Parent Survey Questions and Responses (Pre & Post)
Completed at beginning and end of program. Questions in **bold**; responses options *italicized*

1. **How often do you take your child to a library, book mobile, reading center, or another place where books are available?** Never; A Few Times A Year; Monthly; Twice A Month; Weekly

2. **How often do you take your child to activities outside the home (for example, playgrounds, health or community fairs, schools events, outdoor concerts, museums, story times)?** Never; A Few Times A Year; Monthly; Twice A Month; Weekly

3. **In a typical WEEK, how many days does your child play with other children his or her same age?** This includes going to daycare or preschool, but it does **not** include playing with brothers/sisters. Never; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)

4. **In a typical WEEK, how many days do YOU do the following with your child?**
   a. **Read aloud to your child:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   b. **Tell your child stories:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   c. **Play games with your child:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   d. **Eat with your child:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   e. **Follow a bedtime routine:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   f. **Hold and cuddle your child:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   g. **Practice counting numbers:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   h. **Practice alphabet:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   i. **Play rhyming games/recite rhymes:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   j. **Practice name writing:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)
   k. **Sing songs with your child:** 0 Days; 1 Day; 2 Days; 3 Days; 4 Days; 5 Days; 6 Days; Every Day (7 Days)

5. **When you read to your child, how often do you do the following?**
   a. **Hold the book upright in child’s view, reading from left to right:** Always; Sometimes; Never
   b. **Discuss the topic of book with child:** Always; Sometimes; Never
   c. **Track words with finger as you read to child:** Always; Sometimes; Never
   d. **Stop reading and ask child to tell you what is in a picture:** Always; Sometimes; Never
   e. **Stop reading and point out letters and/or words:** Always; Sometimes; Never
6. Read the following statements carefully. Using a scale of 1 to 7 (1 is low, 7 is High), please rate your current knowledge about the following: (please circle the appropriate number)
   a. My knowledge of how my child is growing and developing: 1; 2; 3; 4; 5; 6; 7
   b. My knowledge of what behavior is typical at this age: 1; 2; 3; 4; 5; 6; 7
   c. My knowledge of how my child’s brain is growing and developing: 1; 2; 3; 4; 5; 6; 7

7. Read the following statements carefully. Using a scale of 1 to 7 (1 is low, 7 is High), please rate your current confidence about the following: (please circle the appropriate number)
   a. My confidence in myself as a parent: 1; 2; 3; 4; 5; 6; 7
   b. My confidence in setting limits for my child: 1; 2; 3; 4; 5; 6; 7
   c. My confidence that I can help my child learn at this age: 1; 2; 3; 4; 5; 6; 7

8. Read the following statements carefully. Using a scale of 1 to 7 (1 is low, 7 is High), please rate your current ability regarding the following: (please circle the appropriate number)
   a. My ability to identify what my child needs: 1; 2; 3; 4; 5; 6; 7
   b. My ability to respond effectively when my child is upset: 1; 2; 3; 4; 5; 6; 7
   c. My ability to keep my child safe and healthy: 1; 2; 3; 4; 5; 6; 7