P.E.E.P.S Family Survey **Name**_____

Instructions: The following survey is designed to help us better serve P.E.E.P.S. Family participants. Please complete the survey below to assist us.

1. Have you ever participated in a P.E.EP.S. Family program at another college or university?
a. Yes
b. No
2. If yes, please indicate college or university's name_____
3. Are you faculty or staff?
    a. Faculty
    b. Staff
    c. I do not work for ASU
4. How old are you?
a. 20-30
b.30-40
c. 40-50
d. 50-60
e.60+
5. Do you have minor children who live in your household?
a. Yes
b. No
6. How often would you like to meet with your student?
    a. Once a week
    b. Once every two weeks
    c. Once per month
    d. Only on major holidays and breaks
    e. Other _____
7. Do you prefer your student to be of a certain religion?
a. Yes
b. No
8. If yes, please choose one:
    a. Christianity
    b. Islamic
    c. Hinduism
    d. Buddhism
    e. Chinese Traditional
    f. Judaism
    g. Other_____
9. Would you be able to contribute financially to your student? (Please note this is not mandatory to participate in the P.E.E.P.S Family program)
a. Yes
b. No
10. If yes, please choose one:
    a. $0-$100 per semester
    b. $100-$200 per semester
    c. Whatever I can give
    d. Other_____
11. Do you have a gender preference of student you host?
a. Yes
b. No
12. If yes, choose one:
a. Female
b. Male
13. Would you recommend any ASU faculty, staff, or friend of ASU to participate in the P.E.E.P.S. program?
a. Yes
b. No
14. If so, please list their names: a._____
b._____