Survey for Teens with Incarcerated Parents in San Francisco

Age	e:	_ School:	Grade:
Zip	Code:		Ethnicity:
1.	•	d out that your parent wa	
	my other		another family member
	a social v		a friend
	no one t	Diu me	other:
2.	Who has been in	ncarcerated:Mom	DadStep DadStep MomBrotherSister
3.	Is your parent cu	urrently incarcerated?	Yes No
4.	Was your parent	deported as a result of t	their incarceration?Yes No
5.	a. If yes, ha	· · · · · · · · · · · · · · · · · · ·	rrest?Yes No iolence or abuse by a police officer against your parent when they were
6.	Do/did you know	v where your incarcerate	ed parent is/was located?YesNo
7.	Are you informe	d when your parent is tra	ansferred or released from jail or prison?YesNo
8.	Were you ever li	ed to about your parent'	's incarceration?Yes No
9.	Do/did you ever	feel unsafe as a result of	f your parent's incarceration?YesNo
10.	Who has been v	our primary caregiver du	ring your parent's incarceration? (check all that apply)
	My othe		Foster Care
	Grandpa		Another family member:
	Friend		Group Home
	On my o	wn	Other:
11.	As a result of my	parents incarceration I h	have had to:
	Move	parents mean out action 11	Quit sports
	Change	schools	Stop a hobbyOther:
12	What form of co	ntact have you had with	your incarcerated parent? (check all that apply)
12.		-	our parent? Yes No
	Phone ca		Internet
	Letters	1112	None
	Letters		140116
13.		you had contact (visiting,	, phone calls, and letters) with your incarcerated parent?
	Never		Once a month
		s per year	More than once a month
	6-10 time	es per year	Every week

14.	Do you wish you could have more contact with your incarcerated parent? Yes No				
	a. If yes, what are the barriers you face to having tha	it contact? (check all that apply)			
	The distance to the jail or prison is too far	The cost of phone calls is too high			
	Nobody will take me to visit my parent	I have to miss school to visit my parent			
	I don't know how to find my incarcerated pare				
	I have been turned away from visiting because of clothing restrictions or other rules				
	Other:				
15 .	Check off all the statements that apply to you:				
	My relationship would be better with my incarcerated parent if I got to see them or talk to them more				
	I feel anxious or nervous about communicating with my incarcerated parent				
	I feel uncomfortable when there are other adults in the room and I am visiting my incarcerated parent (i.e.				
	social workers, other parent, other families visiting, etc.)				
	I have had negative experiences visiting my incarcerated parent				
	I have had positive experiences visiting my incarcerated parent				
4.0	And the second s	Comments and during their incorrection 2 (deads			
	Who (if anyone) was there for you to talk to at the time of your parents arrest and during their incarceration? (check				
	all that apply)				
	Friend	Mentor			
	Family Member	Social Worker			
	Teacher	Therapist			
	A trusted adult from a program I attend	Nobody			
	Other :				
17.	What kind of support would have been helpful to you	during your parent's incarceration? (check all that apply)			
	Therapy or counseling	Someone to talk to at school			
	Family therapy	Hotline to call			
	Peer Support Group	Information on how to find my parent			
	Financial support				
	Other:				
10	What type of support do you think would help you have a successful relationship with your parent if furber thanks				
10.	Vhat type of support do you think would help you have a successful relationship with your parent if/when they're seleased:				
	Housing	Transportation			
	Individual Counseling	Anger Management			
	Medical care	My parent will not be released			
		· · ·			
	Rehabilitative services (i.e. drug or alcohol support services) Other:				
	Family Counseling (before and after they're released)				
19.	. Have you ever supported someone else who was dealing with their parent's incarceration?YesNo				
20.	What was the worst thing about having a parent locked up?				
21.	. Do you have any questions or comments you would like to share with us?				