

LEAF Program  
Family Literacy Questionnaire  
Early Childhood Parents

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer these questions about your family and the activities you do with your children ages 0-4. You may have older children, but please only answer these questions as they relate to the children you bring to our program.

1. a) Do you have a library card?                      YES                      NO

b) If yes, how many times have you visited the library in the past 30 days? \_\_\_\_\_

2. a) How many times have you read to your child in the past 7 days? \_\_\_\_\_

b) On average, how many minutes did you read to your child each time? \_\_\_\_\_

3. How many times has your entire family eaten dinner together in the past 7 days? \_\_\_\_\_

4. On average, how many hours does your child watch TV every day? \_\_\_\_\_

5. a) How many times have you exercised or participated in a physical activity with your child in the past 7 days? \_\_\_\_\_

b) On average, how many minutes did you exercise each time? \_\_\_\_\_

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As a parent, what is a topic you want to talk about with other parents? Is there a topic that you want more information about?

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