

OCF Pre-test - Community-based Father

INTRODUCTION

This survey includes questions about your parenting, and program experiences. Your name will not be on the questionnaire and your responses will remain private. Please answer the questions to the best of your ability. Your answers will help identify the services you need.

* 1. Today's date:

MM DD YYYY

What is today's date?

 / /

* 2. Participant ID

3. Agency

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Section A: PARENTING

***4. Do you have any children who are under 21 years old? Only include your biological or legally adopted children. MARK ONLY ONE**

- Yes, I have one child who is younger than 21
- Yes, I have more than one child who is younger than age 21
- No, all my children are 21 years or older

If you answered NO, skip to "Section B: Economic Stability" (question 34 in the printable version of this survey). If you are completing this survey on-line, you will automatically be taken to the correct question.

5. What is your youngest child's [CHILD 1] first name or initials?

6. How old is your youngest child [CHILD 1]?

7. Does [CHILD 1] live you all or most of the time?

- Yes
- No

8. When was the last time you saw [CHILD 1]?

- In the past week
- In the past month
- In the past six months
- In the past year
- 1-2 years ago
- More than 2 years ago
- Never

9. In the past month, how often did you see [CHILD 1]? MARK ONLY ONE

- Every day or almost every day
- 1-3 times per week
- 1-3 times in the past month
- I did not see this child in the past month

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10. In the past month when you saw [CHILD 1], how many hours per day did you usually spend together?

11. In the past month, how often have you reached out to [CHILD 1] even if [CHILD 1] did not respond? This includes calling on the phone, sending email, letters or cards; texting or using Facebook or FaceTime. MARK ONLY ONE

- Every day or almost every day
- 1-3 times per week
- 1-3 times in the past month
- Never in the past month

12. In the past month, did you buy things for [CHILD 1] that he or she needed like diapers, clothes, school supplies, medicine, food or other things he or she needed?

- Yes
- No

13. Do you have an agreement with the mother of [CHILD 1] about spending time with [CHILD 1]?

- Yes, we have a legal document
- Yes, we have a written agreement that is not court-ordered
- Yes, we have a verbal understanding
- No, we have no parenting agreement

14. How often does [CHILD 1]'s mother follow the agreement? MARK ONE ONLY

- Always Often Sometimes Never

15. How often do you follow the agreement?

- Always Often Sometimes Never

16. How often have you felt or acted this way in the past month with [CHILD 1]

	Never	Hardly ever	Sometimes	Often
I am happy being with [CHILD 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[CHILD 1] and I are very close to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to comfort [CHILD 1] when s/he is upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend time with [CHILD 1] doing things s/he likes to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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17. Over the past month, how often did you . . .

	Never	1-3 times a month	1-3 times a week	Every day or almost everyday
Hit, spank, grab, or use physical punishment with [CHILD 1]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yell, shout or scream at [CHILD 1] because you were mad at him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to [CHILD 1] about what s/he did wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In the past month, how often have you . . .

	Never	1-3 times a month	1-3 times a week	Every day or almost every day
Had a meal together with [CHILD 1]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken [CHILD 1] places s/h needs to go like school or the doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped [CHILD 1] with his/her bedtime routine or homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked with [CHILD 1] about things s/he is especially interested in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In the past month, how often have you felt overwhelmed by your parenting responsibilities? MARK ONLY ONE

- Never
 Hardly ever
 Sometimes
 Often

If you have more than 1 child, continue to the next question. If you have only 1 child, skip to "Section B: Economic Stability" (question 34 in the printable version of this survey).

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Section A-2: Second Youngest - CHILD 2

20. What is your next youngest child's [CHILD 2] first name or initials?

21. How old is your next youngest child [CHILD 2]?

22. Does [CHILD 2] live you all or most of the time?

Yes

No

23. When was the last time you saw [CHILD 2]?

In the past week

In the past month

In the past six months

In the past year

1-2 years ago

More than 2 years ago

Never

24. In the past month, how often did you see [CHILD 2]? MARK ONLY ONE

Every day or almost every day

1-3 times per week

1-3 times in the past month

I did not see this child in the past month

25. In the past month when you saw [CHILD 2], how many hours per day did you usually spend together?

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Child 2 cont'd

26. In the past month, how often have you reached out to [CHILD 2] even if [CHILD 2] did not respond? This includes calling on the phone, sending email, letters or cards; texting or using Facebook or FaceTime. MARK ONLY ONE

- Every day or almost every day
- 1-3 times per week
- 1-3 times in the past month
- Never in the past month

27. In the past month, did you buy things for [CHILD 2] that he or she needed like diapers, clothes, school supplies, medicine, food or other things he or she needed?

- Yes
- No

28. Do you have an agreement with the mother of [CHILD 2] about spending time with [CHILD 1]?

- Yes, we have a legal document
- Yes, we have a written agreement that is not court-ordered
- Yes, we have a verbal understanding
- No, we have no parenting agreement

29. How often does [CHILD 2]'s mother follow the agreement? MARK ONE ONLY

- Always
- Often
- Sometimes
- Never

30. How often do you follow the agreement?

- Always
- Often
- Sometimes
- Never

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CHILD 2 Cont'd

31. How often have you felt or acted this way in the past month with [CHILD 2]

	Never	Hardly ever	Sometimes	Often
I am happy being with [CHILD 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[CHILD 2] and I are very close to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to comfort [CHILD 2] when s/he is upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend time with [CHILD 2] doing things s/he likes to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Over the past month, how often did you

	Never	1-3 times a month	1-3 times a week	Every day or almost everyday
Hit, spank, grab, or use physical punishment with [CHILD 2]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yell, shout or scream at [CHILD 2] because you were mad at him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to [CHILD 2] about what s/he did wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. In the past month, how often have you . . .

	Never	1-3 times a month	1-3 times a week	Every day or almost every day
Had a meal together with [CHILD 2]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken [CHILD 2] places s/h needs to go like school or the doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped [CHILD 2] with his/her bedtime routine or homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked with [CHILD 2] about things s/he is especially interested in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B: ECONOMIC STABILITY

*** 34. Currently, do you . . .**

	Yes	No
Have a checking account	<input type="radio"/>	<input type="radio"/>
Have a savings account	<input type="radio"/>	<input type="radio"/>
Use a budget to plan your spending?	<input type="radio"/>	<input type="radio"/>

35. How often do you find it difficult to pay your bills?

- Never Once in a while Somewhat often Very Often

*** 36. How much do you agree or disagree with each of the statements below? MARK ONE BOX IN EACH ROW**

	Strongly Agree	Agree	Disagree	Strongly Disagree
I would like to learn new job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to find job openings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to apply for a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct an effective job search for a job I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my interviewing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to get a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to get a better job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually on time for work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am not going to work, I let my supervisor know ahead of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 37. Do you have an updated resume that you can give to employers?**

- Yes
 No

38. What is your current employment status? MARK ALL THAT APPLY

- Full-time employment (usually work 35 hours or more a week)
 Part-time employment (usually work 1-34 hours a week)
 Employed, but number of hours changes from week to week
 Temporary, occassional, or seasonal employment, or odd jobs for pay
 Not currently employed

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39. Are you . . .

	Yes	No
Actively looking for work?	<input type="radio"/>	<input type="radio"/>
Retired?	<input type="radio"/>	<input type="radio"/>
Disabled?	<input type="radio"/>	<input type="radio"/>
In school full or part time?	<input type="radio"/>	<input type="radio"/>

40. When did you first start working in the job you have now? If you have more than one job, think about the job for which you worked the most hours during the past 30 days.

***41. Below are some general statements about knowledge of child support. For each statement indicate whether you believe it is true or false. Please answer this question even if you do not have a child support order.**

	True	False	I don't know
Fathers can get help with their child support by calling the child support agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A father has a right to ask for a change in the amount of his child support order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The law requires a father to pay child support even if the mother of his child has a new partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The law requires a father to pay child support even if the child's mother prevents him from seeing his child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***42. Do you have a legal arrangement or child support order that requires you to provide financial support for ANY of your children that do not live with you all or most of the time?**

- Yes
- No
- I don't know

43. Do you know how to request a change in your child support order if your income changes? MARK ONLY ONE

- Yes
- No
- I don't know

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Section C: RELATIONSHIPS

***44. How much do you agree or disagree with the following statements? MARK ONE BOX IN EACH ROW**

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is better for children if their parents are married . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living together is just the same as being married . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***45. Are you currently in a relationship (whether you are married or not married)?**

- Yes
- No

46. Which of the following statements best describes your relationship with your current partner? MARK ONLY ONE

- We are married
- We are romantically involved on a steady basis
- We are involved in an on-again off-again relationship

47. In the past month, how often have the following happened?

	Never	Hardly Ever	Sometimes	Often
My partner/spouse was rude or mean to me when we disagreed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner/spouse seemed to view my words or actions more negatively than I meant them to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our arguments became very heated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small issues suddenly became big arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner/spouse or I stayed mad at one another after an argument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner/spouse blamed me for his/her problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner/spouse yelled or screamed at me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. How satisfied are you with the way you and your partner/spouse handle conflict? MARK ONLY ONE

- Very satisfied
- Somewhat satisfied
- Not at all satisfied

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Section D: PERSONAL DEVELOPMENT

*** 49. This question is about feelings you may have experienced recently. During the PAST 30 DAYS, how often have you felt . .**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Nervous	<input type="radio"/>				
Hopeless	<input type="radio"/>				
Restless or fidgety	<input type="radio"/>				
So depressed that nothing could cheer you up	<input type="radio"/>				
That everything was an effort	<input type="radio"/>				
Worthless	<input type="radio"/>				

*** 50. How much do you agree or disagree with the following statements?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
I have little control over the things that happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have hope when I think about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't know where to go for help if I had money troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have others who will listen when I need to talk about my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am lonely there are several people I can talk to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people I can count on when I am feeling down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there is a crisis, I have other I can talk to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 51. Is there someone you could turn to, such as a friend or family member, if you suddenly needed to borrow money? MARK ONLY ONE**

- Yes
- No
- I don't know

THANK YOU FOR COMPLETING THIS SURVEY!