

PJ Library Family Survey

November 4, 2016

SECTION 1: FAMILY BACKGROUND WITH PJ LIBRARY

Please tell us about your PJ Library subscription.

1. **[If using generic link]** Is your family currently receiving books from PJ Library? *(Choose one)*
 - No, we have never received books **[routes to end of survey]**
 - No, we used to receive books **[routes to end of survey]**
 - Yes, we receive books
 - Not sure **[routes to end of survey]**
2. **[If using generic link]** Please provide us with the following information so we can identify which PJ Library community you are enrolled through. We will also use this information to enter you into the drawing for a chance to win one of 100 \$15 Amazon.com gift cards once finishing the survey. *(Fill in the blank)*

First and Last Name _____
Address _____
State _____
Zip Code _____
Email Address _____

3. What is your relationship to the children receiving PJ Library books? *(Choose one)*
 - Parent or guardian
 - Grandparent living in the same home
 - Grandparent living in a different home
 - Staff or volunteer for organization that receives PJ Library books **[routes to end of survey]**
 - Other *(Please describe):* _____
4. How many children live in your household who are: *(Write in number)*
 - 0-2 years old: _____
 - 3-5 years old: _____
 - 6-8 years old: _____
 - 9-11 years old: _____
 - 12-17 years old: _____

SECTION 2: FAMILY EXPERIENCE WITH AND OUTCOMES FROM PARTICIPATING IN PJ LIBRARY

We would like to know about your family's experience with the PJ Library books you receive each month.

5. Which of the following describes how **your children** usually react to PJ Library books? (*Choose one*)
- They don't like any of the books
 - They like few of the books
 - They like some of the books
 - They like most of the books
 - They like all of the books
 - Not sure
6. Which of the following best describes how **you (parent/guardian)** usually react to PJ Library books? (*Choose one*)
- I don't like any of the books
 - I like few of the books
 - I like some of the books
 - I like most of the books
 - I like all of the books
 - Not sure
7. On average, how often do your children read PJ Library books (either on their own or with you)? (*Choose one*)
- Never
 - Less than once a month
 - Monthly
 - Weekly
 - More than once a week
 - Not sure
8. About how often does your family discuss concepts or values from PJ Library books (either when reading the books or throughout your day)? (*Choose one*)
- Never
 - Less than once a month
 - Monthly
 - Weekly
 - More than once a week
 - Not sure
9. How often does your family listen to the CDs or music received from PJ Library? (*Choose one*)
- Never
 - Less than once a month
 - Monthly
 - Weekly
 - More than once a week
 - Not sure
 - We haven't received CDs or music yet
10. How likely are you to recommend signing up to receive PJ Library books to family and friends? [**Scale of 0 to 10 with 0 being not at all likely, 5 being neutral and 10 being extremely likely**]

As you may know, PJ Library offers families other resources in addition to the books, such as online materials, social media pages, music, and book programs for older kids and parents. The next few questions ask about your family’s use of these additional PJ Library resources.

11. Does anyone in your family... (Choose one in each row)

	No	Yes	Not sure
a. Read articles on the PJ Library website/blog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Read PJ Library e-newsletters from your local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Read the information for parents on the book flaps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Like PJ Library on Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Follow PJ Library on Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Follow PJ Library on Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Participate in the Parent Book Choice program? (Program where parents can select one free book.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Participate in the PJ Our Way program? (Program that provides books for kids ages 9-11.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have access to a CD player (e.g., in the car, at home, on a computer)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. When we last surveyed families in 2013, we learned they were interested in receiving activities and materials in addition to monthly books. In the past year, we have included a number of items in PJ Library book envelopes across different months, including: a kindness game, parsley seed paper, Passover question catchers, and recipe cards. Your family may have received some or all of these items.

In thinking about these items, to what degree have they added value to your family’s PJ Library experience? (Choose one)

- Not at all
- Slightly
- Moderately
- A lot
- Not sure
- We did not receive any of these items

13. Overall, how satisfied is your family with the PJ Library books and resources that you receive in your home?
(Choose one)

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied
- Not sure

We understand that many factors influence your own and your family’s approach to Judaism, and would like to learn more about what role (if any) PJ Library has had in shaping that.

14. Thinking about **yourself** as a parent/guardian, to what extent has PJ Library: (Choose one in each row)

	Not at all – I already felt very knowledgeable/confident	Not at all	Slightly	Moderately	A lot	Not sure
a. Increased your knowledge or familiarity with Jewish traditions, values, and/or customs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Increased your confidence to engage with your children regarding Jewish traditions, values, and/or customs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been a valuable parenting tool for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Thinking about your **family**, to what extent has PJ Library: (Choose one in each row)

	Not at all	Slightly	Moderately	A lot	Not sure
a. Supported your family in building upon or adding a Jewish tradition to your home life?	<input type="radio"/>				
b. Supported your family in having conversations about Jewish traditions, values, and/or customs?	<input type="radio"/>				
c. Made your family more interested in Jewish traditions, values, and/or customs?	<input type="radio"/>				
d. Helped your family think about what kind of Jewish practice you want to have in your home?	<input type="radio"/>				

16. To what extent has PJ Library influenced your family's decision to: *(Choose one in each row)*

	Not at all – my family was already doing this	Not at all	Slightly	Moderately	A lot	Not sure
a. Use a tzedakah (charity) box	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Celebrate Shabbat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Celebrate Jewish holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cook Jewish food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Learn more about Judaism (i.e., familiarize yourself with the history of a holiday, define a Hebrew word, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Enroll your children in a Jewish early education program (i.e., nursery school, pre-school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Enroll your children in a Jewish day school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Enroll your children in a Jewish after-school or weekend program (i.e., Hebrew school, Sunday school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Enroll your children in a Jewish summer day or overnight camp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Make financial donations to charitable causes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Volunteer your time to help others, whether an organized event or on your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Make some other change to your Jewish involvement not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 3: FAMILY PARTICIPATION IN COMMUNITY PROGRAMS AND WITH OTHER JEWISH FAMILIES

We would like to know more about your family's participation in programs for Jewish families and relationships with other Jewish families.

17. In the last year, have any children in your household enrolled in: *(Check all that apply)* **[Optional]**

- Jewish early education program (i.e., nursery school, pre-school)
- Jewish day school
- Jewish after-school or weekend program (i.e., Hebrew school, Sunday school)
- Jewish summer day or overnight camp

18. In the last year, has anyone in your household belonged to or participated in the activities of a synagogue or temple? *(Choose one)*

- No
- Yes
- Not sure

19. In the last year, has anyone in your household attended a PJ Library program or another event for young Jewish families (e.g., Tot Shabbat, Holiday programs, etc.)? *(Choose one)*

- No
- Yes
- Not sure

20. **[If Q19 = Yes]** In the last year, how frequently has someone in your household attended this type of programming? *(Choose one)*

- A few times a year
- Monthly
- A few times a month
- Weekly
- Not sure

21. **[If Q19 = Yes]** Overall, how likely are you to recommend the programs you attended to a friend? **[Scale of 0 to 10 with 0 being not at all likely, 5 being neutral and 10 being extremely likely]**

22. **[If Q19 = Yes]** In the last year, did you connect socially with other adults during the program(s) (e.g., meet someone new, get to know someone better, have an interesting conversation, exchange parenting tips)? *(Choose one)*

- No
- Yes
- Not sure

23. Has PJ Library helped your family feel connected to a local Jewish community? *(Choose one)*

- No
- Yes, a little bit
- Yes, a lot
- Not sure

24. Is your family interested in getting more connected to local Jewish organizations, activities and/or people? *(Choose one)*

- No
- Yes
- Not sure

25. Do you know which organization in your community offers PJ Library? *(Choose one)*

- No
- Yes *(Please write in the name of the organization):* _____
- Not sure

26. In the last year, has anyone in your household interacted with PJ Library staff or volunteers in your local community (e.g., in person, via email, phone)? *(Choose one)*

- No
- Yes
- Not sure

SECTION 4: FAMILY BACKGROUND

PJ Library aims to be an inclusive program and would like to learn more about the families being served. Please tell us a little more about your family, all responses are confidential.

27. What is your age? *(Fill in the blank)* _____

28. How are you are raising your children? *(Choose one)*

- Jewish (religiously, culturally, or both)
- Jewish and something else
- Something else
- No religion

29. **[If Q28 = Jewish or Jewish and something else]** Thinking about Jewish religious denominations, do you consider your family to be: *(Choose one)*

- Conservative
- Orthodox
- Reform
- Something else *(Please describe):* _____
- No particular denomination

30. What is the primary language spoken in your home? *(Choose one)*

- English
- Russian
- Hebrew
- French
- Spanish
- Other *(Please describe):* _____

31. If applicable, what is the secondary language spoken in your home? *(Check all that apply)*

- Not applicable (we only speak one language)
- English
- Russian
- Hebrew
- French
- Spanish
- Other *(Please describe):* _____

32. Please tell us a little more about your family by selecting which (if any) of the statements below describe your family. (Check all that apply) [Optional]

- We are a single-parent household
- The children are being raised by grandparents or other adults
- We are an interfaith household (one parent identifies as Jewish and one does not)
- One or more household members is a Jew by choice (i.e., by conversion or self-identification)
- One or more household members identifies as LGBTQI
- One or more children has disabilities
- We are a multiracial household
- One or more members of our household has participated in a Taglit-Birthright Israel trip

33. [If Q28 = Jewish or Jewish and something else] How important to you is it that... (Choose one in each row)

	Not at all important	Not very important	Somewhat important	Very important	Not sure
a. Your children identify as Jewish or Jewish and something else?	<input type="radio"/>				
b. Your family is part of a Jewish community?	<input type="radio"/>				

34. [If Q28 = Jewish or Jewish and something else] Among your family’s closest friends, how many identify as Jewish? (Please answer based on your knowledge of your family’s friends, including your personal friends and your children’s friends). (Choose one)

- Few or none
- Some
- About half
- Most of them
- All of them
- Not sure

35. [If Q28 = Jewish or Jewish and something else] In the last year, did your family make a financial donation to any Jewish charity or cause? (Choose one)

- No
- Yes
- Not sure

36. [If Q28 = Jewish or Jewish and something else] Thinking about **yourself**, how emotionally attached are you to Israel? (Choose one)

- Not at all attached
- Not very attached
- Somewhat attached
- Very attached
- Not sure

37. **[If Q28 = Jewish or Jewish and something else]** Thinking about **yourself**, do you agree or disagree with the following statement: I am proud to be Jewish. *(Choose one)*

- Disagree
- Agree
- Not sure
- I do not identify as Jewish

38. In general, how often do you visit websites and online media (including social media) for Jewish topics? *(Choose one)*

- Never
- Monthly
- Every few weeks
- Weekly
- Multiple times a week
- Not sure

39. Thank you for your responses. Do you have any additional suggestions or feedback to offer PJ Library? Are there additional resources you would find helpful when sharing important values and traditions with your children? *(Open-ended)* **[Optional]**

40. Would you be interested in participating in a brief follow-up interview scheduled at your convenience? *(Choose one)*

- No
- Yes *(Please provide the best email address for contacting you):* _____

Thank you for taking the PJ Library Family Survey. Your participation is very important to PJ Library.

Informing Change, an independent evaluation firm, has conducted this survey on behalf of PJ Library. Please contact Farnaz Malik, Associate at Informing Change with any questions (fmalik@informingchange.com).

All responses will be kept completely confidential.

We anticipate sharing overall findings from this survey in spring 2017. In a few seconds you will be directed to the PJ Library Facebook page where you can [Like PJ Library](#) for updates on survey results. Otherwise, just close your window to exit the survey.