

Family Contact Parent Survey

1. Who is currently supporting your family contact events with your child/ren?
 Office of Children’s Services
 Alaska Family Services
 Alaska Youth and Family Network
 Knik Tribe
 Other: _____
 I don’t know

2. What type/s of family contact have you received in the past 3 months? (**check all that apply**)
 Unsupervised
 Supported
 Supervised
 Guided-supervision
 I don’t know

3. What type of family contact are you receiving right now? (**choose one**)
 Unsupervised
 Supported
 Supervised
 Guided-supervision
 I don’t know

4. During the past three months, about how often did you have each type of family contact?

Contact Type	Never	Monthly	Every other week	Once a week	2-3 times a week	Daily
In-person in a family contact facilitator’s office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over video or phone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At other locations (for example: doctor visit, church or ceremony, sporting events/practice, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions will ask about family contact events with your child/ren. Throughout the survey, you will see the terms **family contact facilitator** and **family contact supporter**. We use **family contact facilitator** to mean a professional who is involved with your family contact and **family contact supporter** to mean a community member who is helping with your family contact. Please think about the past 3 months when rating the following statements.

5. I am engaged in planning for my family contact events with my child/ren.
 Never
 Rarely
 Usually
 Always

6. I work with my family contact facilitator or supporter to set goals for my family contact events.
 Never
 Rarely
 Usually
 Always

7. I discuss my strengths as a parent with my family contact facilitator or supporter.
 Never
 Rarely
 Usually
 Always

8. I know when my next family contact event with my child/ren will be.
 Never
 Rarely
 Usually
 Always

9. I feel welcome by my family contact facilitator or supporter during family contact events with my child/ren.
 Strongly Disagree
 Disagree
 Agree
 Strongly Agree

10. I feel understood by my family contact facilitator or supporter during family contact events.
 Strongly Disagree
 Disagree
 Agree
 Strongly Agree

11. After a family contact event, I discuss next steps with my family contact facilitator or supporter.
 Never
 Rarely
 Usually
 Always

12. Family contact events take place in a natural and neutral setting (e.g. your home or another family member’s home, restaurant, church, park, library, community center, family event/ceremony)?
 Never
 Rarely
 Usually
 Always

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My family contact facilitator or supporter...	
13. Shows or coaches me on parenting skills (e.g. ways to talk with my child) during my family contact events.	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Usually <input type="checkbox"/> Always
14. Encourages my child and me to interact with each other.	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Usually <input type="checkbox"/> Always
15. Provides helpful ideas to support my growth as a parent.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
16. Makes me feel like a good parent.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
17. Encourages me to bring my family traditions into family contact events.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
16a. If you selected 'strongly disagree' or 'disagree' for #16, what else could they do to support bringing your family traditions into family contacts? (answer in the box to the right)	

18. Overall, I have a positive experience during my family contact with my child/ren.
 Strongly Disagree Disagree Agree Strongly Agree

19. Is there anything else you would like to share about your family contacts these past three months?

About You

What is your race **(check all that apply)**?

- Alaska Native American Indian Asian Black or African American
 Pacific Islander White Undetermined Prefer not to answer

Are you Latino, Hispanic, or Spanish?

- Yes No Prefer not to answer

What is your age?

- 16-25 26-34 35-44 45-54 55-64 65 or older Prefer not to answer

What is your relationship to the child/ren you have family contact events with?

- Mother Father Other family relative, please specify: _____
 Other, please specify: _____

How old is/are your child/ren? **(check all that apply)**

- Birth – 3 years old 4 – 6 years old 7 – 12 years old 13 years or older