

## PYDI Parent Survey

**1. What skills or tools have you used more since being in this program?**

- Yes No How to hold a family meeting
- Yes No How to state my feelings
- Yes No How to problem-solve
- Yes No How to say “no”
- Yes No How to impose consequences
- Yes No How to set boundaries/limits
- Yes No How to be a consistent parent
- Yes No How to remain more calm in speaking with my child
- Yes No How to listen better to my child
- Yes No How to do something else instead of yelling at my child
- Yes No How to better guide my child when he/she is carrying out a task
- Yes No How to listen to my child’s feelings
- Yes No How to use games and directed activities to improve my child’s focus
- Yes No How to do something else instead of physically punishing my child

**2. As a result of being in this program, do you feel more supported in your role as a parent?**

*Yes No If yes, please describe by checking all those that apply below:*

- I have more skills and tools to use as a parent.
- I feel less alone because other parents are going through the same issues that I am.
- My children understand my role as a parent better.
- I have someone to talk to about things.
- There is more respect, trust and communication in my family.
- I know about more resources for me and my family.
- I feel more confident as a parent.
- I receive positive comments about my parenting.

**3. Please tell us about communication with your child since completing the program.**

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Does your child try to understand your point of view?					
b. If your child is upset, is it difficult for you to figure out what he/she is feeling?					
c. If you have a family meeting, does your child participate and help make it a useful meeting?					
d. Do you and your child come to a solution when you talk about a problem?					

**4. Since being in this program, do you know more about where to go for help if you need it?**

*Yes, I know of more services                      Yes, I would come back/call someone at this program                      No*

**5. Since being in the program, has there been a change in how you and your children talk to each other?**

*Yes No*

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If yes, how has it changed? \_\_\_\_\_  
 \_\_\_\_\_

6. Did this program help you learn new ways to talk to your children about drug and alcohol use and other risky behaviors? *Yes No*

6b. Since being in the program, have you spoken with your children about these things?  
*Yes No*

7. Please tell us more about the impact of the program on your child.

Participation in the program has improved my child's...	Strongly Agree	Agree	No Effect	Disagree	Strongly Disagree
a. Behavior at home and school					
b. Attendance at school					
c. Grades at school					
d. Overall performance in school					

8. On a scale of 1 to 10 (10 being the best), please tell us how satisfied you were with the program.  
 1      2      3      4      5      6      7      8      9      10

9. Would you tell a friend or family member to come to our program?  
*Yes No*

10. We have been thinking about holding activities for families that have completed our program, would you be interested? *Yes No*  
 a. How often do you think such a group should meet? \_\_\_\_\_

11. What is your gender?       Male       Female

12. What is your race/ethnicity?

Black       Latino       White       Asian       Other