

Preventative and Post Care Delivery for Female Youth and Adult women adjusting to life without their Fathers Needs Survey



Dear Parent/Guardian,

How can Daughters without Dads better serve you? This survey gives you the chance to tell us what you think about the care and service your female youth or an adult woman having never met, experienced a relationship with her father due to his personal choice, incarceration, substance abuse, workaholic, or mental illness, emotionally inability, unidentified due to rape or due to death. The person who knows the most about the youth/adult's experience should fill out the survey.

Please answer these questions ONLY for the youth or adult listed.

This is an anonymous survey. If you indicate who you are anywhere on the survey, that information will not be shared with anyone. **It is important that you fill out this survey and return P.O. Box 2534 Durham, North Carolina 27715.** If you have questions or need help please call The Founder and President of Dwd at 919-884-0473. THANK YOU!

FAMILY-CENTERED DYNAMICS

We want to know about the experience you have had with your female youth/adult's Father. A Father could be your former spouse, a male whom you were not married to but experienced and intimate relationship that resulted in the birth of a female youth, A sperm donor, A person whom committed a sexual assault against you or a step-father whom you are/were married to but chooses not to interact with the female youth in a positive way.

If your youth has more than one of the above mention dynamics, choose the one that has had the greatest impact on your youth when answering the following questions.

1. In the last 12 months, how many times did your youth see, talk to (phone/face to face) or had an overnight/week-end with her Father?
 - None
 - 1
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more

2. In the last 12 months, has your youth's Father discussed with you **about how your youth is feeling, growing or behaving?**
- Yes
 No
3. Does your youth **understand the** reasons why the Father is absent from the home, doesn't visit and/or call?
- Yes
 No
4. Does your youth **understand** how the absent Father's behavior, mental or other health conditions affect your **youth's** day-to-day life?
- Yes
 No
5. Does your youth **understand** how the Father's absence affects your **family's** day-to-day economic life?
- Yes
 No
5. In the last 12 months, did you have any **questions or concerns** about your youth's mental, physical, emotional and social health?
- Yes
 No
6. In the last 12 months, how often did your youth's father **make it easy** for you to contact him or discuss your questions or concerns?
- Never
 Sometimes
 Usually
 Always
7. In the last 12 months, how often did you get **financial support** you needed from your youth's Father?
- Never
 Sometimes
 Usually
 Always
8. In the last 12 months, has the Father been **incarcerated?**
- Never
 Sometimes
 Usually
 Always

9. In the last 12 months, has your spouse (step-father) helped with **any decisions** made about your youth?
- Yes
 - No
10. If there was a recent divorce and the Father left the home did your youth **talk** with you regarding the good and bad things that may occur as a result of his absence?
- Never
 - Sometimes
 - Usually
 - Always
11. If the death of the youth's Father occurred within the last 12 months did **you ask** if they wanted to attend grief counseling?
- Yes
 - No
12. When decisions need to be made concerning your youth's wellbeing would you like to **involve** trusted and trained counselors to assist you?
- Never
 - Sometimes
 - Usually
 - Always

GETTING NEEDED CARE

13. In the last 12 months, how much of a **problem**, if any, did you have with your youth with (defiant behavior, low grades, sex, physical scars, drug/alcohol use, etc.)?
- A big problem
 - A small problem
14. Did anyone **help you with** this problem?
- Yes
 - No
15. In the last 12 months, how much of a **problem**, if any, was it to get help from (i.e., school, social service, church, or mental health services) for your youth?
- A big problem
 - A small problem
16. Did anyone **help you** with this problem?
- Yes
 - No

17. In the last 12 months, how much of a **problem**, if any, was it to get successful treatment or counseling for your youth's poor self-esteem, high school completion/GED, life skills, unplanned pregnancy, job skill training, sexual orientation, promiscuity, abusive relationship patterns, substance abuse or general depression?

- A big problem
- A small problem

18. Did anyone **help you with** this problem?

- Yes
- No

COORDINATION OF CARE

19. Is your youth enrolled in any programs (e.g. therapeutic mentoring, drug counseling (AA/NA), GED completion classes, mentoring programs or faith based counseling)?

- Yes
- No

20. In the last 12 months, did you get the **help you needed** from these programs (if you answered yes to questions #19)?

- Yes
- No

21. In the last 12 months, did anyone from your youth's church, school or medical clinic **help coordinate** your youth's care among more than one kind of resource?

- Yes
- No
- My youth did not get care from more than one kind of health care provider or use more than one kind of health care service

PRESCRIPTION MEDICATIONS

22. In the last 12 months, has your youth been **prescribed** any drugs for a clinical diagnosis?

- Yes
- No

GENERAL QUESTIONS

24. Do you feel your youth would benefit from having a trusted adult (non-relative) as a mentor?

- Yes
- No

25. Would you benefit from literature that includes advice on how to discuss difficult topics that your youth may be facing (e.g. alcohol abuse, gender identification issues, sex)?

- Yes
- No

26. Are you willing to participate in Daughters without Dads with your youth as a family unity?

- Yes
- No

27. Are you or other family members willing to provide transportation for your youth to attend workshops, activities and mentoring program for at least 12 months?

- Yes
- No

28. Would you be interested in participating in Daughters without Dads parent support group?

- Yes
- No
- I already belong to a parent support group

THANK YOU

Please return the completed survey in the postage paid envelope or mail

[Please include any additional comments regarding youth]