

## Adult Participant Information Form

(To be completed prior to or at the beginning of the first class)

**TO HELP US EVALUATE THIS PROGRAM, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF AS HONESTLY AND ACCURATELY AS POSSIBLE. THERE ARE NO "RIGHT" ANSWERS. ALL RESPONSES WILL REMAIN CONFIDENTIAL AND WILL NOT BE SEEN BY YOUR SPOUSE/PARTNER OR THE CLASS FACILITATOR.**

\_\_\_\_\_ First Name                      M.I.    Last Name                      \_\_\_\_\_ Nickname or preferred name

1. Have you ever attended a *Smart Steps* course before?    ① Yes    ② No

2. Age: \_\_\_\_\_

3. Gender    ① Male    ② Female

4. Ethnic background (*check only one*):

- |                    |                  |             |                   |
|--------------------|------------------|-------------|-------------------|
| ① African-American | ② Asian-American | ③ Caucasian | ④ Hispanic/Latino |
| ⑤ Native American  | ⑥ Bi-Racial      | ⑦ Unknown   | ⑧ Other: _____    |

5. Current occupation: (*e.g. janitor, unemployed, homemaker*) \_\_\_\_\_

6. Are you currently: (*check only one*)

- |                                |   |
|--------------------------------|---|
| ① Married                      | ( <i>answer questions 7 and 8 then skip to 11</i> ) |
| ② In an unmarried relationship | ( <i>skip to question 9 and 10</i> )                |
| ③ Single                       | ( <i>skip to question 11</i> )                      |

7. (*If married...*) How long have you been married to your current spouse?

\_\_\_\_\_ Years    \_\_\_\_\_ Months

8. If you lived with your spouse before marriage, how long did you live together before marrying?

\_\_\_\_\_ Years    \_\_\_\_\_ Months

9. (*If in an unmarried relationship...*) How long have you been in a relationship with your current partner?

\_\_\_\_\_ Years    \_\_\_\_\_ Months

10. If you are currently living together and are not married, how long have you lived together?

\_\_\_\_\_ Years    \_\_\_\_\_ Months

11. How many times (*including your current marriage*) have you been married? \_\_\_\_\_

12. If you have been married before: (*If you are still in your first marriage please mark "N/A" for not applicable*)

- |  |            |           |             |       |
|--|------------|-----------|-------------|-------|
| From your 1 <sup>st</sup> marriage, are you: | ① Divorced | ② Widowed | ③ Separated | ④ N/A |
| From your 2 <sup>nd</sup> marriage, are you: | ① Divorced | ② Widowed | ③ Separated | ④ N/A |
| From your 3 <sup>rd</sup> marriage, are you: | ① Divorced | ② Widowed | ③ Separated | ④ N/A |

13. What is your current spouse's or partner's name:

\_\_\_\_\_ First Name                      M.I.    Last Name                      \_\_\_\_\_ Nickname or preferred name

14. Will you be attending these classes with your spouse/partner?    ① Yes    ② No

### Office Use Only

Class: \_\_\_\_\_ Cohort: \_\_\_\_\_ Agency: \_\_\_\_\_ ID: \_\_\_\_\_ Entered: \_\_\_\_\_

15. How many years of school have you completed? (*High School graduate = 12; College = 13-16*) \_\_\_\_\_

16. Please indicate your primary religious affiliation (*mark only one*):

- ① Baptist                      ④ Catholic                      ⑦ Episcopalian
- ② Jewish                      ⑤ Methodist                      ⑧ Latter-day Saint
- ③ Atheist                      ⑥ No religious affiliation      ⑨ Other: \_\_\_\_\_

17a. How many biological children do you have from other relationships? \_\_\_\_\_

17b. How many of your biological children, from other relationships, live with you during any part of the year? \_\_\_\_\_

18a. How many biological children does your partner have from other relationships? \_\_\_\_\_

18b. How many of your partner’s biological children, from other relationships, live with you during any part of the year? \_\_\_\_\_

19. How many biological children have you and your current partner had together? \_\_\_\_\_

Do you or any of your children receive the following services?

- 20a. Free or reduced school lunches      ① Yes                      ② No
- 20b. Food stamps                      ① Yes                      ② No
- 20c. Medicaid                      ① Yes                      ② No
- 20d. Head Start or Early Head Start      ① Yes                      ② No
- 20e. WIC                      ① Yes                      ② No

21. Approximately, what is your total personal income per year (*Do not include your partner’s income*)?

- ① Less than \$5,000                      ⑤ \$20,001 to \$25,000                      ⑨ \$40,001 to \$50,000
- ② \$5,001 to \$10,000                      ⑥ \$25,001 to \$30,000                      ⑩ \$50,001 to \$75,000
- ③ \$10,001 to \$15,000                      ⑦ \$30,001 to \$35,000                      ⑪ \$75,001 to \$100,000
- ④ \$15,001 to \$20,000                      ⑧ \$35,001 to \$40,000                      ⑫ More than \$100,000

22. Approximately, what is your partner’s or spouse’s total personal income per year (*Do not include your own income*)?

- ① Less than \$5,000                      ⑤ \$20,001 to \$25,000                      ⑨ \$40,001 to \$50,000
- ② \$5,001 to \$10,000                      ⑥ \$25,001 to \$30,000                      ⑩ \$50,001 to \$75,000
- ③ \$10,001 to \$15,000                      ⑦ \$30,001 to \$35,000                      ⑪ \$75,001 to \$100,000
- ④ \$15,001 to \$20,000                      ⑧ \$35,001 to \$40,000                      ⑫ More than \$100,000

23. Do you and your partner/spouse “pool” or combine your earnings?      ① Yes    ② No    ③ Some of it

**PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR RELATIONSHIP WITH YOUR CURRENT PARTNER/SPOUSE. IT WILL HELP US EVALUATE OUR PROGRAM. YOUR RESPONSES WILL NOT BE SEEN BY YOUR PARTNER/SPOUSE.**

24. On a scale from 1 to 7, how happy are you with your relationship with your current partner/spouse?

①	②	③	④	⑤	⑥	⑦
Completely Unhappy	Moderately Unhappy	Slightly Unhappy	Neither Happy or Unhappy	Slightly Happy	Moderately Happy	Completely Happy

**25. Do you agree with the following statements about your relationship with your current partner/spouse?**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
A. My relationship with my partner/spouse is more important to me than almost anything else in my life.	①	②	③	④	⑤
B. I may not want to be with my partner/spouse a few years from now.	①	②	③	④	⑤
C. I like to think of my partner/spouse and me more in terms of "us" and "we" than "me" and "him/her."	①	②	③	④	⑤
D. I want this relationship to stay strong no matter what rough times we may encounter.	①	②	③	④	⑤

**26. Regarding your current relationship...**

	Never	Yes, in the past but not recently	Yes, recently
A. Have you ever thought your relationship might be in trouble?	①	②	③
B. Has the thought of getting a divorce or separation crossed your mind?	①	②	③
C. Have you discussed divorce or separation with a close friend?	①	②	③
D. Have you or your partner/spouse ever seriously suggested the idea of divorce or separation?	①	②	③

**27. How often do you and your current partner/spouse agree or disagree about...**

	Always Disagree	Frequently Disagree	Equally Agree/Disagree	Frequently Agree	Always Agree
A. Finances	①	②	③	④	⑤
B. Dealing with family/relatives	①	②	③	④	⑤
C. Dealing with ex-spouses or ex-partners	①	②	③	④	⑤
D. Parenting	①	②	③	④	⑤

**28. Regarding your current relationship with your partner/spouse...**

	Very Strongly Disagree	Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree	Very Strongly Agree
A. We have a good relationship	①	②	③	④	⑤	⑥	⑦
B. My relationship with my partner is very stable	①	②	③	④	⑤	⑥	⑦
C. Our relationship is strong	①	②	③	④	⑤	⑥	⑦
D. My relationship with my partner makes me happy	①	②	③	④	⑤	⑥	⑦
E. I really feel like part of a team with my partner	①	②	③	④	⑤	⑥	⑦

**WE WOULD LIKE TO KNOW IF THESE CLASSES HELP FAMILIES OVER TIME. WE WOULD LIKE TO SEND YOU UPDATES AND AN ANNUAL FOLLOW-UP SURVEY IN THE MAIL. PLEASE PROVIDE YOUR MAILING AND CONTACT INFORMATION.**

Your Mailing Address _____	Apt. # _____	City _____	State _____	Zip Code _____
(____) _____ -- _____ Phone Number	(____) _____ - _____ Cell Phone Number	_____ E-mail Address		

**IN CASE YOU MOVE, PLEASE PROVIDE THE CONTACT INFORMATION OF A FRIEND OR RELATIVE (E.G. MOTHER, NEIGHBOR, ETC.) THAT WE CAN REACH TO GET YOUR CURRENT ADDRESS.**

First and Last Name _____	How is this person related to you? _____
Mailing Address _____	Apt. # _____
City _____	State _____
Zip Code _____	
(____) _____ -- _____ Phone Number	(____) _____ - _____ Cell Phone Number
_____ E-mail Address	

**PLEASE SEAL THIS FORM IN THE ATTACHED ENVELOPE AND RETURN IT TO YOUR CLASS FACILITATOR.**