**Parent / Primary Caregiver Survey**

**Information and Consent**

Dear Parent/Caregiver:

* Our names are ABC and DEF, and we are from XYZ organization.
* We are conducting a survey to help us understand the circumstances and perspectives of parents and caregivers in this community.
* We would like to ask a few questions from the parent or primary caregiver of the child. The primary caregiver is the person who is primarily responsible for the daily care of the child.
* We would appreciate it if we could ask you a few questions about your child and the programs, supports, and services you and your family are able to access.
* The survey will take about 10 minutes. We will ask you the question and then record your response on this mobile phone. We are using mobile phones to record data so that the process is more efficient and accurate.
* Your responses will be kept confidential; that means we will not tell anyone what you specifically told us. We will combine all of the responses from all the parents we speak to, and we will examine the results as a whole, without using any names or personal information.
* You do not have to participate in this survey if you do not wish to. You also do not have to respond to any question that you do not wish to respond to. However, we would really appreciate it if you would respond to our questions so that we can have a better understanding of the perspectives and needs of families with young children in this community.
* Thank you in advance for your time and responses!

|  |  |  |
| --- | --- | --- |
| A | Child’s unique ID: |  |
| B | Child’s name: |  |
| C | Child’s gender: | □ 1. Male  □ 2. Female |
| D | Parent / primary caregiver’s relationship to child: | □ 1. Mother  □ 2. Father  □ 3. Grandparent  □ 4. Other family member, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_  □ 5. Other non-family, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E | Parent / primary caregiver consents to participate in survey? | □ 1. Yes  □ 2. No  *If no, stop here.* |

**Parent / Primary Caregiver Survey**

**Survey Questions**

Notes to surveyor:

* Tell the respondent that all of the questions in this survey follow the same general format, and for each of them, they can respond with the following options: Not at all, A little, Somewhat, Mostly, and Completely. They also have the option to not respond to any question they do not wish to respond to.
* For any question, if the respondent responds simply ‘yes’ or ‘no’, probe further to get a more specific response.
* If a respondent feels uncomfortable or embarrassed, assure them that all families face different challenges, that their responses will remain confidential, and that this survey is intended to help us to better understand where families could use support. They also are able to skip any question they do not wish to answer.

|  | | **Not at all** | **A little** | **Somewhat** | **Mostly** | **Completely** | Prefer not to respond |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Meeting your child’s basic needs** | | | | | | |  |
| 1 | Are you generally able to meet your child’s needs for food? (e.g., three healthy meals per day) |  |  |  |  |  |  |
| 2 | Are you generally able to meet your child’s needs for clothing? (e.g., 2-3 sets of clothes and a pair of shoes/sandals) |  |  |  |  |  |  |
| 3 | Are you generally able to meet your child’s and family’s needs for housing? (e.g., a home that is secure and comfortable) |  |  |  |  |  |  |
| 4 | When your child is sick or injured, are you able to take her/him to be checked and treated by a health professional (such as a doctor) at a clinic or hospital? |  |  |  |  |  |  |
| 5 | Are you able to take your child to a health professional, such as a doctor, for regular check-ups (not just when s/he is sick or injured)? |  |  |  |  |  |  |
| 6 | Are you generally able to keep your child safe (in a safe space with a caring adult) throughout the day? |  |  |  |  |  |  |
| **Section 2: Understanding your child’s learning and development** | | | | | | |  |
| 7 | Do you feel you understand your child’s level of learning and development? |  |  |  |  |  |  |
| 8 | Do you feel you understand your child’s strengths and abilities? |  |  |  |  |  |  |
| 9 | Do you feel you understand your child’s needs or delays? |  |  |  |  |  |  |
| 10 | Do you feel you can assess your child’s progress? |  |  |  |  |  |  |
| **Section 3: Helping your child develop and learn** | | | | | | |  |
| 11 | Are you able to support your child’s learning and development at home and during daily activities? (e.g., talk, read, share stories, sing, play games) |  |  |  |  |  |  |
| 12 | Are you able to help your child learn new skills? |  |  |  |  |  |  |
| 13 | Are you able to help your child get along with others? (e.g., play well with others and resolve conflicts appropriately) |  |  |  |  |  |  |
| 14 | Are you able to help your child take care of her/his needs? (e.g., using the toilet, getting dressed) |  |  |  |  |  |  |
| **Section 4: Having support systems** | | | | | | |  |
| 15 | Are you able to discuss your child’s development with family or friends? |  |  |  |  |  |  |
| 16 | Do you feel you have family or friends who listen and care? |  |  |  |  |  |  |
| 17 | Are you able to discuss parenting and child development with other families who have children of a similar age? |  |  |  |  |  |  |
| 18 | Do you have family or friends who you can rely on when you need help? |  |  |  |  |  |  |
| 19 | Are you able to take care of your own needs, such as food, health, social support, etc.? |  |  |  |  |  |  |
| **Section 5: Accessing the community** | |  |  |  |  |  |  |
| 20 | Are you able to access education services and programs for your children (e.g., early childhood programs)? |  |  |  |  |  |  |
| 21 | Are you able to access health services for your children? |  |  |  |  |  |  |
| 22 | Does your child participate in the social, recreational, or religious activities that you would like? |  |  |  |  |  |  |
| 23 | Are you satisfied with your family’s access to health care? |  |  |  |  |  |  |
| 24 | Are you satisfied with your family’s access to transportation? |  |  |  |  |  |  |
| 25 | Are you satisfied with your family’s food, clothing, and housing? |  |  |  |  |  |  |
| 26 | Is your family able to enjoy time together? |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Additional Comments** | |
| 27 | Would you like to share any additional comments with us? |
|  |

Thank you for your time and responses!