



Family Hui Pre Survey Version 2

Date: ___/___/___

1. **Race/Ethnicity.** What is your race/ethnicity?
Please check all that apply.

- African American
- American-Indian/Alaska Native
- Asian
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White (non-Latino)
- Other: _____

3. **Education.** What is your highest level of education? *Please check one answer.*

- Grade 12 or less, no high school diploma
- High school diploma or GED
- Some college
- AA/AS degree or vocational school
- BA/BS degree
- Graduate school
- Other: _____

2. **Language.** What language do you primarily speak at home? *Please check one answer.*

- | | | |
|---------|--------------------------|---------|
| English | <input type="checkbox"/> | Russian |
| Spanish | <input type="checkbox"/> | Hmong |
| Farsi | <input type="checkbox"/> | Dari |
| Arabic | <input type="checkbox"/> | Pashto |
| Other: | _____ | |

4. **Child's Age.** What is your child's birthday?
Please fill in birth date for each child.

	month	/	day	/	year
Child 1	/		/		
Child 2	_____	/	_____	/	_____
Child 3	_____	/	_____	/	_____
Child 4	_____	/	_____	/	_____
Child 5	_____	/	_____	/	_____
	_____		_____		_____

5. Please check the box that most closely fits your response:

	All of the time	Most of the time	Some of the time	None of the time	Don't know
Development. How often do you play games with your child like singing songs or reading books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/Emotional. How often are you able to soothe your child when he/she is upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience. How often are you able to adapt when changes occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Connections. How often is someone available who understands your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support. How often is someone available to give you information to help you understand a situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Expectations.** What do you hope to gain from participating in this program?

7. **Challenges.** What are the greatest challenges or barriers you face as a parent or caregiver that you would like addressed in this program?



Family Hui Post Participation Survey
Version 2

Date: ____/____/____

Location: _____

Thank you for taking the time to complete the following survey. The information you provide will be used to help improve services for children and their families.

1. **Race/Ethnicity.** What is your race/ethnicity?
Please check all that apply.

- African American
- American-Indian/Alaska Native
- Asian
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White (non-Latino)
- Other: _____

2. **Location:** What is your zip code?

3. **Education.** What is your highest level of education? *Please check one answer.*

- Grade 12 or less, no high school diploma
- High school diploma or GED
- Some college
- AA/AS degree or vocational school
- BA/BS degree
- Graduate school
- Other: _____

4. **Language.** What language do you primarily speak at home? *Please check one answer.*

- English
- Spanish
- Farsi
- Arabic
- Russian
- Hmong
- Dari
- Pashto
- Other: _____

5. **Child's Age.** What is your child's birthday?
Please fill in birth date for each child.

month / day / year

- Child 1 / /
- Child 2 _____ / _____ / _____
- Child 3 / /
- Child 4 / /
- Child 5 / /

6. **Participation:** Including today, how many times did you participate in this Family Hui? *Please check one answer.*

- 1-2 times
- 3-6 times
- 7-10 times
- 11-12 times

7. **Please indicate how much you agree with the following statements.** *Please check one answer per row.*

Since participating in the Family Hui program...	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
a. I have an understanding of how children develop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have an understanding of how adverse childhood experiences (ACEs) can impact brain development, health, and parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have an understanding of what skills or behaviors are appropriate for my child's age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel connected with other families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I had an opportunity to connect with services and resources when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am confident as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Hui Program Post Participation Survey Last name: _____

Since participating in the Family Hui program...	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
g. I can manage the stresses of raising a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am able to enjoy my relationship(s) with my child(ren) and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. When my child is upset, I can identify the problem and potential solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Art of Parenting Activities helped me understand myself and my relationship with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate how much you agree with the following statements. Please check one answer per row.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
a. The <i>Family Hui</i> program was respectful of my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The <i>Family Hui</i> group leader communicated with me in a language I feel comfortable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I trusted the <i>Family Hui</i> group leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The <i>Family Hui</i> program location made it easy for me to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My ideas were welcomed and I felt included in the <i>Family Hui</i> program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The <i>Family Hui</i> program hours made it easy for me to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would recommend the <i>Family Hui</i> program to a family member or friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How has participating in the *Family Hui* program benefitted you/your family?

10. Is there anything that you would you change about the *Family Hui* program?

11. Is there anything else you would like to add?