

Parent Café Participant Survey

Impact of the Parent Café on You and Your Family

1. <input type="checkbox"/> Female <input type="checkbox"/> Male	How many Parent Café series have you participated in <u>including</u> this one? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three +	How many sessions did you attend during <u>this</u> Parent Café series? _____
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For each question, think back to BEFORE you ever participated in a Parent Café series and rate yourself then, and also rate yourself NOW, since you started participating in the Parent Café.	Before? (before you <u>ever</u> participated in a <i>Parent Café series</i>)	Now? (since you participated in the <i>Parent Cafe</i>)
	low high	low high
2. The amount of friendly contacts you have with other parents in your school or neighborhood.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
3. The amount of emotional support and parenting help you get from other adults.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
4. The amount of friendly contacts you have with people from other races/ethnic groups in your school or neighborhood.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
5. How moved you feel to become more involved in your community or school.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
6. The amount of time you spend listening to your child.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
7. Your ability to express your feelings or opinions to others in a positive way.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
8. Your ability to listen carefully to your children, family members, or friends.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
9. Your confidence in your ability to handle the day-to-day challenges of raising children.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
10. Your ability to handle stressful situations with your children or other family members.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
11. The quality of your relationship with your children.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
12. The quality of your relationship with other family members.	0 1 2 3 4 5 6	0 1 2 3 4 5 6
13. The amount of enjoyment you experience with your children or other family members	0 1 2 3 4 5 6	0 1 2 3 4 5 6
14. The amount of enjoyment you experience with friends and other adults.	0 1 2 3 4 5 6	0 1 2 3 4 5 6

	1 Not at all	2 Just a little	3 Some	4 A lot
15. Has the <i>Parent Café</i> helped your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the <i>Parent Café</i> helped you to be a better parent (or grandparent)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the <i>Parent Café</i> helped you better understand what your child is feeling and how to respond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the <i>Parent Café</i> helped reduce the stress in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the <i>Parent Café</i> helped your child's behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the <i>Parent Café</i> helped your child to be ready for school or successful in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Listed are some ways to address some of the issues in your community. Please indicate if you would be willing to join other parents in one or more of the following activities:

- Attend another Parent Café series
- Become a Parent Café Table Host
- Become involved in your child's school. (Name of school: _____)
- Work with Neighborhood Services Coordinator (City of Oakland)
- Join OPT and work on developing more parent workshops
- Other ideas:

22. What did you like best about this Parent Café series?

23. Did you learn anything new during this Parent Café series? If so, what?

24. Do you have any ideas for what we could do to improve this Parent Café series?