**Adolescent Parenting Program**

 **SATISFACTION SURVEY**

Listed below is a series of questions regarding your satisfaction with services you receive from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please help us to improve the quality of our program by answering the following questions. We are very interested in your opinions and suggestions.

For each of the questions asked, ***please mark the answer that best describes your level of satisfaction with the program.* Remember that your comments are important to us and that they are confidential**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither/****Neutral** | **Disagree** | **Strongly Disagree** |
| 1. My scheduled home visits are at a good time for me. |  |  |  |  |  |
| 2. My APP Coordinator asks for, listens to, and respects my feelings, opinions, ideas, and suggestions. |  |  |  |  |  |
| 3. My APP Coordinator is available when needed. |  |  |  |  |  |
| 4. My APP Coordinator cares about me as a person. |  |  |  |  |  |
| 5. My APP Coordinator respects my cultural beliefs and values (the things that are important to me). |  |  |  |  |  |
| 6. My APP Coordinator shares resources and ideas that are helpful for me and my child. |  |  |  |  |  |
| 7. I have the skills to use the parenting information that my APP coordinator has shares with me. |  |  |  |  |  |
| 8. The books and materials my APP Coordinator shares with me give examples I can relate to. |  |  |  |  |  |
| 9. My APP Coordinator helps me find resources in my community (i.e., counseling, transportation, housing, daycare, doctors, etc.). |  |  |  |  |  |
| 10. My APP Coordinator helps me set and reach goals that I want to make happen for me and my child. |  |  |  |  |  |
| 11. The topics covered in group sessions are helpful to me. |  |  |  |  |  |
| 12. I would recommend APP to other pregnant or parenting teens. |  |  |  |  |  |

***Please answer the following questions. Your comments are valued and confidential.***

13. What has your APP Coordinator done that has been most helpful for you and your child?

14.What do you do differently as a result of participating in APP? For example, do you eat more fruits and vegetables, spend more time reading to your child, etc.?

15. Is there anything that your APP Coordinator could do differently to be more helpful?

16. Is there anything else you would like to share your APP Coordinator?

17. Is there anything else you would like to share about APP?

Thank you for your participation in this survey.