

**Needs and Resources Assessment Parent Questionnaire Example**

The X program works to prevent violence through promoting healthy relationship building in our community. We would like to get your input on the issues related to this work so that we can better serve our community with our services. Your input will be used to assist us in planning our activities for the upcoming year. *Please think of our town, school or family when filling out the items below.*

*\*Thinking about the **adults in your community**, please describe whether you believe the following challenges are not an issue, a minor issue, a moderate issue, or a major issue in your community.*

	Not an Issue	Minor Issue	Moderate Issue	Major Issue
1. Sexual harassment in the workplace	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. Poor communication skills for spouses or partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. Verbal abuse between spouses or partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. Domestic violence	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
5. Rape or Sexual Violence	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. Student safety on their way to and from school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
7. Student safety at school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

<i><b>*Thinking about your town or school district area, how likely is it that you or another adult would respond in these situations:</b></i>	Not at all likely	Somewhat likely	Very likely
8. If a girl was being verbally harassed by a boy at the high school, how likely is it that a teacher or other adult would do something to stop it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
9. If you saw a child or teenager being bullied, how likely is it that you or another adult would attempt to stop it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
10. If you could hear a man and a woman inside a house violently arguing and throwing things, how likely is it that you or someone else would call the police or 911?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
11. If an adult hit a child in the grocery store, how likely is it that you or someone else would do something, such as talk to the parent or call child protective services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
12. If you saw a teenage girl being physically threatened by her boyfriend, how likely is it that you or someone else would step in to do something to stop it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

13. Which **school district** do you live in? (Insert your school district names in the area below)

14. What is your age:           <sub>1</sub> 17 or younger           <sub>2</sub> 18-29           <sub>3</sub> 30-54           <sub>4</sub> 55 or older
15. What is your gender:       <sub>1</sub> Male                           <sub>2</sub> Female

16. Do you have any children between the ages of 12 and 17 years old? <sub>1</sub> Yes <sub>2</sub> No

***\*If you have a child between the ages of 13 and 17, please continue. If you have more than one teenage child, please think about the youngest one in this age group when responding to the next items.***

17. My only pre-teen or teenage child, or my youngest pre-teen or teenage child is in:  
<sub>1</sub> Grade 6, 7, or 8      <sub>2</sub> Grade 9, 10, 11, or 12      <sub>3</sub> Other: \_\_\_\_\_

18. During the last 3 months, have you talked to this teenage child about dating relationships?  
<sub>1</sub> Yes      <sub>2</sub> No

<b><i>*How much do you agree with the following statements?</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
19. I feel comfortable talking with my child about healthy and unhealthy dating relationship behaviors.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
20. I am certain that I could recognize warning signs of dating abuse.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

21. Has this teen ever had a boyfriend or girlfriend (“going out with” or “dating”)?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not sure

***\*If this teen has had a boyfriend/girlfriend (“yes” or “not sure” above), please continue to respond to the items below.***

<b><i>*In the past few months, how often have you talked to your child about the following?</i></b>	<b>Never</b>	<b>1 or 2 times</b>	<b>3 or more times</b>
22. Pursuing relationships that make your child feel respected	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
23. Working out problems in ways that are fair to your child and a boyfriend/girlfriend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
24. Respecting the opinion of a boyfriend/girlfriend without getting upset	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
25. Saying “no” to kissing or touching that makes your child feel uncomfortable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
26. Taking time to cool off before working out a problem with a boyfriend/girlfriend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

<b><i>Community Resources</i></b>	<b>Yes</b>	<b>No</b>
27. Are you familiar with the services provided at (insert your program name here)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
28. Have any of your children participated in the X program?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
29. Before today had you heard of the X program?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Thank you for taking the time to complete this important questionnaire that will help us shape our X services. If you have any questions regarding this questionnaire please contact (insert your contact information here)