

Attachment NNNN:  
7th Grade Curricula Parent Satisfaction Questionnaire

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*Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative*

Division of Violence Prevention  
National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention

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## **DATING MATTERS™ FOR PARENTS**

### **PARTICIPANT SATISFACTION QUESTIONNAIRE**

*Please answer each question as honestly as you can so that we can continue to improve the program. Circle your response to each question.*

**Site Number** \_\_\_\_\_ **Survey Date** \_\_\_\_\_

1. How important do you think the information and skills covered in the *Dating Matters™ for Parents Program* are to families like yours?

**Not important**                      **Somewhat important**                      **Very important**

2. Have you shared information that you learned in the *Dating Matters™ for Parents Program* with other people you know?

**Yes**                                      **No**

If yes, with whom did you share information? Circle all that apply.

**Spouse**                      **Sibling**                      **Neighbor**                      **Friend**                      **Other**

3. How useful were the information and skills you learned in the *Dating Matters™ for Parents Program* in helping you talk to your child about risks faced by your child including teen dating violence?

**Not useful**                      **Somewhat useful**                      **Very useful**

4. How confident are you in your ability to use the information and skills you learned in the *Dating Matters™ for Parents Program*?

**Not confident**                      **Somewhat confident**                      **Very confident**

5. How many times have you used the information and skills you learned in the *Dating Matters™ for Parents Program*?

**None**

**Once or twice**

**Many times**

6. How likely are you to continue to use the information and skills you learned in the *Dating Matters™ for Parents Program*?

**Not likely**

**Somewhat likely**

**Very likely**

7. How well did the facilitators listen to your ideas and questions?

**Not well**

**Somewhat well**

**Very well**

8. How easy or difficult was it for you to feel a connection with the facilitators?

**Very difficult**

**Somewhat difficult**

**Somewhat easy**

**Very easy**

9. Do you feel like you were given enough opportunities to share something about yourself in the *Dating Matters™ for Parents* sessions?

**No**

**Somewhat**

**Yes**

10. Were the facilitators prepared for the sessions?

**Yes**

**No**

11. How comfortable was the facility in which the *Dating Matters™ for Parents Program* was held?

**Not comfortable**

**Somewhat comfortable**

**Very comfortable**

12. How easy was it for you to get to the facility where the *Dating Matters™ for Parents Program* was held?

**Not easy**

**Somewhat easy**

**Very easy**

13. What are your overall feelings about your experience in the *Dating Matters™ for Parents Program*? (Tick one)

**Very positive**

**Somewhat positive**

**Neutral**

**Somewhat negative**

**Very negative**

14. What did you like most about the *Dating Matters™ for Parents Program*?

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15. What changes would you recommend for future *Dating Matters™ for Parents* sessions?

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***Thank you for completing this form and participating  
in Dating Matters™ for Parents!***