

# Nurturing Families Network

## Nurturing Parenting Group Baseline Data Form

The purpose of this questionnaire is to collect baseline information about families like you that are participating in the Nurturing Families Network Nurturing Parenting Group. Please answer all questions honestly and feel free to ask the Facilitator if you are unsure of anything. Check only one answer unless otherwise directed.

The Baseline should be completed within the first two group sessions.

**Family ID#** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Parent Group Facilitators Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Child Group Facilitators Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Date Group Started:** \_\_\_/\_\_\_/\_\_\_ **Date Participant Started Group:** \_\_\_/\_\_\_/\_\_\_

1. How did you learn about the group?  
 Flyer                       Hospital                       From Nurturing Connections  
 From Home Visiting program       Other (specify \_\_\_\_\_)

2. What gender are you?               Male                       Female

3. Your Date of Birth: \_\_\_/\_\_\_/\_\_\_

4. How many children do you have? \_\_\_\_\_

4a. List ages and gender of all children and specify if child lives with you:

	<u>Age (in years)</u>	<u>Gender</u>		<u>Lives with You</u>	
Child 1	_____	M	F	Yes	No
Child 2	_____	M	F	Yes	No
Child 3	_____	M	F	Yes	No
Child 4	_____	M	F	Yes	No
Child 5	_____	M	F	Yes	No
Child 6	_____	M	F	Yes	No
Child 7	_____	M	F	Yes	No
Child 8	_____	M	F	Yes	No

5. What race/ethnicity do you consider yourself to be?

White                       Asian                       African-American  
 Native American       Hispanic                   Not known  
 Multi-Racial               Other (please specify \_\_\_\_\_)

6. What language are you most comfortable speaking?

- English  Spanish  
 English and Spanish  Other specify (\_\_\_\_\_)

7. Are you currently employed?

- No and I'm not seeking work  No, but I am is seeking work  
 Yes, I am is working  Yes, but I am currently on maternity leave

7a. If yes, please describe your current paid employment status:

- Regular, full-time job (35 or more hours per week)  
 Regular, part-time job  
 Occasional work  
 Working more than one job

On average, how many hours per week do you work? \_\_\_\_\_

8. Are you currently enrolled in school?

- No  Yes

8b. If yes, what type of school are you currently attending?

- High school  Vocational  GED program  
 Other (please specify \_\_\_\_\_)  College (2 or 4 year)

9. What is your current marital status:

- Single, never married  Widowed  Separated  
 Married  Divorced

9a. If single/divorced/widowed, do you currently have a partner?

- Yes  No

If yes, is the partner participating in the group?  Yes  No

If yes, partner's ID#: \_\_\_\_\_

10. How many adults, excluding you, are living in your household? \_\_\_\_\_

11. What adults are currently living in the your household? (CHECK ALL THAT APPLY)

- I am the only adult  My boyfriend/girlfriend  
 My legal spouse  My mother  
 My father  My siblings  
 Other relatives of mine (please specify \_\_\_\_\_)  
 Relatives of my partner/spouse (please specify \_\_\_\_\_)  
 Other non-relatives (please specify \_\_\_\_\_)  
 Other shelter housing residents