
During the last 6 months, about how often did you check your son's/daughter's homework after it was completed?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Once or Twice |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Regularly |
| <input type="checkbox"/> | Very Often |
| <input type="checkbox"/> | No Answer |

During the last 6 months, about how often did you help your son/daughter do his or her homework?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Once or Twice |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Regularly |
| <input type="checkbox"/> | Very Often |
| <input type="checkbox"/> | No Answer |

During the last 6 months, about how often did you help your son or daughter prepare for tests?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Once or Twice |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Regularly |
| <input type="checkbox"/> | Very Often |
| <input type="checkbox"/> | No Answer |

During the last 6 months, about how often did you talk with your son or daughter about his or her experience at school with classes or class work that day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Once or Twice |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Regularly |
| <input type="checkbox"/> | Very Often |
| <input type="checkbox"/> | No Answer |

During the last 6 months, about how often did you talk with your son or daughter about his or her experience at school with friends or other school children that day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Once or Twice |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Regularly |
| <input type="checkbox"/> | Very Often |
| <input type="checkbox"/> | No Answer |

During the last 6 months, about how often did you talk with your son or daughter about his or her experience with other school activities (sports, lunch time) that day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Once or Twice |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Regularly |
| <input type="checkbox"/> | Very Often |
| <input type="checkbox"/> | No Answer |