkbox"/> \$15,000-19,999 | <input type="checkbox"/> \$50,000-74,999 | |

WHERE DOES THE MAJORITY OF YOUR INCOME COME FROM?

- Wages for work
- Public assistance
- Unemployment/worker's compensation
- Other (specify) _____

OCCUPATION:

- Unemployed
- Service-general laborer
- Skilled trade
- Professional

HAS YOUR INCOME GONE DOWN SIGNIFICANTLY IN THE LAST YEAR?

- Yes
- No

Section 2: This section has some questions regarding people living at your home.

PLEASE CHECK ONLY ONE OF THE OPTIONS

1. HOW MANY TIMES HAS YOUR FAMILY MOVED IN THE PAST YEAR?

- None
- Once
- Twice
- Three or more times

2. HAS AN ADULT BESIDES YOURSELF MOVED OUT OF YOUR HOME IN THE LAST YEAR?

- Yes
- No

3. HAS AN ADULT BESIDES YOURSELF MOVED INTO YOUR HOME IN THE LAST YEAR?

- Yes
 No

4. DOES YOUR WIFE/ HUSBAND/ GIRLFRIEND/ BOYFRIEND LIVE IN THE HOME?

- Yes
 No

5. DESCRIBE HOW WELL YOU GET ALONG WITH YOUR WIFE/ HUSBAND/ GIRLFRIEND/ BOYFRIEND.

- Well
 Fairly well
 Poorly

6. DOES THE YOUTH'S GRANDFATHER/ GRANDMOTHER LIVE IN THE HOME?

- Yes
 No

7. DESCRIBE HOW WELL YOU GET ALONG WITH THE YOUTH'S GRANDFATHER/ GRANDMOTHER.

- Well
 Fairly well
 Poorly

8. DOES THE YOUTH'S UNCLE/ AUNT LIVE IN THE HOME?

- Yes
 No

9. DESCRIBE HOW WELL YOU GET ALONG WITH THE YOUTH'S UNCLE/ AUNT.

- Well
 Fairly well
 Poorly

10. HOW MANY OF THE YOUTH'S BROTHERS AND SISTERS LIVE IN THE HOME?

- None
 1
 2
 3
 4 or more
 Has no brothers or sisters

11. DO ANY OF THESE BROTHERS AND SISTERS OUTSIDE THE HOME OFFER THE YOUTH ADVICE AND UNDERSTANDING WHEN HE/SHE NEEDS IT?

- Yes
 No

12. HAS A PSYCHOLOGICAL OR PSYCHIATRIC EVALUATION EVER BEEN DONE ON YOUR CHILD?

- Yes
 No

13. HAS YOUR FAMILY EVER BEEN INVESTIGATED BY CHILD PROTECTIVE SERVICES?

- Yes
 No

Section 3: This section is about some of your family activities.

Please check the answer that best describes your family.

1. How often does your family have dinner together?

- Never
- 1 to 3 times a week
- 4 or more times a week
- Daily

2. How many holidays (e.g., Christmas, birthdays) does your family celebrate together?

- All of them
- Most of them
- Very few of them
- None of them

3. How often do you do activities (i.e. church, sports, meetings) with your family?

- Never
- Once a month
- Once a week
- More than once a week

If you do activities with your family, what are they?

Section 4: This section talks about some supervision techniques that you use as parents.

Please CHECK ONLY ONE OPTION

1. WHAT TIME IS YOUR CHILD'S CURFEW ON SCHOOL NIGHTS?

- Before 6 pm
- Between 6 pm and 8 pm
- After 8 pm, but before 10 pm
- After 10 pm, but before midnight
- No curfew

2. WHAT TIME IS YOUR CHILD'S CURFEW ON WEEKEND NIGHTS?

- Before 6 pm
- Between 6 pm and 8 pm
- After 8 pm, but before 10 pm
- After 10 pm, but before midnight
- No curfew

3. DO YOU GIVE YOUR CHILD SPECIFIC CHORES AROUND THE HOUSE? (e.g., cleaning house/room, yard work, taking out the trash, etc.)

- Yes
- No

4. IN GENERAL, HOW OFTEN DOES HE/SHE DO THESE CHORES?

- Always
- Most of the time
- Sometimes
- Not at all

5. IN GENERAL, DOES HE/SHE DO THESE CHORES?

- Without being told to do them
- Only after being told to do them
- Only after repeated warnings
- Not at all, even after repeated warnings

6. DO YOU AND/OR YOUR PARTNER WORK EVENINGS OR NIGHT SHIFTS?

- Neither one or both primary caregivers work evenings
- One of the two works evenings
- Both primary caregivers work evenings

7. WHEN YOU AND/OR YOUR PARTNER AREN'T HOME, WHO STAYS WITH YOUR CHILD?

- Another adult
- A minor - teenager or child
- No one

8. HOW OFTEN ARE YOU HAPPY WITH THE SUPERVISION HE/SHE GETS WHEN YOU AREN'T HOME?

- Most of the time
- Only some of the time
- Not very often

9. DO YOU KNOW WHAT YOUR CHILD IS DOING DURING NON-SCHOOL HOURS?

- Have clear knowledge of his/her activities
- Have some knowledge of his/her activities
- Have little or no knowledge of his/her activities

10. WHAT TIME DOES YOUR CHILD GET HOME ON SCHOOL NIGHTS?

- Before 6 pm
- Between 6 pm and 8 pm
- After 8 pm, but before 10 pm
- After 10 pm, but before midnight
- After midnight

11. WHAT TIME DOES YOUR CHILD GET HOME ON WEEKENDS?

- Before 6 pm
- Between 6 pm and 8 pm
- After 8 pm, but before 10 pm
- After 10 pm, but before midnight
- After midnight

Section 5: This sections asks questions about your child's friends

1. HOW MANY OF YOUR CHILD'S FRIENDS CAN YOU DESCRIBE?

- 3 or more of child's friends
- 2 of child's friends
- 1 of child's friends
- Cannot describe any of child's friends

2. DOES YOUR CHILD HAVE FRIENDS OLDER THAN HE/SHE?

- Don't know
- All friends are no more than 2 years or older than him/her
- 1 friend is more than 2 years older than him/her
- 2 friends are more than 2 years older than him/her
- 3 or more friends are more than 2 years older than him/her

3. DO YOU KNOW YOUR SON/DAUGHTER'S FRIENDS?

- None of them
- Some of them
- Most of them
- All of them

4. DO YOU LIKE YOUR SON/DAUGHTER'S FRIENDS?

- None of them
- Some of them
- Most of them
- All of them

5. HAVE ANY OF YOUR SON/ DAUGHTER'S FRIENDS BEEN IN TROUBLE WITH THE LAW - (INCLUDES HAVING BEEN TO JUVENILE OR ADULT COURT)?

- Don't know
- None
- Yes, have been arrested or charged with an offense
- Yes, have appeared in court

6. DO YOU THINK THAT YOUR SON/DAUGHTER'S FRIENDS HELP TO GET HIM/HER IN TROUBLE WITH THE LAW AT HOME OR AT SCHOOL?

- Don't know
- Not to my knowledge
- Very little, if at all
- Have some influence
- Yes, definitely

Section 6: This section asks about how your child gets along in school.

Please CHECK ONLY ONE OPTION

1. HOW MANY CLASSES IS YOUR CHILD FAILING THIS YEAR?

- None
- 1 to 2
- 3 to 4
- More than 4
- Don't know

2. HOW MANY CLASSES DID YOUR CHILD FAIL LAST YEAR?

- None
- 1 to 2
- 3 to 4
- More than 4
- Don't know

3. IS YOUR CHILD A DISCIPLINE PROBLEM AT SCHOOL THIS YEAR?

- Yes
- No
- Don't know

4. WAS YOUR CHILD A DISCIPLINE PROBLEM AT SCHOOL LAST YEAR?

- Yes
- No
- Don't know

5. DOES YOUR CHILD LIKE SCHOOL?

- Very much
- Somewhat
- Don't know
- Not at all

6. HOW REGULARLY DOES YOUR CHILD ATTEND SCHOOL?

- Everyday
- Most days
- Only sometimes
- Not at all

Section 7: This section is about criminal involvement in the family.

1. ARE ANY MEMBERS OF YOUR FAMILY HOUSEHOLD INVOLVED WITH THE COURT SYSTEM?

- No family members are involved
- A close family member has committed minor crimes
- A distant relative is heavily involved in the system
- A close family member has been imprisoned
- More than one member of the family has been involved

2. DO YOU EVER WORRY BECAUSE OF YOUR FAMILY'S INVOLVEMENT IN THE CRIMINAL COURT SYSTEM?

- Yes
- No

Section 8: This section is about alcohol and drug use.

Please **CHECK ONLY ONE OPTION**

1. DOES YOUR CHILD USE ALCOHOL OR DRUGS?

- Never
- Has experimented with alcohol/drugs once or twice
- Uses once or twice a month
- Uses every weekend
- Uses several times a week
- Uses everyday

2. DO OTHER ADULTS IN YOUR HOME USE A LOT OF ALCOHOL/DRUGS?

- Yes
- No
- No other adults in the home

3. DO OTHER CHILDREN (UNDER 18 YEARS) IN THE HOME USE ALCOHOL/DRUGS?

- Yes
- No
- No other children in the home