



# Colorado Family Study

Please complete this questionnaire and mail it **and your signed consent form** in the business reply envelope provided. No postage is needed. If the envelope has been misplaced, please mail the questionnaire to:

Colorado Family Study  
c/o Westat  
1600 Research Boulevard  
RW 2651  
Rockville, MD 20850-3129  
Telephone: 888-867-6513

## Confidential Family Survey

As mentioned in the letter, Child Protective Services has contacted you in the past several months concerning one or more children in your home. Please answer the following questions about your experience with Child Protective Services and the caseworker who contacted you. If more than one caseworker visited your home, please answer the questions about the person you saw the most.

### Instructions:

- Please use a blue or black pen to complete this form.
- Mark 'X' in the response box to indicate your answer:

Option 1

Option 2

Option 3

1. How satisfied are you with the way you and your family were treated by the caseworker who visited your home?

Very satisfied  Somewhat satisfied  Not at all satisfied

2. How satisfied are you with the help you and your family received from the caseworker?

Very satisfied  Somewhat satisfied  Not at all satisfied

3. How likely would you be to call the caseworker or Child Protective Services if you or your family needed help in the future?

Very likely  Somewhat likely  Not at all likely

4. How did you feel after the first time a Child Protective Services caseworker came to your home?  
Check all that apply.

Relieved

Respected

Encouraged

Angry

Worried

Thankful

Hopeful

Comforted

Stressed

Afraid

Disrespected

Discouraged

5. About how many times did you or other members of your family meet with the caseworker?

1  2-5  6-10  More than 10

6. Overall, how carefully did the caseworker listen to what you and other members of your family had to say?

Very carefully  Somewhat carefully  Not at all carefully

7. Overall, how well do you feel the caseworker understood your and your family's needs?

Very well  Somewhat well  Not at all well

8. Were there things that were important to you or your family that did not get talked about with the caseworker?

Yes

No

9. How often did the caseworker consider your opinions before making decisions that concerned you and your family?

Always  Sometimes  Never

10. Did the caseworker recognize the things that you and your family do well?

Yes

No

11. How easy was it to contact the caseworker?

Very easy  Somewhat easy  Not at all easy

12. Did you or your family get any of the following help or services during your experience with Child Protective Services?

Check all that apply.

<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Car repair or transportation assistance
<input type="checkbox"/> Housing assistance	<input type="checkbox"/> Food or clothing for your family
<input type="checkbox"/> Money to pay your rent	<input type="checkbox"/> Appliances, furniture, or home repair
<input type="checkbox"/> Help paying utilities	<input type="checkbox"/> Welfare/public assistance services
<input type="checkbox"/> Medical or dental care for you or your family	<input type="checkbox"/> Any other financial help
<input type="checkbox"/> Help for a family member with a disability	<input type="checkbox"/> Legal services
<input type="checkbox"/> Assistance in your home, such as cooking or cleaning	<input type="checkbox"/> Help with child care or day care
<input type="checkbox"/> Help getting mental health services	<input type="checkbox"/> Respite care for time away from your children
<input type="checkbox"/> Help in getting alcohol or drug treatment	<input type="checkbox"/> Meetings with other parents about raising children
<input type="checkbox"/> Parenting classes	<input type="checkbox"/> Help in getting into educational classes
<input type="checkbox"/> Counseling services (individual, family, mental health)	<input type="checkbox"/> Help in looking for employment or in changing jobs
<input type="checkbox"/> Domestic violence services	<input type="checkbox"/> Job training or vocational training
	<input type="checkbox"/> Education services

13. Was there any help that you or your family needed but did not receive?

- Yes
- No

If yes, what?

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14. Overall, are you and your family better off or worse off because of your experience with Child Protective Services?

- We are better off
- We are the same
- We are worse off

15. Are you a better parent because of your experience with Child Protective Services?

- Yes
- No

16. Are your children safer because of your experience with Child Protective Services?

- Yes
- No

17. Are you better able to provide necessities like food, clothing, shelter, or medical services because of your experience with Child Protective Services?

- Yes
- No

18. What is your highest level of education?

- Less than 8<sup>th</sup> grade
- 8<sup>th</sup> – 11<sup>th</sup> grade
- High school diploma or GED
- Some college or trade school
- Two-year college degree
- Four-year college degree
- Some graduate school or graduate degree

19. What was your total household income last year?

- \$0 - \$9,999
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 or more

20. What is your gender?

- Male
- Female

21. Are you of Hispanic, Latino, or Spanish Origin?

- Yes (please specify) \_\_\_\_\_
- No

22. What is your race?

Check all that apply.

- Black or African American
- White
- Alaska Native
- American Indian
- Asian
- Native Hawaiian or other Pacific Islander
- Other (please specify) \_\_\_\_\_

23. Were you offered services in your preferred language?

- Yes – in English
- Yes – in another language
- No

**Can we contact you again in the future for a follow-up study?**

- Yes
- No

**If yes, please provide us with some information that will help us locate you in case you move.**

1. Your home phone number with area code:

|\_|\_| |\_|\_| |\_|\_| - |\_|\_| |\_|\_| |\_|\_| - |\_|\_| |\_|\_| |\_|\_| |\_|\_|

2. Whose name is the phone listed under? \_\_\_\_\_

3. Your cell phone number: |\_|\_| |\_|\_| |\_|\_| - |\_|\_| |\_|\_| |\_|\_| - |\_|\_| |\_|\_| |\_|\_| |\_|\_|

4. Your email address: \_\_\_\_\_

5. Your mailing address: \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

6. Please tell us the name, address, telephone numbers, and email address of three individuals who will always know where you are or how to reach you. We will only contact these individuals if we are unable to locate you at your current address or telephone number. Anyone we contact will be asked only if they know how to reach you. They won't be given any information, and they won't be interviewed.

Name	Address	Home telephone number	Cell or work telephone number	Email	Relationship to you (e.g., family, friend, coworker, etc.)



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