

# PJ Our Way Family Survey

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November 13, 2017

FINAL

## PART 1 – FOR PARENTS

PJ Our Way™, the next chapter of PJ Library® for kids ages 9–11, is excited to hear from its members and their parents/guardians. PJ Our Way will use results from this survey to improve family experiences with all components of its program, and would like to ask questions and receive feedback from **both parents and kids**. The section for parents will take about 5 minutes to complete, as will the section for kids.

- Parents, your section is first, once completed, you'll be automatically entered for a chance to receive one of the hundred \$15 Amazon gift cards being given away.
- Next, please have your kid(s) complete their section(s); once completed, they too will be entered for a chance to receive one of the hundred \$15 Amazon gift cards!\*
- There are separate sections for each kid in your family who is enrolled in PJ Our Way.
- Required questions are indicated with an asterisk (\*).
- Use the "Back" and "Next" buttons at the bottom of the page to move through the survey.
- Use the "Save and Continue" function if you are not able to complete the survey in one sitting. This will allow you to return to your response later.

If you have any questions, you can contact Informing Change ([pjowsurvey@informingchange.com](mailto:pjowsurvey@informingchange.com)). Thank you!

\*If you do not wish to complete the survey, but would still like to be included in the drawing, please contact us at [pjowsurvey@informingchange.com](mailto:pjowsurvey@informingchange.com) with the subject line "PJ Our Way Family Survey Drawing Entry" and include your first and last name, email address, and phone number. Only one entry allowed per PJ Our Way subscription.

## Questions for Parents/Guardians

1. **[If using generic link]** Is your family currently receiving books from PJ Our Way? *(Choose one)*
- Yes
  - No **[routes to end of survey]**
  - Not sure **[routes to end of survey]**
2. **[If using generic link]** Please provide the following information so that we can make sure you are entered for a chance to receive one of the hundred \$15 Amazon.com gift cards being given away. **We will not share this information with anyone, including PJ Our Way.** *(Fill in the blank)*

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip Code:

\_\_\_\_\_

Email Address (where you receive your PJ Our Way reminders):

\_\_\_\_\_

3. **[If Q1="Yes" OR Email Field=Answered]** How many kids who live in your household are currently enrolled in PJ Our Way? *(Choose one)* **[Programming note: This item will generate the logic for how many kids are asked the PJ Our Way questions.]**
- 0
  - 1
  - 2
  - 3
  - 4

**We would like to learn about your family's experience with the PJ Our Way books/program up until now.**

4. When it's time to choose a PJ Our Way book, what typically happens? *(Choose one)\**
- My kid(s) always choose the book by themselves
  - My kid(s) usually choose the book by themselves, but sometimes I (or another parent/guardian) help them [For analysis, we'll include this as a "we choose the books together" response]
  - I (or another parent/guardian) usually choose the book, but sometimes my kid(s) help [For analysis, we'll include this as a "we choose the books together" response]
  - I (or another parent/guardian) always choose the book by myself
  - Not sure

5. How many of the PJ Our Way books does at least one parent/guardian in your family read? (Choose one)

- All
- Most
- Some
- None
- Not sure

6. Do you (parent/guardian) do any of the following: (Choose one in each row)\*\*

	Yes	No	Not sure
a. Read the online Parent Book Guides?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Learn about books by watching the online videos about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Learn about books by reading the online book descriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Read articles or posts on the PJ Our Way Parents Blog?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Which of the following describes how **your kids** usually react to PJ Our Way books they receive? (Choose one)\*\*

- They like **all** of the books
- They like **most** of the books
- They like **some** of the books
- They like **few** of the books
- They **don't like any** of the books
- Not sure

8. How often do your kids ask you (parent/guardian) questions about the Jewish things in their PJ Our Way books (this could be while they are reading or after)?

- Often
- Sometimes
- Rarely
- Never
- Not sure

9. To what extent have PJ Our Way books helped **your family** talk about Jewish things, such as traditions, values, and/or customs?

- A lot
- Moderately
- Slightly
- Not at all
- Not sure

10. Overall, how satisfied have you and your kids been with PJ Our Way? *(Choose one)\*\**

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

11. How likely are you to recommend signing up to receive PJ Our Way books to family and friends? *(Choose one)\*\** and \* **[Scale of 10 to 0 with 0 being not at all likely, 5 being neutral and 10 being extremely likely; Not sure]**

12. Are any of the following true of your family? *(Choose one in each row) \**

	Yes	No	Not sure
a. The kid(s) in my family participate in PJ Our Way events in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Another kid in my family is currently enrolled in PJ Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Has having your kids participate in PJ Our Way helped your family feel connected to a local Jewish community? \*\* *(Choose one)*

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

**PJ Our Way 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 questions on this page are optional and your responses to them will be kept anonymous. [Programming note: All questions in this section will be optional]**

14. How many kids (ages 0–12) live in your household? *(Choose one)* **[Optional]**

- 1
- 2
- 3
- 4
- 5 or more

15. 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)* [Note: Some slight edits to consolidate other items to this list for survey length.] **[Randomized options, Optional]\*\***

- We are a single-parent household
- The kids 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 kids has disabilities
- We are a multiracial household

16. In the last year, have **any kids in your household** enrolled in: *(Check all that apply)\*\** AND \*

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

17. How are you (parent/guardian) raising your kids? *(Choose one)\*\**, †

- Jewish (religiously, culturally, or both)
- Jewish and something else
- Something else
- No religion
- Not sure

18. **[If Q17 = 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
- Not sure

19. **[If Q17 = Jewish or Jewish and something else]** How important to you (parent/guardian) is it that... *(Choose one in each row)\*\**

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

20. Thinking about your kid(s) enrolled in PJ Our Way, are you planning to celebrate their Bar/Bat Mitzvah?

- Yes
- No
- Not sure

**We have just a few more questions for parents/guardians.**

21. Do you have any additional suggestions or feedback to offer PJ Our Way?

22. Would your family be interested in participating in a brief follow-up interview about PJ Our Way, scheduled at your convenience? We would like to have you and your child(ren) enrolled in PJ Our Way participate in the interview. *(Choose one)\*\**

- Yes
- No

23. [If Q23="Yes"] Please provide the best email address for contacting you: \_\_\_\_\_

That completes the Parent/Guardian section of the survey; thank you for your feedback! You will be entered for a chance to receive one of the hundred \$15 Amazon gift cards being given away.

A few things to note before having your kid(s) who are members of PJ Our Way start the next section:

- If there is more than one PJ Our Way member in your home, they will each see separate sets of questions to fill out. Once each kid completes their part of the survey, they will also be entered into the Amazon gift card giveaway.
- After each member completes their part of the survey, they will have an opportunity to tell us about their PJ Our Way experience in their own words! Answers can be recorded and uploaded directly using a smartphone or tablet!
- Once you move on to the kid's section of questions, your answers will be submitted and you will no longer be able to make any changes to your responses here.

## PART 2 – FOR KIDS

PJ Our Way is excited to hear from members like you! We have some questions to ask you about the PJ Our Way books you get, how you get them, and what you think of the program.

Every question has an “I don’t know or don’t want to say” option if you don’t know how you want to answer it or don’t want to answer it.

At the end of the survey, there is a question where you can record your answer using a smartphone or tablet and upload it instead of typing it out!

When you are done with the survey, you will be entered for a chance to receive one of the hundred \$15 Amazon gift cards being given away!

If you have any questions, your parents can contact Informing Change ([pjowsurvey@informingchange.com](mailto:pjowsurvey@informingchange.com)). Thank you!

### Questions for Kids

Can you please tell us a little bit about yourself so we can better understand who is in PJ Our Way?

24. Please tell us your first name.

First Name: \_\_\_\_\_

25. How old are you?\* [Dropdown box]

- 8
- 9
- 10
- 11
- 12
- 13
- I don’t want to say
- Other: \_\_\_\_\_

26. Did you receive PJ Library books before you joined PJ Our Way?

- Yes
- No
- Not sure
- I don’t know or don’t want to say

**We want to ask you a few questions about your reading habits.**

27. How often do you read books for fun? [Note: Question source is Scholastic survey]

- Every day
- 5–6 days a week
- 3–4 days a week
- 1–2 days a week
- 2–3 times a month
- Once a month
- Once every few months
- Never
- I don't know or don't want to say

28. What are your favorite types of books? *(Select all that apply)*

- Graphic novels
- Books that make me laugh
- Puzzle books
- Books that teach about history
- Books about people (biographies)
- Fiction
- Science fiction
- Fantasy and magical
- Another type of book (please share what kind): \_\_\_\_\_
- I don't know or don't want to say [Exclusive]

**We'd like to hear about Jewish activities you might take part in.**

29. Have you participated in any of the following in the past year? *(Choose one in each row)\**

	Yes	No	Not Sure
a. Jewish youth group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Jewish summer camp (day or overnight camp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Jewish day school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Jewish after-school or weekend program (for example, Hebrew school or Sunday school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other Jewish education programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**We would like to learn about your experience with the PJ Our Way books and program up until now.**

30. When it's time to choose a PJ Our Way book, what typically happens?\*

- I always choose the book by myself
- I usually choose the book by myself, but sometimes my parent(s)/guardian(s) help me [For analysis, we'll include this as a "we choose the books together" response]
- My parent(s)/guardian(s) usually choose the book for me, but sometimes I help [For analysis, we'll include this as a "we choose the books together" response]
- My parent(s)/guardian(s) always choose the book
- I don't know or don't want to say

31. Please tell us how you feel about the following parts of the PJ Our Way website and program. (Choose one in each row)\*

	Love it	Like it	It's ok	Don't like it	I don't do/use this	I don't know or don't want to say
a. Reading reviews by other kids*	<input type="radio"/>					
b. Writing reviews*	<input type="radio"/>					
c. Watching videos about the books*	<input type="radio"/>					
d. Taking polls about the books*	<input type="radio"/>					
e. Taking quizzes about the books*	<input type="radio"/>					
f. Learning about the books by reading the online descriptions*	<input type="radio"/>					
g. The PJ Our Way Kids Blog	<input type="radio"/>					
h. First chapter previews online	<input type="radio"/>					

32. Which of the following describes your experience with choosing your PJ Our Way books:

- There is **always** a book I'm interested in choosing
- There is **usually** a book I'm interested in choosing
- There is **sometimes** a book I'm interested in choosing
- There is **never** a book I'm interested in choosing
- I have never looked at the book options
- I don't know or don't want to say

33. Of the books you've received, how many PJ Our Way books have you...

	All	Most	Some	A Few	None	I don't know or don't want to say
a. Read all the way through?	<input type="radio"/>					
b. Started to read but didn't finish?	<input type="radio"/>					
c. Shared with friends to read?	<input type="radio"/>					

34. Which of the following describes your experience with reading PJ Our Way books? (Choose one)\*\*

- I like **all** of the books
- I like **most** of the books
- I like **some** of the books
- I like **a few** of the books
- I **don't like any** of the books
- I have not read any of the books
- I don't know or don't want to say

35. In general, how would you describe the reading level of the PJ Our Way books you've read? (Choose one)\*

- Just right
- Too easy
- Too difficult
- I have not read any of the books
- I don't know or don't want to say

36. Are any of your friends members of PJ Our Way? (Choose one)

- Yes
- No
- I don't know or don't want to say

37. Would you recommend that other kids your age sign up to receive PJ Our Way books? [Scale of 10 to 0 with 0 no, not at all, 5 being neutral and 10 yes, definitely; I don't know or don't want to say]

38. In the past year, have you gone to any PJ Our Way programs or events for kids in your community? (Choose one)

- Yes
- No
- I don't know or don't want to say

39. [If Q39=Yes] Overall, would you recommend the PJ Our Way programs you attended to kids your age? [Scale of 10 to 0 with 0 no, not at all, 5 being neutral and 10 yes, definitely; I don't know or don't want to say]

40. Would you say the PJ Our Way books have... (Choose one in each row)

	Yes, A lot	Yes, A little	No	I don't know or don't want to say
a. Helped you to talk about Jewish things with your family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helped you learn about Judaism (things like Jewish stories, history, famous people who are Jewish, Israel, Jewish holidays)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Made you interested in Jewish things (like Jewish stories, history, famous people who are Jewish, Israel, Jewish holidays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Made you think about celebrating your Bar/Bat Mitzvah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. When thinking about your entire experience with PJ Our Way (the books, the website, community programs or events), has PJ Our Way helped you feel connected to the Jewish community? (Choose one)

- Yes, a lot
- Yes, a little
- No
- I don't know or don't want to say

42. Thinking about yourself, do you agree or disagree with the following statement: I am proud to be Jewish. †

- Agree
- Disagree
- I don't know or don't want to say

43. Thinking about yourself, how emotionally attached or connected to Israel do you feel? \*\*. †

- Very attached
- Somewhat attached
- Not very attached
- Not at all attached
- I don't understand this question
- I don't know or don't want to say

44. We want to hear from you in your own words!

Please read the question below and record your answer as an audio or video file, then upload it using the "Browse" button below! [Optional]

Responses can be in any of the following file formats: .mov, .wma, .wav, .mp3, or .mp4 file. You can upload up to 5 files (50 MB each).

Please tell us about your experience with PJ Our Way. (We have included a few thought-starters below.)

- What's been your favorite part of PJ Our Way? Is it a book, the website, an event you went to?

- *Is there anything you wish PJ Our Way did differently, or anything you'd do to improve the program?*
- *Is there anything you do differently now because of reading PJ Our Way books?*

**[If there are additional children who need to respond]**

Thank you for providing your feedback! After you've uploaded your response, click "On to the next section!" below. If there is another kid in your house who is also planning to take the survey, they can then begin their section. Once you move on to the next page, your responses will be submitted and you will no longer be able to make any changes to them.

**[If this is the last child to respond]**

Thank you for providing your feedback! After you've uploaded your response, click "Submit my answers!" below. Once you move on to the next page, you will have reached the end of the survey and will no longer be able to make any changes to your responses here.

**[Thank you for members]**

Thank you for taking our survey! Your input is very important as we continue to improve the PJ Our Way's program for you and your family!

Parents/guardians and kids who completed the survey will be entered for a chance to receive one of the hundred \$15 Amazon gift cards being given away. If you are selected, you will receive the gift card via the email address where you receive your PJ Our Way reminders.