

Hull Family Network Annual Survey 2011

Name (Optional) _____ Phone (Optional) _____
Address (Optional) _____

DEMOGRAPHICS

- How long have you been a resident of Hull?
 0 - 2 years 2 - 5 years 5 - 10 years 10 + years
- How many children do you have between the following ages?
 1 - 12 months 12 -24 months 24 - 36 months 3 - 5 years 6 - 8+ years
- How many adults live in the household?
 One Two More than two
- What was your total household income last year before taxes?
 Below \$5000 Between \$5000 and \$25,000 Between \$25,000 and \$50,000
 Between \$50,000 and \$74,9000 Between \$75,000 and \$99,999
 Between \$100,000 and \$149,000 \$150,000 or more
- Please describe your current work status. Please check all options that apply to you and your spouse/partner.
 Stay at home by choice Unemployed Part-Time Full-Time
- Other than English, what languages are spoken in your home? _____

Hull Family Network Programming

The Hull Family Network now serves families with children through age 8. For families with school age children, we will be offering parent education & support, family events, resource and referral information. In an effort to bring you more information and programming, please indicate in which areas you would be interested.

V = Very interested

S = Somewhat interested

Blank = Not interested

Parent Education Workshops:

- | | |
|--|---|
| <input type="checkbox"/> Helping Your Child Get a Good Night's Sleep | <input type="checkbox"/> First Aid & Child's Health Concerns |
| <input type="checkbox"/> Time Management for Parents | <input type="checkbox"/> Positive Discipline |
| <input type="checkbox"/> Children & Sports | <input type="checkbox"/> Back to Basics... Teaching Children Values |
| <input type="checkbox"/> Nutrition and Good Eating Habits | <input type="checkbox"/> Fostering Resiliency |
| <input type="checkbox"/> Promoting a Child's Self-Esteem | <input type="checkbox"/> Sibling Relationships |
| <input type="checkbox"/> Toilet Training | <input type="checkbox"/> The Challenging Child |
| <input type="checkbox"/> Raising Boys or Girls | <input type="checkbox"/> Stress and Your Child |
| <input type="checkbox"/> Scheduling - How Much is Too Much? | <input type="checkbox"/> Other: _____ |

When would be your preferred time for workshops? _____

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14. If you haven't attended any programs or activities sponsored by the Hull Family Network, why not?
 Lack of interest Time of activity No time in our schedule
 Lack of transportation Did not know what program was
 Other _____
15. Due to your involvement in the Hull Family Network, do you think you are a better parent?
 Yes No
16. Because of your involvement in the Hull Family Network, are you more likely to participate in the community? Yes No

CHILD CARE INFORMATION

17. Are your children routinely in the care of another person? Yes No
18. Please describe your current child-care arrangements. If more than one type, indicate all by **I for Infant or Toddler** **P for Preschool age child** **S for School age child**

 Family member, neighbor, or friend in *our* home
 Family member, neighbor, or friend in *their* home
 Licensed family childcare or home-based care
 Child care center/nursery school/private preschool
 Head Start
 Public or private school
 Other _____
19. What has been (or is) a difficult aspect in finding and/or using early education and care? Check all that apply.
 Cost Location of services Long wait-lists Hours of care Quality of care
 Programs do not meet language and/or cultural needs
 Other _____
20. How do you/did you find out about early education and care services? Check all that apply.
 Family or friends with children Public school Child care provider
 Doctor, nurse or other medical personnel Resource and Referral Agency
 Community Partnership for Children Internet/Telephone inquiry
 Hull Family Network State agency (WIC, DCFS, DEEC)
 Other _____

Please return completed survey to:
Hull Family Network,
180 Harborview Road, Hull, MA 02045

Via mail or drop off

