

Respondent ID #: _____

Date: _____

HEALTHY MARRIAGE PROGRAM
POST-PROGRAM SURVEY
For Adult-Focused Programs

PRIVACY

Thank you for your help with this important study. This survey includes questions about your parenting, relationships, economic stability, well-being, and program experiences. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private to the extent permitted by law.

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information requested in this survey will be used to document how programs receiving HMRP grant funding operate and describe participant outcomes. The data gathered will allow ACF to better monitor grantee progress and performance. In accordance with the requirements of the Privacy Act of 1974, as amended ([5 U.S.C. 552a](#)), ACF/OPRE established system of records titled: 09-80-0361 OPRE Research and Evaluation Project Records, HHS/ACF/OPRE. A Federal Register Notice ([80 FR 17893](#)) announced the system.

SECTION A: PARENTING

We would like get a sense of who you are as a parent. We realize that children are different and may require different parenting.

Questions in this section are about your child—or, if you have more than one child, your two youngest children—under the age of 21.

A1a. Do you have any children who are under 21 years old? Please only include your biological children or children you have legally adopted.

MARK ONE ONLY

- ¹ Yes, I have one child who is younger than age 21.
- ² Yes, I have more than one child who is younger than age 21. → **GO TO A1c**
- ³ No, I have no children → **GO TO B1**
- ⁴ No, all my children are 21 years or older → **GO TO B1**

A1b. What is your child's first name or initials?

_____ [CHILD1] → **GO TO A1d**

A1c. What is your youngest child's first name or initials?

_____ [CHILD1]

A1d. How old is [CHILD 1]?

_____ YEARS

A1e. Does [CHILD1] live with you all or most of the time?

- ¹ Yes, he or she lives with me all or most of the time
- ⁰ No, he or she does not live with me all or most of the time → **IF A1a = 2, GO TO A4; ELSE GO TO B1**

A2. Please answer questions in A2 for [CHILD 1] only.

A2a. Please tell us how often you've felt or acted this way in the past month with [CHILD1].

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. I am happy being with [CHILD 1]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. [CHILD 1] and I are very close to each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I try to comfort [CHILD 1] when he/she is upset.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I spend time with [CHILD 1] doing what he/she likes to do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A2b. Over the past month, how often did you...

MARK ONE BOX IN EACH ROW

	NEVER	1 – 3 TIMES A MONTH	1 – 3 TIMES A WEEK	EVERY DAY OR ALMOST EVERY DAY
a. ...hit, spank, grab, or use physical punishment with [CHILD 1]?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. ...yell, shout, or scream at [CHILD 1] because you were mad at him/her?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. ...talk to [CHILD 1] about what he/she did wrong?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A3. How much do you agree or disagree with the following statement?

[CHILD 1]'s other parent and I work well together as parents.

MARK ONE ONLY

¹ Strongly agree

² Agree

³ Disagree

⁴ Strongly disagree

[IF A1a = 2, CONTINUE TO A4; ELSE, GO TO QUESTION A7.]

A4. Now think about your next youngest biological or legally adopted child.

A4a. What is your next youngest child's first name or initials?

_____ [CHILD2]

A4b. How old is [CHILD 2]?

_____ YEARS

A4c. Does [CHILD2] live with you all or most of the time?

¹ Yes, he or she lives with me all or most of the time → **GO TO A5a**

⁰ No, he or she does not live with me all or most of the time → **GO TO B1**

Please answer questions in A5 for [CHILD 2] only.

A5a. Please tell us how often each of the following happens in your family.

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. I am happy being with [CHILD 2]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. [CHILD 2] and I are very close to each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I comfort [CHILD 2] when he/she is upset	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I spend time with [CHILD 2] doing what he/she likes to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A5b. In the past month, how often did you...

MARK ONE BOX IN EACH ROW

	NEVER	1 - 3 TIMES A MONTH	1 - 3 TIMES A WEEK	EVERY DAY OR ALMOST EVERY DAY
a. ...hit, spank, grab, or use physical punishment with [CHILD 2]?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. ...yell, shout, or scream at [CHILD 2] because you were mad at him/her?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. ...talk to [CHILD 2] about what he/she did wrong?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A6. How much do you agree or disagree with the following statement?

[CHILD 2]'s other parent and I work well together as parents.

MARK ONE ONLY

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

A7. In the past month, how often have you felt overwhelmed by your parenting responsibilities?

MARK ONE ONLY

- 1 Never
- 2 Hardly ever
- 3 Sometimes

4 Often

GO TO QUESTION B1 ON THE NEXT PAGE

SECTION B: ECONOMIC STABILITY

B1. Currently, do you...

MARK ONE BOX IN EACH ROW

	YES	NO
a. Have a checking account?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Have a savings account?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Use a budget to plan your spending?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B2. How often do you find it difficult to pay your bills?

MARK ONE ONLY

- 1 Never
- 2 Once in a while
- 3 Somewhat often
- 4 Very often

B3. How much do you agree or disagree with each of the statements below?

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
a. I would like to learn new job skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. I have good job skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. I know where to find job openings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
d. I know how to apply for a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
e. I feel confident in my ability to conduct an effective job search for a job I want.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
f. I feel confident in my interviewing skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
g. I would like to get a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>
h. I would like to get a better job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>
i. I am usually on time for work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>

j. If I'm not going to go to work, I let my supervisor know ahead of time.....

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	na <input type="checkbox"/>
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B4. Do you have an updated resume that you can give to employers?

Yes

No

B5a. What is your current employment status?

MARK ALL THAT APPLY

Full-time employment (usually work 35 or more hours a week)

Part-time employment (usually work 1 – 34 hours a week)

Employed, but number of hours changes from week to week

Temporary, occasional, or seasonal employment, or odd jobs for pay

Not currently employed

B5b. Are you...

MARK ONE BOX IN EACH ROW

	YES	NO
a. Actively looking for work?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Retired?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Disabled?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. In school full or part time?.....	<input type="checkbox"/>	<input type="checkbox"/>

[IF B5a = 1, 2, 3, OR 4]

B6. When did you first start working in the job you have now? If you have more than one job, think about the job for which you worked the most hours during the past 30 days.

|_|_| / |_|_|_|_| MONTH / YEAR

B7. Some people experience challenges that make it hard to find or keep a good job. How much do the following make it hard for you to find or keep a job?

MARK ONE BOX IN EACH ROW

	NOT AT ALL	A LITTLE	A LOT
a. Do not have reliable transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Do not have right clothes for a job (including uniforms)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Do not have documentation for legal employment (e.g., birth certificate).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Do not have good enough childcare or family help	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Have a criminal record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Do not have the right skills or education for good jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Have substance use or mental health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

GO TO QUESTION C1 ON THE NEXT PAGE

SECTION C: HEALTHY MARRIAGE/RELATIONSHIPS

C1. How much do you agree or disagree with the following statements?

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. It is better for children if their parents are married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Living together is just the same as being married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C2. What is your current marital status?

MARK ONE ONLY

- 1 Married
 - 2 Engaged
 - 3 Separated
 - 4 Divorced
 - 5 Widowed
 - 6 Never married
- } → GO TO C5

C3. Are you currently in a relationship?

- 1 Yes
- 0 No → GO TO D1

C4. What is your current partner status?

MARK ONE ONLY

- 1 I am romantically involved with someone on a steady basis
- 2 I am involved in an on-again and off-again relationship

C5. How much of the time do you live with your partner?

MARK ONE ONLY

- 1 All of the time

² Most of the time

³ Some of the time

⁴ None of the time

C6. This question is about your relationship with your partner/spouse. During the PAST MONTH, how often did the following happen?

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. My partner/spouse and I were good at working out our differences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I felt respected even when my partner/spouse and I disagreed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. When my partner/spouse and I had a serious disagreement, we worked on it together to find a resolution.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. When my partner/spouse and I had a serious disagreement, we discussed our disagreements respectfully.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. During arguments, my partner/spouse and I were good at taking breaks when we needed them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. When my partner/spouse and I argued, past hurts got brought up again.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My partner/spouse understands that there are times when I do not feel like talking and times when he/she does.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C7. During the PAST MONTH, how often has the following happened?

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. My partner/spouse was rude or mean to me when we disagreed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My partner/spouse seemed to view my words or actions more negatively than I meant them to be.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Our arguments became very heated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Small issues suddenly became big arguments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My partner/spouse or I stayed mad at one another after an argument.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C8. In the PAST MONTH, how often has the following happened?

MARK ONE BOX IN EACH ROW

	NEVER	HARDLY EVER	SOMETIMES	OFTEN
a. My partner/spouse blamed me for his/her problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My partner/spouse yelled or screamed at me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C9. How satisfied are you with the way you and your partner/spouse handle conflict?

MARK ONE ONLY

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

C10. Sometimes couples are not faithful to each other. Has your partner/spouse cheated on you with someone else since the program began?

MARK ONE ONLY

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

C11. Have you cheated on your partner/spouse with someone else since the program began?

MARK ONE ONLY

- 1 Yes
- 0 No

C12. How much do you agree or disagree with the following statements about your partner/spouse?

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I trust my partner/spouse completely.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My partner/spouse knows and understands me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I can count on my partner/spouse to be there for me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I feel appreciated by my partner/spouse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My partner/spouse expresses love and affection toward me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C13. In the past month, how often have you and your partner/spouse done the following things?

MARK ONE BOX IN EACH ROW

	ALMOST EVERY DAY	ONCE OR TWICE A WEEK	ONCE OR TWICE A MONTH	LESS OFTEN
a. Talk to each other about the day.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Laugh together.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Participate together in an activity we both enjoy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C14. How satisfied are you with your current relationship?

MARK ONE ONLY

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not satisfied

C15. How much do you agree or disagree with this statement? I view our marriage/relationship as lifelong.

MARK ONE ONLY

¹ Strongly agree

² Agree

³ Disagree

⁴ Strongly disagree

GO TO QUESTION D1 ON THE NEXT PAGE

SECTION D: PERSONAL DEVELOPMENT

D1. This question is about feelings you may have experienced recently. During the PAST 30 DAYS, how often have you felt...

MARK ONE BOX IN EACH ROW

	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
a. Nervous?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Hopeless?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Restless or fidgety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. So depressed that nothing could cheer you up?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. That everything was an effort?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Worthless?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

GO TO QUESTION E1 ON THE NEXT PAGE

SECTION E: PROGRAM PERCEPTIONS

E1. Since you began attending the program, have you obtained any of the following?

MARK ALL THAT APPLY

- ¹ High school diploma/GED
- ² Vocational/technical certification
- ³ Other (Please specify): _____
- ⁴ None of the above

E2. How much do you agree or disagree with the following statements about the program?

MARK ONE BOX IN EACH ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Since attending the program, I know how to handle my money and bills better.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Since attending the program, I feel more confident that I have the skills necessary to be an effective parent.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Since attending the program, I know how to handle conflict with my partner/spouse better.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

E3. Since completing the program, have you...

MARK ONE BOX IN EACH
ROW

	YES	NO
a. Ended a relationship that was <i>emotionally</i> unhealthy or abusive?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Ended a relationship that was just not working for you?	1 <input type="checkbox"/>	d <input type="checkbox"/>
c. Ended a relationship that was <i>physically</i> unhealthy or abusive?	1 <input type="checkbox"/>	d <input type="checkbox"/>

E4. Overall, how much would you say that this program has helped you?

MARK ONE ONLY

¹ A lot

² Some

³ Not at all

E5. Please share any other thoughts about this program.

THANK YOU FOR COMPLETING THIS SURVEY!