

Responsible Fatherhood Project Follow-up Interview

Name: _____

Site: _____

SSN: _____

RFMIS Participant ID#: _____

Today's date: ____/____/____

I'm calling from _____. We are evaluating the _____ Program. We would like to find out your reactions to the program. Everything you tell me will be confidential. We will only be sharing overall findings, not individual's experiences. Is now a good time to ask you about your experiences in the Program? Let's start by talking about the type of help you wanted when you started the program.

[Note: This survey instrument was originally design by the Center for Policy Research, 1570 Emerson Street, Denver, CO 80218. Survey questions and formatting were slightly modified for use with the RFMIS.]

A. Services

I want to ask you some questions about the types of services you may have received through this project --

	Did you want help with this?		Did you get help?		If yes, How helpful was it ..			If no, Why not?	
	Yes	No	Yes	No	Very Helpful	Somewhat Helpful	Not Helpful	Dropped	Other
A1. Help so you could see your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If yes, ask: Did you get...									
a. Help setting up a parenting (visitation) plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help changing a parenting (visitation plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help changing custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other help with visitation or access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Help with employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If yes, ask: Did you get...									
a. Help finding a job/job search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help finding a better paying job or one with benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help learning job skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Job readiness program (resumes, job interviews, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other help with employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Help with education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If yes, ask: Did you get...									
a. Pre-GED program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. GED program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help learning to read or read better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. English as a Second Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other help with education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. Help with child support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
a. Help establishing paternity (get on the birth certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help setting up or changing your child support order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help with your child support debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other help with child support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5. Other kinds of help, like...(read list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
a. Peer support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help with your parenting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help building a better relationship with your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help building a better relationship with the other parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help with medical problems/disabilities/insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Child care assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Help getting clothes or food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Help with transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help with housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Money management /budgeting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Help with drug or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Anger management classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Mental health or counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Services related to partner abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Something else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Children and Family

B1. In the past six months have you had a new baby or are you currently expecting?

- 1 - Yes, had new baby
- 2 - Yes, currently expecting
- 3 - No

B2. If yes, are you married to this baby's mother/father?

- 1 - Yes
- 2 - No

B3. How many children age 18 or younger do you have? _____

Let's talk about where your children live now and whether that has changed since you started the program.

B4. How many of your children live with you now?

B5. How many of your children live with the other parent?

B6. How many of your children live with a relative?

B7. How many of your children live with someone else?

B8. How many of your children began living with you since you started the Program?

B9. How many of your children stopped living with you since you started the Program?

[If B3=B4, Go to Section C]

Now let's talk about a focal child (ages 18 and younger) who does not live with you. [Note: The program has the alternative of (1) identifying a single child as the focal child for this assessment (e.g., youngest, oldest, child that was focus of the original referral), or (2) completing separate forms (Questions B10 - B30) on all children not living with the participant.]

Child's Name or ID Number: _____

B10. Do any of the following make it difficult for you to see this child?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Lack of transportation | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The distance or travel time involved | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The other parent or guardian not wanting you to see the child | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your work schedule | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Not wanting to see this child until you feel more "together" | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other _____ | | |
| <input type="checkbox"/> 1 - Child is in Child Protective System (CPS); restrictions on visit | | |
| <input type="checkbox"/> 2 - Other parent has left the state with child and can't be located | | |
| <input type="checkbox"/> 3 - Mother says he's not the father | | |
| <input type="checkbox"/> 4 - Child support problems | | |
| <input type="checkbox"/> 5 - Child unwilling/unreceptive | | |

B11. Compared to six months ago, do you see this child (who does not live with you) MORE often, LESS often, or ABOUT THE SAME?

- 1 - See more often (**Go to B12a**)
- 2 - See less often (**Go to B13a**)
- 3 - See about the same (**Go to B14**)
- 4 - Don't know

If respondent sees the child "MORE OFTEN" ask:

Think about _____ (focal child) – how often do you see the child NOW and how often did you see the child six months ago?

B12a. NOW:

- 1 - About once or twice a year
- 2 - About every other month
- 3 - About once or twice a month
- 4 - About once a week
- 5 - Several times a week

B12b. SIX MONTHS AGO:

- 1 - Not at all
- 2 - About once or twice a year
- 3 - About every other month
- 4 - About once or twice a month
- 5 - About once a week
- 6 - Several times a week

B12c. Why are you seeing this child more often? (Circle all that apply)

- 1 - Relationship with this child has improved
- 2 - Relationship with this child's other parent has improved
- 3 - Live closer to this child
- 4 - Have more time (better work schedule, etc.)
- 5 - Have made more of an effort to see this child
- 6 - Child's at a better age for visiting
- 7 - CPS allowing more visits
- 8 - Feeling more determined to be a good parent
- 9 - Visitation order changed
- 10 - Just found out about child
- 11 - Other _____

If respondent sees the child “LESS OFTEN” ask:

Think about _____ (focal child) – how often do you see the child NOW and how often did you see the child six months ago?

B13a. NOW:

- 1 - Not at all
- 2 - About once or twice a year
- 3 - About every other month
- 4 - About once or twice a month
- 5 - About once a week
- 6 - Several times a week

B13b. SIX MONTHS AGO:

- 1 - About once or twice a year
- 2 - About every other month
- 3 - About once or twice a month
- 4 - About once a week
- 5 - Several times a week
- 6 - Daily

B13c. Why are you seeing this child less often? (Circle all that apply)

- 1 - Relationship with this child is worse
- 2 - Relationship with child's other parent is worse
- 3 - Live farther away from this child
- 4 - Have less time (better work schedule, etc)
- 5 - Child removed by CPS
- 6 - Court changed visitation order
- 7 - Change in custody
- 8 - Restraining order
- 9 - Transportation problems
- 10 - Other _____

If respondent sees the child ABOUT THE SAME, ask:

B14. You said you see this child about as often as you did six months ago. How often is that?

- 1 - Not at all
- 2 - About once or twice a year
- 3 - About every other month
- 4 - About once or twice a month
- 5 - About once a week
- 6 - Several times a week

B15. Overall, how satisfied are you with the amount of time you spend with this child?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Somewhat dissatisfied
- 4 - Very dissatisfied

B16. Compared to six months ago, are you more or less satisfied with the amount of time you spend with this child?

- 1 - More satisfied
- 2 - About the same as six months ago
- 3 - Less satisfied

B17. Compared to six months ago, how much say do you think you have in making major decisions about this child (decisions about things like education, health religion)? Do you think you have more say, less say, or about the same?

- 1 - More
- 2 - Less
- 3 - About the same

B18. Compared to six months ago, how well do you get along with the other parent of this child?

- 1 - Much better
- 2 - Somewhat better
- 3 - About the same
- 4 - Somewhat worse
- 5 - Much worse

B19. In the past six months, has paternity been established for this child (i.e. has your name/the father's name been added to the birth certificate)?

- 1 - Yes
- 2 - No
- 3 - Don't know

B20. If yes, in the past six months, for how many kids have you established paternity? _____

B21. Do you have an order from the court or the child support agency that says you are supposed to pay child support for this child?

- 1 - Yes
- 2 - No (**Skip to B27**)

B22. Does this order apply to other children?

- 1 - Yes -> for how many children does this order apply? _____
- 2 - No
- 3 - Don't know

B23. How much are you supposed to pay each month in child support (total) under this order? \$ _____

B24. During the past few months, about what percentage of the child support you were SUPPOSED to pay, did you ACTUALLY pay (under this order)? _____% (**IF 100% go to B27**)

B25. There are lots of reasons why someone may not pay child support. I'm going to mention a few.

Tell me if this was a reason why you did not pay all your child support under this order during the past few months.

	Yes	No
a. You don't have the money	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child support order is too high	<input type="checkbox"/>	<input type="checkbox"/>
c. You have another family to support	<input type="checkbox"/>	<input type="checkbox"/>
d. You have some disagreements about visitation	<input type="checkbox"/>	<input type="checkbox"/>
e. You have some disagreements about how the child support is spent	<input type="checkbox"/>	<input type="checkbox"/>
f. The child support money you pay goes to the welfare department or the state, not directly to your children ..	<input type="checkbox"/>	<input type="checkbox"/>
g. The other parent doesn't need the money	<input type="checkbox"/>	<input type="checkbox"/>
h. The other parent has a new partner who can help support the children	<input type="checkbox"/>	<input type="checkbox"/>
i. The child is not mine	<input type="checkbox"/>	<input type="checkbox"/>
j. I didn't want the child	<input type="checkbox"/>	<input type="checkbox"/>
k. Other: _____		

B26. How much do you estimate you owe in past due child support under this order? \$ _____

B27. In the past 6 months have you or your case manager talked with anyone at the child support agency about your child support situation?

- 1 - Yes (**Go to B28**)
- 2 - No (**Go to B29**)

B28. If yes, How helpful was this?

- 1 - Very helpful
- 2 - Somewhat helpful
- 3 - Not very helpful
- 4 - Not at all helpful

B29. During the past few months have you given this child, or his/her other parent, assistance by:

- 1 - Giving money directly to the child or the other parent
- 2 - Making car payments, purchasing a car, or loaning your car
- 3 - Paying medical bills for them
- 4 - Making mortgage or rent payments for them
- 5 - Purchasing clothes, furniture, bikes, or other major items for them
- 6 - Buying diapers
- 7 - Paying day care expenses
- 8 - Anything else? _____
- 9 - None of the above

B30. Do you have a child support order covering any other children?

- 1 - Yes -> How many total child support orders do you have? _____
-> How many total children do these order cover? _____
- 2 - No

C. Employment

C1. Which best describes your current employment situation?

- 1 - Employed full-time
- 2 - Employed part-time
- 3 - Work at pick-up, occasional, or temporary jobs
- 4 - Not working

C2. In the past 6 months, how many months did you work full-time? _____ months

C3. In the past 6 months, about how many different jobs have you had? _____ (If 0, go to C4; if 1 or more, go to C6)

C4. If you haven't worked in the past 6 months, have you been looking for work?

- 1 - Yes (Go to C5a)
- 2 - No (Go to C5b)

If C4 = Yes, ask:

C5a. Why do you think you haven't found a job?

- 1 - Couldn't find a job that pays enough
- 2 - Lack of GED or high school diploma
- 3 - Lack training, experience, skills
- 4 - No work available in my line
- 5 - Illness, disability, handicap
- 6 - Family responsibilities
- 7 - Too difficult for an ex-offender to find a job
- 8 - Discrimination (e.g., age, race)
- 9 - Haven't looked very hard
- 10 - Don't know
- 11 - Other _____

If C4 = No, ask:

C5b. Why haven't you looked for a job?

- 1 - Don't believe I could find a job that pays enough
- 2 - Lack training, experience, skills
- 3 - No work available in my line
- 4 - Illness, disability, handicap
- 5 - Family responsibilities
- 6 - Too difficult for an ex-offender to find a job
- 7 - Don't want to pay child support
- 8 - Discrimination (e.g., age, race)
- 9 - Still in school
- 10 - Can't get it together enough to look
- 11 - Pregnant
- 12 - Other _____

Now I have a few questions about your current or most recent job. If you have more than one job, let's talk about the job you spend the most hours on.

C6. When did you start working at this job (month/year)? _____/_____

C7a. **If NOT CURRENTLY EMPLOYED**, when did you stop working at this last job? _____/_____

C7b. **If CURRENTLY EMPLOYED**, how likely is it that you will still be with the same company in another two years?

- 1 - Very likely
- 2 - Somewhat likely
- 3 - Not sure
- 4 - Somewhat unlikely
- 5 - Very unlikely

C8. Did you have this job before you entered the Program?

- 1 - Yes (Go to C10)
- 2 - No (Go to C9)

C9. If no, do you think you would have found this job without the help of the program?

- 1 - Definitely would not
- 2 - Probably would not
- 3 - Not sure
- 4 - Probably would have
- 5 - Definitely would have

C10. Are/were you self-employed?

- 1 - Yes
- 2 - No

C11. What kind of work do/did you do? _____

C12. Did you get any services or training through the Program that has helped you on the job?

- 1 - Yes
- 2 - No
- 3 - Not sure

C13. How many hours each week do/did you usually work at this job? _____ hrs.

C14. Does/did this job provide you with (check all that apply):

- 1 - Paid vacation
- 2 - Paid sick leave
- 3 - Medical coverage for yourself
- 4 - Medical coverage for your children
- 5 - None of the above

C15. What is/was your usual wage before taxes and deductions? \$ _____ per hour day week
 2 weeks semi-monthly monthly year

C16. How well does/did this salary cover your financial needs?

- 1 - Very well **(Go to Section D)**
- 2 - Fairly well
- 3 - Not very well
- 4 - Not at all

C17. Have you tried to find a better paying in the past 6 months?

- 1 - Yes, and I found one **(Go to Section D)**
- 2 - Yes, but I haven't found one **(Go to C17a)**
- 3 - No, I haven't tried **(Go to C 17b)**

If C17 = "Yes, but I haven't found one," ask:

C17a. Why do you think you haven't found a better paying job?

- 1 - Lack of GED or high school diploma
- 2 - Lack training, experience, skills
- 3 - No work available in my line
- 4 - Illness, disability, handicap
- 5 - Too difficult for an ex-offender to find a job
- 6 - Discrimination (age, race)
- 7 - Haven't looked very hard
- 8 - Can't find job that pays what is wanted
- 9- Transportation problems
- 10 - Don't know
- 11 - Other _____

If C17 = No, ask:

C17b. Why haven't you looked for a better paying job?

- 1 - Don't believe I could find a job that pays enough
- 2 - Lack training, experience, skills
- 3 - No work available in my line
- 4 - Illness, disability, handicap
- 5 - Family responsibilities
- 6 - Too difficult for an ex-offender to find a job
- 7 - Don't want to pay child support
- 8 - Discrimination (age, race)
- 9 - Still in school
- 10 - Can't take time off of work to look
- 11-Can't get it together enough to look
- 12-Pregnant
- 13-Like job
- 14-Advancement is an option
- 15-Just started this job/too soon
- 16-Overtime pay is available
- 17-Good experience
- 18-Other _____

D. Wrap Up

D1. Compared to 6 months ago, would you say your life today is:

- 1 - Much better
- 2 - Somewhat better
- 3 - About the same
- 4 - Somewhat worse
- 5 - Much worse
- 6 - Some parts better, some worse

D2. In the past six months did you...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Get married | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Begin living with the mother/father of any of your children? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Begin living with a boyfriend/girlfriend? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have any other children | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Get arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Spend time in jail? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Go to court for child support, custody, or visitation/parenting? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Go to court for any other reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Suffer a serious illness, injury, or disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Have problems with drugs or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Go to a drug or alcohol treatment program? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Have serious transportation problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Have a child or other family member become seriously ill, injured, or die? | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Have a restraining order taken out against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Use a food bank or soup kitchen? | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Stay in a shelter, rooming house or other temporary housing? | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Move or change your living situation at least once? | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Move or changed your living situation three or more times? | <input type="checkbox"/> | <input type="checkbox"/> |

D3. I'm going to read a few statements about how things might have changed for you in the past few months. Please tell me if the following things are better, worse, or about the same as six months ago (Circle Response).

- | | Better | Same | Worse | Not applicable |
|---|--------|------|-------|----------------|
| a. The job you're doing as a parent | 1 | 2 | 3 | 4 |
| b. How well you get along with the other parent(s) | 1 | 2 | 3 | 4 |
| c. How well you can provide for your children financially | 1 | 2 | 3 | 4 |
| d. How well you can provide for yourself financially | 1 | 2 | 3 | 4 |
| e. Getting your child support situation under control | 1 | 2 | 3 | 4 |
| f. Your job skills | 1 | 2 | 3 | 4 |
| g. Keeping a job | 1 | 2 | 3 | 4 |
| h. Getting your life together | 1 | 2 | 3 | 4 |
| i. Using contraceptives more regularly | 1 | 2 | 3 | 4 |

D4. How would you rate the program on the following (Circle Response):

	Excellent	Good	Fair	Poor	Not an issue for me	Not in program long enough
a. Helping you to understand your child support situation	1	2	3	4	5	6
b. Helping you understand your legal rights and responsibilities with respect to your children	1	2	3	4	5	6
c. Providing group support	1	2	3	4	5	6
d. Helping you learn about community services	1	2	3	4	5	6
e. Helping you to be a better parent	1	2	3	4	5	6
f. Providing you with specific job opportunities and getting you job interviews	1	2	3	4	5	6
g. Improving your chances of getting or keeping a good job	1	2	3	4	5	6
h. Improving your chances of being involved with your children in the future	1	2	3	4	5	6
i. Helping you to see that other people have similar problems	1	2	3	4	5	6
j. Giving you hope about your future	1	2	3	4	5	6
k. Improving how well you co-parent with the child's other parent	1	2	3	4	5	6
l. Improving how well you communicate with the child's other parent	1	2	3	4	5	6
m. Changing your attitude about relationship	1	2	3	4	5	6
n. Understanding your situation	1	2	3	4	5	6

D5. Overall, how would you rate the program?

- 1 - Excellent
- 2 - Good
- 3 - Fair
- 4 - Poor
- 5 - Can't rate, not in long enough

D6. What else would you like us to know about your experiences with the Program?

D7. Any changes you can recommend to improve the Program?