

OMB No.: 0970-0566  
Expiration Date: 07/31/2029

# Community Fathers Program

## Exit Survey

Thank you for participating in this program. Throughout the program we will ask you to provide information so that we can better support you, and to help monitor the program's performance. We hope you will answer all the questions asked by program staff or in surveys, but you may skip any questions you do not want to answer. Your answers will be kept private as required by law.

**PRINCIPAL PURPOSE:** The information you provide will be used primarily to (a) provide you with services, (b) monitor and help improve the performance of Healthy Marriage and Responsible Fatherhood (HMRF) programs, and (c) help understand HMRF services and participants across programs.

**ROUTINE USES:** Your information will be kept private and cannot be used against you in any law enforcement action. Your information may be combined with information from other individuals but you will not be personally identifiable. However, there may be circumstances where disclosure of your personal information may be requested; in these cases, processes are in place to further protect your information for such requests. These requests may include: (a) by a congressional office if you ask that office to help obtain a copy of your records; (b) to coordinate and respond to a data security breach; (c) for research or evaluation purposes; (d) for administrative or legal actions; or (e) by contractors supporting the purpose and uses described here, but only on a must know basis in order to perform their duties. Please see the sources below for more information about these routine uses.

**DISCLOSURE:** This request is voluntary. The relevant SORN is 09-80-0361, OPRE Research and Evaluation Project Records.

**AUTHORITY:** 42 U.S.C. 613 - Research, evaluations, and national studies; 42 U.S.C. 628b - National random sample study of child welfare; 42 U.S.C. 1310 - Cooperative research or demonstration projects; 42 U.S.C. 9836 - Designation of Head Start agencies; 42 U.S.C. Subchapter II-B - Child Care and Development Block Grant; and Pub L. No. 110-161, Division G, Title II, Payments to States for the Child Care and Development Block Grant (121 STAT. 2179).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. Public reporting burden for this collection of information is estimated to average 16.8 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. The answers you give will be kept private. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0566 and the expiration date is 07/31/2029. If you have any comments on this collection of information, please contact Hannah McIherney at [nFORMCQITA@mathematica-mpr.com](mailto:nFORMCQITA@mathematica-mpr.com).

## A. PARENTING AND CO-PARENTING

[ASK ALL]

**A1. How many children do you have who are newborn up to 24 years old? Do not include current pregnancies.**

\_\_\_\_ CHILDREN UP TO 24 YEARS OLD

[SOFT CHECK: IF A1 = NO RESPONSE = **This question is very important. Please provide an answer.**]

[HARD CHECK: IF A1 < 0 = **Number of children must be 0 or greater.**]

IF A1 = NON-NUMERIC = **Please enter count of children as a number.**]

[IF A1 = 0 OR NO RESPONSE, GO TO B1]

[ASK IF A1>0]

[SKIP IF A1 = 0 OR NO RESPONSE]

**A2. How many live with you all or most of the time?**

\_\_\_\_ CHILDREN UP TO 24 YEARS OLD

[HARD CHECK: IF A2 < 0 = **Number of children must be 0 or greater.**]

IF A2 = NON-NUMERIC = **Please enter count of children as a number.**

IF A2 > A1 = **Number of children must be [A1] or fewer.**

**The next questions are about your youngest child. We only ask about your youngest child to reduce the number of questions on the survey.**

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

**A3. What is your youngest child's first name or initials?**

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[SOFT CHECK: IF A3 = NO RESPONSE = **This question is very important. Please provide a response.**]

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

**A4. How old is [YOUNGEST]?**

\_\_\_\_ YEARS OLD OR \_\_\_\_ MONTHS OLD

[SHOW OPEN-TEXT FIELD AND DROP-DOWN FOR CLIENT TO SELECT MONTHS OR YEARS]

[HARD CHECK IF A4 > 11 MONTHS = **Please enter age in years for children over 11 months old.**

HARD CHECK IF A4 > 24 YEARS = **Your child's age should be less than 25 years old.**

HARD CHECK IF A4 <= 0 OR NON-NUMERIC = **Please enter the age of your child in months or years.**

HARD CHECK IF A4 > 0 AND MONTHS / YEARS DROP-DOWN = NO RESPONSE = **Please select months or years.**]

[SOFT CHECK IF A4 = NO RESPONSE = **Please enter the age of your child in months or years.**]

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

**A5. Does [YOUNGEST] live with you all or most of the time?**

- 1  Yes, he or she lives with me all or most of the time → GO TO A9
- 0  No, he or she does not live with me all or most of the time

[ASK IF A1 > 0 AND (A5 = 0 OR NO RESPONSE)]

[SKIP IF (A1 = 0 OR NO RESPONSE) OR A5 = 1]

**A6. When is the last time you saw [YOUNGEST]?**

**MARK ONE ONLY**

- 1  In the past month
  - 2  In the past year
  - 3  More than a year ago
  - 4  Never
- GO TO A8

[IF A6 = NO RESPONSE, GO TO A8]

[ASK IF A6 = 1]

[SKIP IF A6 = 2, 3, 4, OR NO RESPONSE]

**A7. In the past month, how often did you see [YOUNGEST]?**

**MARK ONE ONLY**

- 1  Every day or almost every day
- 2  One to three times a week
- 3  One to three times in the past month
- 4  I did not see this child in the past month

[ASK IF A1 > 0 AND {(A5 = 0 OR NO RESPONSE) AND ((A6 = 2, 3, 4, OR NO RESPONSE) OR A7 = 4)}]

[SKIP IF (A1 = 0 OR NO RESPONSE) OR {A1 > 0 AND (A5 = 1 OR (A6 = 1 AND A7 = 1, 2, 3, OR NO RESPONSE))}]

**A8. In the past month, how often have you reached out to [YOUNGEST] even if [YOUNGEST] did not respond? This includes calling on the phone; sending emails, letters, or cards; texting; or using social media.**

**MARK ONE ONLY**

- 1  Every day or almost every day
- 2  One to three times a week
- 3  One to three times in the past month
- 4  Never in the past month

[ASK IF {A5 = 1 OR (A6 = 1 AND (A7 = 1, 2, 3, OR NO RESPONSE))} AND A4 > 12 YEARS]

**A9a. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

MARK ONLY ONE PER ROW

	Never	1 to 2 days per month	3 to 4 days per month	2 or 3 days per week	Every day or almost every day
a. How often have you watched TV with [YOUNGEST]? ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. How often have you gone for a walk with [YOUNGEST].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. How often have you had meals with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. How often have you gone with [YOUNGEST] to a park?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. How often have you played or assisted [YOUNGEST] with sports?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. How often have you watched over or cared for [YOUNGEST] when other adults were not around? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. How often have you played board games or chess with [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. How often have you hugged [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. How often have you encouraged [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. How often have you told [YOUNGEST] you loved him or her?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. How often have you taught [YOUNGEST] to make good choices? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. How often have you attended religious services with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. How often have you done other religious activities with [YOUNGEST], such as praying together or reading religious stories?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

[ASK IF {A5 = 1 OR (A6 = 1 AND (A7 = 1, 2, 3, OR NO RESPONSE))} AND A4 > 6 YEARS AND A4 <= 12 YEARS]

**A9b. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

MARK ONLY ONE PER ROW

	Never	1 to 2 days per month	3 to 4 days per month	2 or 3 days per week	Every day or almost every day
a. How often have you played toys with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. How often have you had meals with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. How often have you hugged [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. How often have you watched over or cared for [YOUNGEST] when other adults were not around? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. How often have you read with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. How often have you taught [YOUNGEST] to take turns or to wait for rewards? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. How often have you encouraged [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. How often have you told [YOUNGEST] you loved him or her? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. How often have you talked with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

[ASK IF {A5 = 1 OR (A6 = 1 AND (A7 = 1, 2, 3, OR NO RESPONSE))} AND A4 > 1 YEAR AND A4 <= 6 YEARS]

**A9c. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

MARK ONLY ONE PER ROW

	Never	1 to 2 days per month	3 to 4 days per month	2 or 3 days per week	Every day or almost every day
a. How often have you played toys with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. How often have you had meals with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. How often have you hugged [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. How often have you watched over or cared for [YOUNGEST] when other adults were not around? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. How often have you played rough-and-tumble or roughhoused with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. How often have you read with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. How often have you taught [YOUNGEST] to take turns or to wait for rewards? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. How often have you encouraged [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. How often have you told [YOUNGEST] you loved him or her? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. How often have you talked with [YOUNGEST]? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

[ASK IF {A5 = 1 OR (A6 = 1 AND (A7 = 1, 2, 3, OR NO RESPONSE))} AND A4 <= 1 YEAR]

**A9d. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

MARK ONLY ONE PER ROW

	Never	1 to 2 days per month	3 to 4 days per month	2 or 3 days per week	Every day or almost every day
a. How often have you fed or given a bottle to [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. How often have you praised [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. How often have you watched over or cared for [YOUNGEST] when other adults were not around?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. How often have you put [YOUNGEST] to sleep?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. How often have you played toys with [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. How often have you talked with [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. How often have you hugged [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. How often have you told [YOUNGEST] you loved him or her?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. How often have you sung to [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. How often have you read with [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. How often have you told stories to [YOUNGEST]?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

**A10. How much do you agree or disagree with the following statement? "I am confident in my parenting skills."**

**MARK ONE ONLY**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

[ASK IF A1 > 0]

[SKIP IF A1 = 0 OR NO RESPONSE]

**A11. In the past month, how often have you felt overwhelmed by your parenting responsibilities?**

**MARK ONE ONLY**

- 1  Never
- 2  Hardly ever
- 3  Sometimes
- 4  Often
- 5  Always

**Now we would like to ask some questions about the other parent or coparent of your youngest child.**

[ASK IF A1 > 0]

[SKIP IF (A1 = 0 OR NO RESPONSE)]

**A12. Have you seen or talked to the other parent or coparent of [YOUNGEST] in the past month?**

- 1  Yes
- 0  No

[ASK IF A12 = 1]

[SKIP IF A12 = 0 OR NO RESPONSE]

**A13. Thinking about [YOUNGEST], how much do you agree or disagree with each of the statements below?**

MARK ONLY ONE PER ROW

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. The other parent or coparent of [YOUNGEST] contradicts the decisions I made about [YOUNGEST]. .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. The other parent or coparent of [YOUNGEST] makes negative comments, jokes, or sarcastic comments about the way I parent. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. The other parent or coparent of [YOUNGEST] undermines me as a parent. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. The other parent or coparent and I discuss the best way to meet [YOUNGEST]'s needs. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. The other parent or coparent of [YOUNGEST] and I share information about [YOUNGEST] with each other. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. The other parent or coparent of [YOUNGEST] and I make joint decisions about [YOUNGEST]. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. The other parent or coparent of [YOUNGEST] and I try to understand where each other is coming from. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. The other parent or coparent of [YOUNGEST] and I respect each other's decisions made about [YOUNGEST]. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. The other parent or coparent of [YOUNGEST] makes it hard for me to spend time with [YOUNGEST]. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. The other parent or coparent of [YOUNGEST] makes it hard for me to talk with [YOUNGEST]. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. The other parent or coparent of [YOUNGEST] tells [YOUNGEST] what he or she is allowed and not allowed to say to me. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

## B. ECONOMIC STABILITY

[ASK ALL]

**B1. What is your current employment status?**

MARK ONE  
RESPONSE PER ROW

	YES	NO
a. Full-time employment (usually work 35 or more hours a week) .....	1 <input type="radio"/>	0 <input type="radio"/>
b. Part-time employment (usually work 1–34 hours a week).....	1 <input type="radio"/>	0 <input type="radio"/>
c. Employed, but number of hours change from week to week .....	1 <input type="radio"/>	0 <input type="radio"/>
d. Temporary, occasional, or seasonal employment, or odd jobs for pay .....	1 <input type="radio"/>	0 <input type="radio"/>
e. Stay-at-home parent or homemaker.....	1 <input type="radio"/>	0 <input type="radio"/>
f. Not currently employed.....	1 <input type="radio"/>	0 <input type="radio"/>

[SOFT CHECK: IF B1a = 1 = DISABLE B1f]

[IF ALL B1a-B1f = NO RESPONSE, ASK B2b]

[ASK IF ANY (B1a, B1b, B1c, OR B1d) = 1]

[SKIP IF ALL (B1a, B1b, B1c, AND B1d) = 0 OR NO RESPONSE]

**B2a. Are you looking for a different job?**

- 1  Yes
- 0  No

[ASK IF ALL (B1a, B1b, B1c, AND B1d) = 0 OR NO RESPONSE]

[SKIP IF ANY (B1a, B1b, B1c, OR B1d) = 1]

**B2b. Are you looking for a job?**

- 1  Yes
- 0  No

[ASK ALL]

**B3. Some people experience challenges that make it hard to find or keep a good job. Do any of the following make it difficult for you to find or keep a job?**

**MARK ALL THAT APPLY**

- 1  I have a criminal record
- 2  I do not have reliable transportation
- 3  I do not have the right clothes for a job (including uniforms)
- 4  I do not have good enough child care or family help
- 5  I do not have the right skills or education for good jobs
- 6  I have a physical disability or poor health
- 7  None of the above

[SOFT CHECK: IF B3 = 7, DISABLE OTHER OPTIONS]

[ASK ALL]

**B4. How much do you agree or disagree with each of the statements below?**

MARK ONLY ONE PER ROW

	Strongly agree	Agree	Disagree	Strongly disagree
a. I know how to apply for a job.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I feel confident in my ability to search for a job I want.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I feel confident in my interviewing skills.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

[ASK ALL]

**B5. How often do you find it difficult to pay your bills?**

**MARK ONE ONLY**

- 1  Never
- 2  Once in a while
- 3  Somewhat often
- 4  Very often

[ASK IF A1 > 0 AND (A1 > A2 OR A2 = NO RESPONSE)]

[SKIP IF (A1 = 0 OR NO RESPONSE) OR A1 = A2]

**B6. Do you have a legal arrangement or child support order that requires you to provide financial support for ANY of your children who do not live with you all or most of the time?**

- 1  Yes
- 0  No
- 2  I don't know

## C. MARRIAGE/RELATIONSHIPS

[ASK ALL]

### C1. What is your current marital status?

MARK ONE ONLY

- 1  Married
  - 2  Engaged
  - 3  Separated
  - 4  Divorced
  - 5  Widowed
  - 6  Never married
- GO TO C3

[ASK IF C1 = 3, 4, 5, 6, OR NO RESPONSE]

[SKIP IF C1 = 1 OR 2]

### C2. What is your current partner status?

MARK ONE ONLY

- 1  No current partner (unpartnered or single) → GO TO C5
- 2  I am romantically involved or in a committed relationship with someone on a steady basis
- 3  I am involved in an on-again and off-again relationship

[IF C2 = NO RESPONSE, GO TO C5]

[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)]

[SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]

### C3. How much of the time do you live with your current spouse or partner?

MARK ONE ONLY

- 1  All of the time
- 2  Most of the time
- 3  Some of the time
- 4  None of the time

[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)]

[SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]

### C4. How satisfied are you with your current relationship?

MARK ONE ONLY

- 1  Very satisfied
- 2  Satisfied
- 3  Not satisfied

[ASK ALL]

**C5. In the past month, about how often have you attended religious services?**

**MARK ONE ONLY**

- 1  I did not attend religious services in the past month
- 2  1 to 3 times in the past month
- 3  1 to 3 times a week
- 4  Every day or almost every day

## D. PROGRAM PERCEPTIONS

For the next set of questions, we would like you to think about communication skills. Examples of communication skills include paying attention, taking turns speaking, and describing problems using “I” statements (like “I feel...”) instead of “you” statements (like “you are...”).

[ASK ALL]

**D1. During the program, how often did you learn about communication skills?**

**MARK ONE ONLY**

- 1  Never
- 2  Sometimes
- 3  Often

[ASK IF (D1 = 2, 3, OR NO RESPONSE) AND ((C1 = 1 OR 2) OR (C2 = 2 OR 3))]

[SKIP IF D1 = 1 OR ((C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE))]

**D2. How often have you used communication skills from the program with your spouse or partner to discuss:**

MARK ONLY ONE PER ROW

	Never	Sometimes	Often
a. Your relationship? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
[ASK IF A1 > 0] [SKIP IF A1 = 0 OR NO RESPONSE]			
b. Parenting? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Your finances? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

[ASK IF (D1 = 2, 3, OR NO RESPONSE) AND A1 > 0]

[SKIP IF D1 = 1 OR (A1 = 0 OR NO RESPONSE)]

**D3. How often have you used communication skills from the program with:**

MARK ONLY ONE PER ROW

	Never	Sometimes	Often
[ASK IF A12 = 1] [SKIP IF A12 = 0 OR NO RESPONSE]			
a. The coparent of your youngest child? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Your children? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

We'd like you to think back to before you started the program to answer the next questions.

**D4. Before the program, how confident were you in working out differences respectfully with:**

MARK ONLY ONE PER ROW

	Not at all	Somewhat	Very
[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)] [SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]			
a. Your spouse or partner? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
[ASK IF ANY (B1a, B1b, B1c, OR B1d) = 1] [SKIP IF ALL (B1a, B1b, B1c, AND B1d) = 0 OR NO RESPONSE]			
b. Your boss or coworkers? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**And now thinking about today:**

[ASK ALL]

**D5. How confident are you in working out differences respectfully with:**

MARK ONLY ONE PER ROW

	Not at all	Somewhat	Very
[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)] [SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]			
a. Your spouse or partner? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
[ASK IF ANY (B1a, B1b, B1c, OR B1d) = 1] [SKIP IF ALL (B1a, B1b, B1c, AND B1d) = 0 OR NO RESPONSE]			
b. Your boss or coworkers? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

[ASK IF (C1 = 1 OR 2) OR (C2 = 2 OR 3)]

[SKIP IF (C1 = 3, 4, 5, 6, OR NO RESPONSE) AND (C2 = 1 OR NO RESPONSE)]

**D6. How much has your communication with your spouse or partner changed since you started the program?**

**MARK ONE ONLY**

- 1  Gotten worse
- 2  Stayed about the same
- 3  Gotten better

[ASK ALL]

**D7. On a scale from 1 to 5, overall, how helpful was the program to you?**

Not at all	←————→			Extremely helpful
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**Thank you for completing this survey!**