Rocking Horse Participant Pre-Post Survey

We need your opinions to see if the Rocking Horse Program is helpful and we are asking you to answer a few questions about your background. We are also asking you to place a check next to the 3 issues that were your highest issues **when you began** the RH groups. We will then ask you to tell us if the issues you checked at the beginning have changed when the group ends and if the RH groups helped. By answering the survey, you are consenting to participate in the evaluation of the RH program. All answers are confidential and will only be used as group information. Thank you!

Background: Last four digits of your telephone number (to match your surveys) \_\_\_\_\_\_\_

(If you don’t have a phone enter your four-digit birthday – e.g. June 1 = 0601)

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How old are you? \_\_\_\_\_\_\_\_\_\_\_\_

2. Are you currently (circle one):

Single

Married

Divorced

3. How far did you go in school? Grade Level \_\_\_\_\_\_\_\_\_\_ (12 = high school completion; 13 = one year of college/university; 14 = two years, etc.; 16 = graduated from college/university)

4. How old were you when you had your first baby? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many children do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you pregnant now?

Yes No

7. **In the past year,** have you been involved with:

DCF Yes No

WIC Yes No

Reach-up Yes No

Corrections Yes No

8. Have you gone through the Rocking Horse Program before?

Yes No

9. What race best describes you (circle one):

White

Black or African American

Native Hawaiian/Other Pacific Islander

Asian

American Indian/Alaska Native

More Than One Race

I prefer not to respond

10. Are you Hispanic or Latino (circle one):

Yes

No

I prefer not to respond

11. **In the past 30 days,** how many times did you have 4 or more drinks on one occasion\_\_\_\_\_\_\_\_\_?

12. **In past 30 days,** how many times have you used a prescription drug without   
your own prescription \_\_\_\_\_\_\_?

13. **In the past 30 days,** how many times have you used marijuana \_\_\_\_\_\_\_\_\_?

Please place a check next to the 3 issues that were your highest issues **when you began** the RH groups.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRE-SURVEY** | **PRE-SURVEY** | **POST SURVEY**  *(Fill this out at the end of the 10-week group)* | |
| **Issue** | Check the 3 Highest Issues  Only | Has this issue become  a) Better  b) Worse  c) Stayed about the Same | If **better** did being in the RH program help you deal successfully with the issue?  Yes or No |
| Trouble with relationships |  |  |  |
| Coping with stress |  |  |  |
| Affected by alcohol and other drugs |  |  |  |
| Trouble taking care of myself |  |  |  |
| Trouble caring for children |  |  |  |
| Not feeling good about myself |  |  |  |
| Drinking too much |  |  |  |
| Feeling sad and worried |  |  |  |
| Feeling lonely |  |  |  |
| Trying to NOT use or drink |  |  |  |

**Please tell us your opinions about the groups - what was helpful; what needs improvement**: