

## Copy of page: Purpose of the Survey

Boozhoo! Hello! You have been a valued client of the Healthy Start/Family Spirit Program! To make sure that we are helping our communities in the best way we can we are asking you to fill out this short survey. You can help us understand what we are doing that is helpful and where we can make changes to have a stronger program. This survey does not need your name and your home visitor will not be reviewing your individual responses. Your survey will be sent or submitted directly to the Program Evaluator at the Inter-Tribal Council of Michigan. Miigwetch/thank you for any information you feel comfortable to sharing!

**1. What is your age?**

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 or older

**2. What is your gender?**

- Female
- Male
- Other (specify if you like)

**3. Was this your first pregnancy or first time in the program?**

- Yes
- No

**4. How long have you been a client of the Healthy Start/Family Spirit Program during this pregnancy and/or after your baby was born?**

- 0-3 Months
- 4-6 Months
- 7-12 Months
- 13-18 Months
- 19 Months-2 Years
- 2-3 Years
- 3-4 Years
- 4-5 Years

Other (please specify)

**5. What is the age of your oldest child enrolled in Healthy Start/Family Spirit program that received services?**

- 0-3 Months
- 4-6 Months
- 7-9 Months
- 10-12 Months
- 13-18 Months
- 19 Months - 2 Years
- 2-3 Years
- 3-4 Years
- 4-5 Years

**6. When I was a Healthy Start/Family Spirit Client:**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
My home visitor/nurse listened to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My home visitor/nurse helped me when I needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My home visitor/nurse was respectful of my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trusted my home visitor/nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program honored my cultural values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this program to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. When I was a Healthy Start/Family Spirit Client:**

	Never	Almost Never	Sometimes	Almost Always	Always
Home visits were helpful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood the information I was given	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials and handouts were useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used the information I learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. The information that was provided by Healthy Start/Family Spirit that I used the MOST was about:**

**9. What was your favorite part of the Healthy Start/Family Spirit Program?**

**10. How could your Healthy Start/Family Spirit experience have been improved?**