

# Healthy Families America

## (Sample) Parent Survey Summary (electronic)

**Mom Name:** [Click here to enter text.](#)    **Birthdate:** [Click here to enter text.](#)

**Dad/Partner Name:** [Click here to enter text.](#)                      **Birthdate:** [Click here to enter text.](#)

**Date of Parent Survey visit:** [Click here to enter text.](#)    **PSV Name:** [Click here to enter text.](#)

**Baby's Due Date or Birth Date:** [Click here to enter text.](#)    **Baby's Name:** [Click here to enter text.](#)

- I. **Introduction** (*who was present at the visit, where the visit was held, explanation if no information is provided on Dad, etc.*):

[Click here to enter text.](#)

### II. **Parent Survey Information**

1. **Parent's Childhood Experiences** (*who was nurturing, discipline, family violence, substance/alcohol use by MGP or PGP, sexual abuse, running away*):

[Click here to enter text.](#)

**MOM:** [Click here to enter text.](#)    **DAD:** [Click here to enter text.](#)

2. **Lifestyle Behaviors and Mental Health:**

Substance/Alcohol Use (*remember to quantify*): [Click here to enter text.](#)

Mental Health: [Click here to enter text.](#)

Law Enforcement: [Click here to enter text.](#)

**MOM:** [Click here to enter text.](#)    **DAD:** [Click here to enter text.](#)

3. **Parenting Experience** (*CPS involvement when caring for a child, such as stepparent, babysitter, etc., and any prior experience with children*):

[Click here to enter text.](#)

**MOM:** [Click here to enter text.](#)    **DAD:** [Click here to enter text.](#)

4. **Coping Skills and Support Systems** (*prenatal care, education, employment, transportation, phone access, lifelines, depression/sadness, coping strategies*):

Click here to enter text.

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**5. Stresses/Concerns (how much stress do the parents feel):**

Finances and Job Changes: [Click here to enter text.](#)

Relationship between baby's parents: [Click here to enter text.](#)

Housing and Moves: [Click here to enter text.](#)

Other Stresses: [Click here to enter text.](#)

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**6. Anger Management Skills (with the other parent/partner and with others):**

With Other Parent/Partner: [Click here to enter text.](#)

Other Situations: [Click here to enter text.](#)

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**7. Expectations for Infant's Developmental Milestones and Behavior:**

Walking and when to worry: [Click here to enter text.](#)

Toilet Training begins and when to worry: [Click here to enter text.](#)

Crying (*how long before responding, what they would try, what they would do if they've tried everything and baby still won't stop crying*):  
[Click here to enter text.](#)

Spoiling baby (*including can you spoil a baby under 12 months*): [Click here to enter text.](#)

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**8. Plans for Discipline (use at least 2 scenarios):**

Infant (*e.g., dropping food on floor from high chair or crawling toward moveable object*): [Click here to enter text.](#)

Toddler (*e.g., pushing buttons on TV*): [Click here to enter text.](#)

Child (*e.g., child age 2-3 years refusing to do what mom/dad asks*): [Click here to enter text.](#)

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**9. Perception of New Infant (baby's personality or temperament):**

Click here to enter text.

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**10. Bonding/Attachment Issues:**

Marital Status: [Click here to enter text.](#)

Feelings when first learned about pregnancy: [Click here to enter text.](#)

Current Feelings about Pregnancy/Parenting now: [Click here to enter text.](#)

Other: [Click here to enter text.](#)

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**TOTAL SCORES (Score Parents Separately)**

**MOM:** [Click here to enter text.](#) **DAD:** [Click here to enter text.](#)

**III. Parent/Family Strengths and Protective Factors:**

Click here to enter text.

**IV. Resources currently using and/or any referrals offered during visit:**

Click here to enter text.

**DISCLAIMER**

Any information included herein, including but not limited to the Parent Survey assessment Tool, is intended only to assist the parenting support program which obtained it, in offering family members the community services and program interventions that will best support the growth of their parenting and life skills. The information included in this presentation does not necessarily represent the views or opinions of the company (agency recording it), and may be reflective of the memories and perceptions of the individual(s) interviewed, and in some instances, may not be factual (or reflective of their actual life experiences, or those of other family members). Neither Great Kids, Inc. nor the company obtaining/recording the information in this presentation accept liability for the consequences of any actions taken in reliance on this assessment tool by other organizations obtaining access to this document.