

## **Demographic Information**

our marital status?  Iever Married  Iarried  Vidowed  Vivorced  eparated (Legally)  ngaged  y children do you have?
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ngaged y children do you have? -3
ngaged y children do you have? -3
-3
-3
-5
5
-
the ages of your children?
- 2
- 5
- 9
) - 13
l -18
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How many of your children have mental health/behavioral issues?

**Survey Questions** 

- 1. To what extent do you understand your child's mental health needs?
  - o Not at all
  - o Very little
  - Somewhat
  - o Mostly
  - o Fully



2. What is the most relevant issue you struggle with when it comes to parenting a child with mental health/behavioral issues?	
3.	What questions do you have about your child's mental health issues?
4.	If you could receive parent education classes, what topics would you like covered?  Output  Discipline/positive reinforcement  Self-care Healthy habits  Other:
5.	Have you taken education classes before? If so, were they beneficial? Why or why not?
6.	If so, what kind of educational classes/programs have you taken and where?
7.	Would you be interested in taking parent education classes? I  O Yes  O No  O Maybe
8.	If so, may we email or text you? Please provide us with the best contact information: