

Rochester Safe Start: Early Childhood Education Program *Survey of Parents*

Parent's Name: _____

Interviewer's Name: _____

Date: _____

As you know, children may be exposed to violence in a number of different environments. On a scale of one to four, where one is no exposure at all and four is a high level of exposure, please tell me about your child's exposure to violence...

1. ...on television or in movies
O 1 (no exposure) O 2 O 3 O 4 (high exposure)
2. ...in video games
O 1 (no exposure) O 2 O 3 O 4 (high exposure)
3. ...in the neighborhood
O 1 (no exposure) O 2 O 3 O 4 (high exposure)
4. ...in the family
O 1 (no exposure) O 2 O 3 O 4 (high exposure)
5. ...from other children
O 1 (no exposure) O 2 O 3 O 4 (high exposure)

Could you please tell me how often during the past month your child had any of the following – never, rarely, sometimes, or always?

6. Difficulty sleeping
O Never O Rarely O Sometimes O Always
7. Stomachaches
O Never O Rarely O Sometimes O Always
8. Headaches
O Never O Rarely O Sometimes O Always
9. Nightmares
O Never O Rarely O Sometimes O Always

(CONTINUED ON NEXT PAGE)

10. Fear
 Never Rarely Sometimes Always
11. Moodiness
 Never Rarely Sometimes Always
12. Worry about safety of loved ones
 Never Rarely Sometimes Always
13. Trouble making friends
 Never Rarely Sometimes Always
14. Difficulty behaving
 Never Rarely Sometimes Always