

supported parenting survey



FAMILY AND DISABILITY STUDIES



UNIVERSITY OF
ALBERTA

parentLINKcentre

Thank you for taking the time to complete this survey.
The information you provide will help us better understand parents' information and support needs, and help us improve services for families in the community.

The survey includes questions about you, the health and wellbeing of your child and family, the challenges and rewards involved in parenting, and the information and support you have received from your Parent Link Centre.

Once you have completed the survey, please return it to us, together with the signed consent form, in the postage paid envelope provided. If you have any questions, you may call: Dr David McConnell at 780 492 7475.

Most of the questions in this survey ask you to choose from a list of possible answers, such as "I agree", or "I disagree". You select your answer by filling in the corresponding circle. For example

Question: Do you live in Canada?

Yes

No



This first section of the questionnaire asks about the support and services you have received from your **Parent Link Centre**.

1 What kind of support have you received from your Parent Link Centre? Please fill all that apply.

- Information, education and/or training (e.g. tip sheets, parenting skills)
- Emotional or moral support (e.g. understanding & encouragement)
- Good company (e.g. opportunity to do fun things with people you like)
- Practical help (e.g. toy lending, clothing exchange, transport, help with filling out forms etc.)

2 In the last three months, did you receive any of the following supports or services from your Parent Link Centre? Please fill all that apply.

- Information, including handouts or 'tip sheets'
- Individual (one to one) parent education
- Group-based (with other parents) parent education
- Family support (for example: collective kitchen, toy lending, clothing exchange)
- Child development screening
- 'Drop-in' playgroup activities for you and your child

Other (please describe)

3 When did you first visit your Parent Link Centre?

- Sometime in the past three months
- Earlier this year (January-March)
- Sometime last year, 2008
- Before 2008

4 In the last three months, how many times have you been down to your Parent Link Centre and/or attended a Parent Link Centre program/event?

- Just once
- No more than two or three times
- Four or five times
- More than five times
- > How many times would you say (e.g. 7 times)?

5 Have you ever received Triple P parent education? (including Triple P tip sheets, one-to-one or group-based Triple P parent education)

- Yes
- No
- Don't know

6 In the last three months, did you receive Triple P parent education? (including Triple P tip sheets, one-to-one or group-based Triple P parent education)

- Yes
- No
- Don't know

7a **In the last three months did you receive any support from your Parent Link Centre with issues to do with your relationship with your partner?**

Yes No Not applicable

If Yes, do you now feel more confident in dealing with these issues?

Not at all confident

A little more confident

A lot more confident

7b **In the last three months did you receive any support from your Parent Link Centre with issues to do with your baby/infant?**

Yes No Not applicable

If Yes, what specific issues?

Sleep patterns

Crying or irritable baby

Separation anxiety

Development

If Yes, do you now feel more confident in dealing with these issues?

Not at all confident

A little more confident

A lot more confident

7c **In the last three months did you receive any support from your Parent Link Centre with issues to do with your toddler?**

Yes No Not applicable

If Yes, what specific issues?

Sharing

Tantrums

Hurting others

Listening/obedience

Bedtime problems

Toilet training

Language development

Whining

If Yes, do you now feel more confident in dealing with these issues?

Not at all confident

A little more confident

A lot more confident

7d In the last three months did you receive any support from your Parent Link Centre with issues to do with your **pre-school age child**?

- Yes No Not applicable

If Yes, what specific issues?

- Separation problems
- Nightmares and night terrors
- Mealtime problems
- Listening/obedience
- Fighting and aggression
- Going shopping

If Yes, do you now feel more confident in dealing with these issues?

- Not at all confident A little more confident A lot more confident
-

7e In the last three months did you receive any support from your Parent Link Centre with issues to do with your **elementary school age child**?

- Yes No Not applicable

If Yes, what specific issues?

- Behaviour at school
- Being bullied
- Bedwetting
- Self esteem
- Listening/obedience
- Lying or stealing
- Homework
- Fears
- Chores
- Attention Deficit Hyperactivity Disorder (ADHD)

If Yes, do you now feel more confident in dealing with these issues?

- Not at all confident A little more confident A lot more confident

7f In the last three months did you receive any support from your Parent Link Centre with issues to do with your teenager?

- Yes No Not applicable

If Yes, what specific issues?

- Friends and peer relationships
- Coping with anxiety or depression
- Drug or alcohol use
- Sexual activity and dating
- Rudeness and disrespect
- Truancy / skipping school
- Fads and fashions
- Smoking

If Yes, do you now feel more confident in dealing with these issues?

- Not at all confident A little more confident A lot more confident

7g In the last three months did you receive any support from your Parent Link Centre with personal issues?

- Yes No Not applicable

If Yes, what specific issues?

- Feeling depressed
- Coping with stress
- Feeling alone
- Balancing work and family
- Being a parent

If Yes, do you now feel more confident in dealing with these issues?

- Not at all confident A little more confident A lot more confident

7h In the last three months did you receive any support from your Parent Link Centre with any other issues?

- Yes No Not applicable

If Yes, please describe?

If Yes, do you now feel more confident in dealing with these issues?

- Not at all confident A little more confident A lot more confident

8

In the last three months, did you get the type of help you wanted from your Parent Link Centre?

- | | | | | | | |
|----------------|---|----------------|---|----------------|---|-----------------|
| ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| Definitely not | | No, not really | | Yes, generally | | Yes, definitely |

9

In the last three months, to what extent did the Parent Link Centre meet your needs as a parent?

- | | | | | | | |
|------------------------|---|--------------------------|---|--------------------------|---|--------------------------------|
| ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| No needs have been met | | Only a few have been met | | Most needs have been met | | Almost all needs have been met |

10

In the last three months, did your Parent Link Centre help you to deal more effectively with your child's behaviour?

- | | | | | | | |
|--------------------------|---|----------------------------|---|-----------------------------|---|---------------------------------|
| ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| No, it made things worse | | No, it has not helped much | | Yes, it has helped somewhat | | Yes, it has helped a great deal |

11

In the last three months, did your Parent Link Centre help you to deal more effectively with problems that arise in your family?

- | | | | | | | |
|--------------------------|---|----------------------------|---|-----------------------------|---|---------------------------------|
| ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| No, it made things worse | | No, it has not helped much | | Yes, it has helped somewhat | | Yes, it has helped a great deal |

Please tell us a little about your child. If you have more than one child, please tell us about **the child you are most concerned about** (i.e. who is the most challenging?)

12 **Child's gender**

- Male Female

13 **Child's age** (years and months):

14 **What is your relationship to this child?**

- Mother (biological or adoptive)
 Step mother
 Foster mother
 Father (biological or adoptive)
 Step father
 Foster father

Other (please describe)

15 **In general, would you say this child's health is:**

- | | | | | |
|------|------|------|-----------|-----------|
| Poor | Fair | Good | Very good | Excellent |
| ① | ② | ③ | ④ | ⑤ |

16 **Does this child have any of the following long-term conditions which have been diagnosed by a health professional?** Please fill all that apply.

- Vision impairment
 Hearing impairment
 Intellectual disability (mental handicap)
 Asthma or severe allergies
 Heart condition or disease
 Kidney condition or disease
 Diabetes
 Epilepsy
 Cystic Fibrosis
 Autism Spectrum Disorder
 Fetal Alcohol Spectrum Disorder
 Cerebral palsy
 Spina Bifida
 Muscular Dystrophy
 Down syndrome
 Missing or malformed arms, legs, fingers or toes
 Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)
 Emotional, psychological or nervous difficulties
 Complex medical care needs

Other condition/s (please describe)

If this child is **three years of age or older**, please go to question 17 on the next page.

If this child is **less than three years of age**, please go to question 42 on page 9.

Please tell us more about this child's behavior over the last six months. Answer all items as best you can even if you are not absolutely certain.

		Not True	Somewhat True	Very True		Not True	Somewhat True	Very True	
17	Considerate of other people's feelings	①	②	③	30	Generally liked by other children	①	②	③
18	Restless, overactive, cannot stay still for long	①	②	③	31	Easily distracted, concentration wanders	①	②	③
19	Often complains of headaches, stomach-aches or sickness	①	②	③	32	Nervous or clingy in new situations, easily loses confidence	①	②	③
20	Shares readily with other children (treats, toys, etc.)	①	②	③	33	Kind to younger children	①	②	③
21	Often has temper tantrums or hot tempers	①	②	③	34	Often lies or cheats	①	②	③
22	Rather solitary, tends to play alone	①	②	③	35	Picked on or bullied by other children	①	②	③
23	Generally obedient, usually does what adults request	①	②	③	36	Often volunteers to help others (parents, teachers, other children)	①	②	③
24	Many worries, often seems worried	①	②	③	37	Thinks things out before acting	①	②	③
25	Helpful if someone is hurt, upset or feeling ill	①	②	③	38	Steals from home, school or elsewhere	①	②	③
26	Constantly fidgeting or squirming	①	②	③	39	Gets along better with adults than with other children	①	②	③
27	Has at least one good friend	①	②	③	40	Many fears, easily scared	①	②	③
28	Often fights with other children or bullies them	①	②	③	41	Sees tasks through to the end, good attention span	①	②	③
29	Often unhappy, down-hearted or tearful	①	②	③					

42 Do you use any kind of child care service for this child?

- Yes No

If Yes, which of the following kinds of child care services are you using for this child?

- Childcare centre
 Before or after school care program
 Private home day care
 Parent/child drop-in program
 Child drop-off centre for occasional use
 Paid arrangement with a caregiver
 Unpaid arrangement with a caregiver
 Nursery school
 Toy library
 Playgroup

Other (please describe)

43 Approximately how many hours each week, on average, would this child be cared for by others (including for example, child care services and/or grandparents)?

- less than 6 hours 6-12 hours 12-18 hours 18-24 hours more than 24 hours

44 Given the choice, would you like to use less, the same number, or more hours of childcare?

- Less Same number of hours More

The following questions are about your parenting style. If you have more than one child, please think *again* about the child you are most concerned about or who is the most challenging.

	Not applicable	Never	Less than half the time	About half the time	More than half the time	All the time
45 If there is a parenting decision to be made (i.e. rules to be set, child misbehaving, school decisions), how often do you and your spouse/partner agree on what to do?	<input type="radio"/>	①	②	③	④	⑤

If this child is **12 years of age or older** please go to question 71 on page 13.

	Never	About once a week or less	A few times a week	One or two times a day	Many times each day
46 How often do you praise this child, by saying something like “Good for you!” or “What a nice thing you did!”, or “That’s good going!” ?	①	②	③	④	⑤
47 How often do you and this child talk or play with each other, focusing attention on each other for five minutes or more, just for fun?	①	②	③	④	⑤
48 How often do you and this child laugh together?	①	②	③	④	⑤
49 How often do you get annoyed with this child for saying or doing something he/she is not supposed to?	①	②	③	④	⑤
50 How often do you tell this child that he/she is bad or not as good as others?	①	②	③	④	⑤
51 How often do you do something special with this child that he/she enjoys?	①	②	③	④	⑤
52 How often do you play sports, hobbies, or games with this child?	①	②	③	④	⑤
	Never	Less than half the time	About half the time	More than half the time	All the time
53 Of all the times that you talk to this child about his/her behavior, what proportion is praise?	①	②	③	④	⑤
54 Of all the times that you talk to this child about his/her behavior, what proportion is disapproval?	①	②	③	④	⑤

If this child is **less than two years of age** please go to question 81 on page 14.

	Not applicable	Never	Less than half the time	About half the time	More than half the time	All the time
55 When you give this child a command or order to do something, what proportion of the time do you make sure that he/she does it?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
56 If you tell this child he/she will get punished if he/she doesn't stop doing something, and he/she keeps doing it, how often will you punish him/her?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
57 How often does this child get away with things for which you feel he/she should have been punished?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
58 How often do you get angry when you punish this child?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
59 How often do you think that the kind of punishment you give this child depends on your mood?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
60 How often do you feel you are having problems managing this child in general?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
61 How often is this child able to get out of a punishment when he/she really sets his/her mind to it?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
62 How often when you discipline this child, does he/she ignore the punishment?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤
63 How often do you have to discipline this child repeatedly for the same thing?	<input type="radio"/>	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③	<input type="radio"/> ④	<input type="radio"/> ⑤

When this child breaks the rules or does something that he/she is not supposed to, how often do you...

	Never	Rarely	Sometimes	Often	Always
64 tell this child to stop?	①	②	③	④	⑤
65 ignore it or do nothing?	①	②	③	④	⑤
66 raise your voice, scold or yell at this child?	①	②	③	④	⑤
67 calmly discuss the problem with this child?	①	②	③	④	⑤
68 use physical punishment?	①	②	③	④	⑤
69 describe alternative ways of behaving that are acceptable?	①	②	③	④	⑤
70 take away privileges or send this child to their room?	①	②	③	④	⑤

If this child is **less than twelve years of age** please go to question 81 on page 14.

People often disagree with each other. The following sentences describe situations. How often do you and this child do the following things?

		Not at all	A little	Sometimes	Pretty often	Almost all the time
71	We disagree and fight.	①	②	③	④	⑤
72	We make up easily when we have a fight.	①	②	③	④	⑤
73	We bug each other or get on each other's nerves.	①	②	③	④	⑤
74	We yell at each other.	①	②	③	④	⑤
75	When we argue, we stay angry for a very long time.	①	②	③	④	⑤
76	When we disagree, I refuse to talk to this child.	①	②	③	④	⑤
77	When we disagree, this child stomps out of the room, house, or yard.	①	②	③	④	⑤
78	When we disagree about something, we solve the problem together.	①	②	③	④	⑤
79	When we disagree about something, I give in just to end the argument.	①	②	③	④	⑤
80	When we disagree another person comes in to settle things or find a solution.	①	②	③	④	⑤

The following questions are about how you feel as a parent. In answering these questions, please think again about the child you are most concerned about or who is the most challenging. Choose the response which best describes your feelings. **Your first reaction** to each question should be your answer.

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
81 I often have the feeling that I cannot handle things well.	①	②	③	④	⑤
82 I find myself giving up more of my life to meet my children's needs than I ever expected.	①	②	③	④	⑤
83 I feel trapped by my responsibilities as a parent.	①	②	③	④	⑤
84 Since having this child I have been unable to do new and different things.	①	②	③	④	⑤
85 Since having a child I feel that I am almost never able to do the things that I like to do.	①	②	③	④	⑤
86 I am unhappy with the last purchase of clothing I made for myself.	①	②	③	④	⑤
87 There are quite a few things that bother me about my life.	①	②	③	④	⑤
88 Having a child has caused more problems than I expected in my relationship with my spouse/partner.	①	②	③	④	⑤
89 I feel alone and without friends.	①	②	③	④	⑤
90 When I go to a party I usually expect not to enjoy myself.	①	②	③	④	⑤
91 I am not as interested in people as I used to be.	①	②	③	④	⑤
92 I don't enjoy things as I used to.	①	②	③	④	⑤

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
93	My child rarely does things for me that make me feel good.	①	②	③	④	⑤
94	Most times I feel that my child does not like me and does not want to be close to me.	①	②	③	④	⑤
95	My child smiles at me much less than I expected.	①	②	③	④	⑤
96	When I do things for my child I get the feeling that my efforts are not appreciated very much.	①	②	③	④	⑤
97	When playing, my child doesn't often giggle or laugh.	①	②	③	④	⑤
98	My child doesn't seem to learn as quickly as most children.	①	②	③	④	⑤
99	My child doesn't seem to smile as much as most children.	①	②	③	④	⑤
100	My child is not able to do as much as I expected.	①	②	③	④	⑤
101	It takes a long time and it is very hard for my child to get used to new things.	①	②	③	④	⑤
102	I feel that I am ...					

- not very good at being a parent
- a person who has some trouble being a parent
- an average parent
- a better than average parent
- a very good parent

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
103	I expected to have closer and warmer feelings for my child than I do and this bothers me.	①	②	③	④	⑤
104	Sometimes my child does things to bother me just to be mean.	①	②	③	④	⑤
105	My child seems to cry or fuss more often than most children.	①	②	③	④	⑤
106	My child generally wakes up in a bad mood.	①	②	③	④	⑤
107	I feel that my child is very moody and easily upset.	①	②	③	④	⑤
108	My child does a few things which bother me a great deal.	①	②	③	④	⑤
109	My child reacts very strongly when something happens that my child doesn't like.	①	②	③	④	⑤

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
110	My child gets upset easily over the smallest thing.	①	②	③	④	⑤
111	My child's sleeping or eating schedule was much harder to establish than I expected.	①	②	③	④	⑤
112	I have found that getting my child to do something or stop doing something is...					
	<input type="radio"/> much harder than I expected					
	<input type="radio"/> somewhat harder than I expected					
	<input type="radio"/> about as hard as I expected					
	<input type="radio"/> somewhat easier than I expected					
	<input type="radio"/> much easier than I expected					
113	Think carefully and count the number of things which your child does that bother you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.					
	<input type="radio"/> 10+	<input type="radio"/> 8-9	<input type="radio"/> 6-7	<input type="radio"/> 4-5	<input type="radio"/> 1-3	
114	There are some things my child does that really bother me a lot.	①	②	③	④	⑤
115	My child turned out to be more of a problem than I had expected.	①	②	③	④	⑤
116	My child makes more demands on me than most children.	①	②	③	④	⑤

The next section of the questionnaire asks about you, your health and your wellbeing.

117 **What is your age?** (in years)

118 **What is your gender?**
 Male Female

119 **What is your marital status?**
 Married Living with a partner
 Single – never married Widowed
 Separated Divorced

120 **Were you born in Canada?**
 Yes No

If “no”, where were you born?

And, how many years have you now been in Canada?

121 **What language do you most often speak at home?**

English

French

Other (please specify)

122 **To which ethnic or cultural groups do you and your family belong?**

Inuit

Métis

North American Indian

Other (please specify)

123 What is the highest level of education you have completed?

- Less than grade 10
- Grade 10 or 11
- Grade 12
- Trade / Apprenticeship
- College certificate / diploma
- University undergraduate Degree (Bachelor's)
- University postgraduate Degree (Master's or PhD)

124 Did you receive any special support with learning at school? (e.g. were you ever in a special class or attend a special school for children with learning difficulties)

- Yes No

125 How would you rate your general ability to learn new things?

- | | | | | |
|------|------------------|---------|------|-----------|
| Poor | Below
average | Average | Good | Excellent |
| ① | ② | ③ | ④ | ⑤ |

126 Do you receive a disability support pension or benefit?

- Yes No

If yes, what is your disability? (Please describe)

127 Are you currently employed?

- Yes No

If yes, about how many hours per week?

128 If yes to question 127, which of the following best describes the hours you usually work?

- Regular daytime schedule or shift
- Regular evening shift
- Regular night shift
- Rotating shift (for example, change from days to evenings to nights)
- Split shift (for example, some hours in the day and the remainder in the evening or night)
- On call
- Irregular schedule

129 Do you have any diagnosed long term health condition?

- Yes No

What specific condition? (Please fill all that apply)

- Heart condition Asthma
- Diabetes Epilepsy
- Kidney disease
- Emotional, psychological or nervous difficulties

Other (please describe)

130 In general, would you say your health is:

- | | | | | |
|------|------|------|--------------|-----------|
| Poor | Fair | Good | Very
good | Excellent |
| ① | ② | ③ | ④ | ⑤ |

131 Over the past two weeks, have you felt down, depressed, or hopeless?

- Yes No

132 Over the past two weeks, have you felt little interest or pleasure in doing things?

- Yes No

The next few questions are about your support network.

133 How many people are so close to you that you can count on them if you have serious problems?

- None 1 or 2 3 to 5 6 to 10 More than 10
-

134 How supportive has your partner been towards you over the last six weeks?

- Not applicable Not at all Slightly Moderate Very Extremely
- ① ② ③ ④ ⑤

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
135	If something went wrong, no-one would help me.	①	②	③	④	⑤
136	I have family and friends who help me feel safe, secure and happy.	①	②	③	④	⑤
137	There is someone I trust whom I would turn to for advice if I were having problems.	①	②	③	④	⑤
138	There is no one I feel comfortable talking about problems with.	①	②	③	④	⑤
139	I lack a feeling of closeness with another person.	①	②	③	④	⑤
140	There are people I can count on in an emergency.	①	②	③	④	⑤
141	I feel part of a group who shares my attitudes and beliefs.	①	②	③	④	⑤
142	There is no one who shares my interest and concerns.	①	②	③	④	⑤

Thinking now about your family and household ...

143 How many people live in your household?

144 How many of them are under the age of 6?

145 How many are 6 to 12 years of age?

146 How many are 13 to 17 years of age?

147 Including yourself, how many of them are 18 years of age or older?

148 How many children in your household have a long-term physical condition, mental condition, learning or health problem that reduces the amount or kind of activities they can do?

149 How many bedrooms do you have in your home?

150 Which best describes your household?

- Original family (both biological or adoptive parents present)
- Blended family (two parents, with at least one being a step parent)
- Sole parent family
- Other (please describe)

The following statements are about how you get along together as a family. For each one, please choose the response that best describes your family.

		Strongly disagree	Disagree	Agree	Strongly agree
151	Planning family activities is difficult because we misunderstand each other.	①	②	③	④
152	In our family we feel accepted for what we are.	①	②	③	④
153	Making decisions is a problem for our family.	①	②	③	④
154	In times of crisis we can turn to each other for support.	①	②	③	④
155	We cannot talk to each other about sadness we feel.	①	②	③	④
156	Individuals (in the family) are accepted for what they are.	①	②	③	④
157	We avoid discussing our fears or concerns.	①	②	③	④
158	There are lots of bad feelings in our family.	①	②	③	④
159	We are able to make decisions about how to solve problems.	①	②	③	④
160	We don't get along well together.	①	②	③	④
161	We confide in each other.	①	②	③	④
162	We express feelings to each other.	①	②	③	④
163	Drinking is a source of tension or disagreement in our family.	①	②	③	④

The next questions are about how your family is doing financially:

164 In the next three months, how often do you think that you and your family will experience bad times such as poor housing or not having enough food?

- Almost never
- Once in a while
- Sometimes
- A lot of the time
- Almost always

165 In the next three months, how often do you expect that you will have to do without the basic things that your family needs?

- Almost never
- Once in a while
- Sometimes
- A lot of the time
- Almost always

166 Thinking back over the past three months, how much difficulty have you had paying your bills?

- No difficulty at all
- A little difficulty
- Some difficulty
- Quite a bit of difficulty
- A great deal of difficulty

167 Thinking again over the past three months. Generally, at the end of the each month did you end up with:

- More than enough money left
- Some money left
- Just enough money left
- Somewhat short of money
- Very short of money

168 Over the last 12 months, what was your total household income?

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- More than \$150,000

169 In your own words, please describe how your
Parent Link Centre has helped you and your family

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above. The box occupies most of the lower half of the page.

Thank you so much for assisting us with this important project.

To thank you for your valuable contribution, and the time you put into this project, we would like to pay you \$30.00. To do this we will need your name and mail address. Please print carefully.

Please note that as soon as we receive this questionnaire back from you we will remove this page and store it separately so no one will know that this questionnaire came from you. The information you have given us will remain strictly confidential.

Name:

Address: