



Co-Parenting for Resilience Time 1 Survey (4/2018-4/2019)

Here are three things you should know to help you answer questions in this survey:

1. When we say "co-parent" we mean the child's other parent.
2. If you have had more than one child with the person you are divorcing, please think of the oldest child when responding to the questions.
3. If a question doesn't apply to your child because they are too young, please select "does not apply."

1. What is your sex?
 Male Female
2. With which race or ethnicity do you most closely identify (pick one)?
 Black / African American White / Caucasian
 Hispanic or Latino Native American
 Asian 2 or more races/other
3. What is the highest level of education you have completed?
 Some Primary (K-11th) Some College /Tech school Masters Degree
 High School Degree or GED College Degree Doctorate (PhD, MD, JD, etc.)
4. What best describes the action you are currently taking in court regarding your child(ren)?
 Divorce of first marriage Divorce of a third or later marriage
 Divorce of a second marriage Separation (never married) Other
5. Are you physically separated from your co-parent (not living together)?
 Yes No If yes, how long have you been separated? ____Year(s) ____Month(s)
6. If separating/divorcing; how long were you with this person prior to the separation (if you never lived with this person please place a 0 in both blanks)? How long together? ____Year(s) ____Month(s)
7. On a scale of 1-10, indicate who you think wants the divorce/separation more? Circle a number.

1	2	3	4	5	6	7	8	9	10
Partner wants it more.....both want it equally.....I want it more									
8. On a scale of 1-10, indicate who you feel is more responsible for the relationship failing/ending? Circle a number.

1	2	3	4	5	6	7	8	9	10
Partner completely responsible.....equally responsible.....I am completely responsible									
9. Are you currently dating or seeing anyone romantically?
 No, I'm not seeing anyone right now
 Yes, I'm in a casual dating relationship with a new partner
 Yes, and we are living together
 Yes, and we are thinking about a future together
10. What is the current custodial arrangement for the children (to whom has the court given decision making authority)?
 I have custody
 My co-parent has custody
 We have joint custody
 Other arrangements

11. For the following questions we are only interested in the children involved in this current separation / divorce, or who were living in your home at the time of your separation or divorce.

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8
a) Age of child? If less than 1, write "infant"								
b) Male or female? M or F								
c) Is this your biological child? Yes or No?								
d) Is this child adopted? Yes or No?								
e) Does this child have any special needs? Yes or No?								
f) Do you have physical custody of this child? Yes or No?								
g) Is this child's contact with their other parent limited due to geographical location, prison, etc.? Yes or No?								
h) All things considered (emotional, physical, spiritual, academic), how well is this child adjusting to the divorce? (Scale of 1 to 10)								
i) In the past 30 days, how many days did this child spend with you? (1-30)								
j) In the past 30 days, how many nights did this child spend with you? (1-30)								
k) In the past 30 days, how many days did you have some form of contact with this child (via phone, text, etc.)? (1-30)								

12. For the following questions, think of your oldest child, under the age of 18, with your co-parent (the other person in this case). If the question does not apply due to the child's young age, mark "does not apply."

MY CHILD	Not true	Somewhat true	Certainly true	Does Not Apply
a) Is considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Is restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Often complains of headaches, stomachaches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Shares readily with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Often loses his/her temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Is rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY CHILD	Not true	Somewhat true	Certainly true	Does Not Apply
g) Is generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Has many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Is helpful if someone is hurt, upset, or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Is constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Is generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Is easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Is nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Is kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) Is picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) Often offers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v) Steals from home, school, or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Has many fears, is easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Has a good attention span, sees work through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Now we would like to ask some question about you.

During the last month, how often have you...	0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Very Often
a) Felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In the past 7 days how frequently have you...	Never	Rarely	Sometimes	Often	Always
a) Felt fearful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Found it hard to focus on anything other than my anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Had worries that overwhelmed you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Felt uneasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. In the past 7 days how frequently have you felt or behaved in the following ways...	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
a) I was bothered by things that usually don't bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I felt everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I could not "get going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please indicate how much each of the following influenced your relationship ending with your co-parent?	Not at all	A little	Somewhat	A lot
a) Differences in how to raise the children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Alcohol and/or drug abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Physical violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Emotional or verbal abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Involvement with criminal activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sexual abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Infidelity (one of us had an affair/cheated)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Conflict with in-laws?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Finances (money issues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Lack of satisfaction (emotionally, sexually, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Problems Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Unequal responsibilities with housework and child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Select the response that best describes the way you and your co-parent work together as parents. In the <u>PAST MONTH</u> how often did the following happen?	Never	Sometimes	Often	Almost Always	Does Not Apply
a) I agreed with the decisions my co-parent made about our children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My co-parent and I discussed the best ways to meet our children's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) My co-parent and I made joint decisions about our children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My co-parent and I tried to understand where each other is coming from.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) My co-parent and I respected each other's decisions made about our children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My co-parent made it hard for me to spend time with my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I have reminded my children about special occasions/events to celebrate with their other parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I have talked to my children about feelings they are experiencing in the divorce process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I felt angry or upset due to communication difficulties with the children's other parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. The statements below reflect co-parenting styles that parents have as they interact with their child's other parent after their divorce / separation.

Please mark/check the ONE that most closely reflects how you currently interact with your co-parent.

- We are close friends and attend child-related activities together.
- We usually co-parent positively but do not interact unless it involves our child.
- We intend to co-parent positively but often end up getting angry.
- We are enemies and conflict and anger keep us from cooperatively coparenting.
- We do not co-parent; my ex-partner has no contact with me or my child.

19. If you are separating or divorcing, please tell us...	Strongly Disagree	Disagree	Agree	Strongly Agree
Even at this point, do you feel your divorce (separation) could be prevented if one or both of you works hard to save the marriage (relationship)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a service were offered to help divorcing (separating) couples work out their problems and save their marriage (relationship), would you seriously consider trying it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. While you were growing up, during your first 18 years of life...	Yes	No
1. Did a parent or other adult in the household often or very often: Swear at you, insult you, put you down, or humiliate you OR act in a way that made you afraid that you might be physically hurt?	<input type="radio"/>	<input type="radio"/>
2. Did a parent or other adult in the household often or very often: Push, grab, slap, or throw something at you OR hit you so hard that you had marks or were injured?	<input type="radio"/>	<input type="radio"/>
3. Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way OR attempt or actually have oral, anal, or vaginal intercourse with you?	<input type="radio"/>	<input type="radio"/>
4. Did you often or very often feel that: No one in your family loved you or thought you were important or special OR your family didn't look out for each other, feel close to each other, or support each other?	<input type="radio"/>	<input type="radio"/>
5. Did you often or very often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	<input type="radio"/>	<input type="radio"/>
6. Was your mother or stepmother or father or stepfather: Often or very often pushed, grabbed, slapped, or had something thrown at her/him OR sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard OR ever repeatedly hit for at least a few minutes or threatened with a knife or gun?	<input type="radio"/>	<input type="radio"/>
7. Were your parents ever separated or divorced?	<input type="radio"/>	<input type="radio"/>
8. Did you live with anyone who was a problem-drinker or alcoholic or who used street drugs or prescription drugs not as prescribed?	<input type="radio"/>	<input type="radio"/>
9. Was a household member depressed or mentally ill or did a household member attempt suicide?	<input type="radio"/>	<input type="radio"/>
10. Did a household member go to prison?	<input type="radio"/>	<input type="radio"/>

21. The following questions are to help us track how many different people take our programs and to see how our programs help people over time. We will use this information and your birthday to create a unique code so that no one will know who you are. If you ever take another program with us, we will ask you the same questions and match these answers with your answers later.

What are the first three letters of your first name as it appears on your birth certificate (please put one letter per box)? Do not use the letters for any nicknames you might have. Ex: If your name is John Ray Smith, you will write "J O H" in the boxes to the right (one letter in each box)			
What is your birthday?	Month	Day	Year
What are the first three letters of your co-parent's first name as it appears on his or her birth certificate? (please put one letter per box) Do not use the letters for any nicknames they might have. Ex: If their name is Sarah Jane Smith, you will write "S A R" in the boxes to the right (one letter in each box)			
What is your co-parent's birthday?	Month	Day	Year

Thank you very much for your help!