

Parent/Caregiver Demographics

Washington State University Strengthening Families Program

The information you provide on this form will help us better understand how the Strengthening Families Program works. Your answers will be kept completely **confidential** and will not be linked to your personal information.

ONE parent/caregiver should fill out this form as a **spokesperson for the entire family**.

The following questions are about **YOU**. Your answers to these questions help us to understand who we are serving with the Strengthening Families Program.

1. Year of Birth: _____
2. First letter of **your last name**: _____
3. Your gender: ₁ Female ₀ Male
4. Your age: _____ years
5. Ethnicity: ₁ African American/Black ₂ Asian/Pacific Islander
 ₃ Caucasian/White ₄ Hispanic/Latino/Chicano
 ₅ Middle Eastern ₆ Native American/Indian
 ₇ Other (Please Specify) _____
6. Do you have a partner/spouse? ₁ Yes ₀ No
7. Is your partner/spouse attending this program? ₁ Yes ₀ No
8. How many adults, that you consider part of your family, live in your household? _____
9. How many children, that you consider part of your family, live in your household? _____
10. What is your occupation and/or job title? _____
11. Which of these categories describes the highest level of education that you have completed:

_____ 1 6 th grade	_____ 5 Associate's degree
_____ 2 9 th grade	_____ 6 Bachelor's degree
_____ 3 11 th grade	_____ 7 Master's degree
_____ 4 GED/12 th grade	_____ 8 PhD/Professional training (MD, DDS, JD)

Please continue on back . .

If you have a spouse or partner, please continue and complete the next section. If you do not have a partner/spouse, skip to the next page.

The next questions are about your **PARTNER/SPOUSE**.

1. Year of Birth: _____
2. First letter of **his/her last name**: _____
3. Gender: ₁ Female ₀ Male
4. Age: _____ years
5. Ethnicity: ₁ African American/Black ₂ Asian/Pacific Islander
 ₃ Caucasian/White ₄ Hispanic/Latino/Chicano
 ₅ Middle Eastern ₆ Native American/Indian
 ₇ Other (Please Specify) _____
6. What is your spouse's/partner's occupation and/or job title?

7. Which of these categories describes the highest level of education that your spouse/partner has completed:

_____ 1 6 th grade _____ 2 9 th grade _____ 3 11 th grade _____ 4 GED/12 th grade	_____ 5 Associate's degree _____ 6 Bachelor's degree _____ 7 Master's degree _____ 8 PhD/Professional training (MD, DDS, JD)
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The following questions are about **YOUR CHILDREN** who **ARE ATTENDING** this program.

CHILD #1

1. Year of Birth : _____ 2. First letter of **child's last name**: _____
3. Gender: ₁ Female ₀ Male 4. Age: _____ years
5. Ethnicity: ₁ African American/Black ₂ Asian/Pacific Islander
 ₃ Caucasian/White ₄ Hispanic/Latino/Chicano
 ₅ Middle Eastern ₆ Native American/Indian
 ₇ Other (Please Specify) _____
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CHILD #2

1. Year of Birth : _____ 2. First letter of **child's last name**: _____
3. Gender: ₁ Female ₀ Male 4. Age: _____ years
5. Ethnicity: ₁ African American/Black ₂ Asian/Pacific Islander
 ₃ Caucasian/White ₄ Hispanic/Latino/Chicano
 ₅ Middle Eastern ₆ Native American/Indian
 ₇ Other (Please Specify) _____
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CHILD #3

1. Year of Birth : _____ 2. First letter of **child's last name**: _____
3. Gender: ₁ Female ₀ Male 4. Age: _____ years
5. Ethnicity: ₁ African American/Black ₂ Asian/Pacific Islander
 ₃ Caucasian/White ₄ Hispanic/Latino/Chicano
 ₅ Middle Eastern ₆ Native American/Indian
 ₇ Other (Please Specify) _____

If you have additional children attending the Strengthening Families Program, please ask the facilitator for an additional form.

**Thank you very much for your time and participation in
our program and our evaluation!**