

# CUB SCOUTING SURVEY OF PARENTS

Dear Parent: **WE WANT YOUR OPINION!** Please take a few minutes to complete this form and return it today in the postage-paid envelope provided. Your cooperation is key to the study's success, and we have enclosed a token of our appreciation. **Thank you very much.**

1. Is your son currently a Cub Scout? <sub>1</sub> Yes – skip to question 10  
<sub>2</sub> No
2. How long was your son in Cub Scouting? <sub>1</sub> Less than one year  
<sub>2</sub> One to two years  
<sub>3</sub> Three to four years
3. What month of the year did your son leave Cub Scouting? \_\_\_\_\_

### At the time he left Cub Scouting....

4. How many boys were in your son's... Pack? # \_\_\_\_\_ Den? # \_\_\_\_\_
5. How often did your son's den meet? <sub>1</sub> Once a week  
<sub>2</sub> Once every two weeks  
<sub>3</sub> Once every three weeks  
<sub>4</sub> Less often than once every three weeks
6. What type of organization sponsored your son's Cub Scout pack? <sub>1</sub> School  
<sub>2</sub> Religious institution  
<sub>3</sub> Civic organization  
<sub>4</sub> Other: \_\_\_\_\_
7. Which of the following best describes how the decision was made for your son to drop out of Scouting?  
<sub>1</sub> He primarily made the decision on his own.  
<sub>2</sub> The decision was made with equal input by him and a parent.  
<sub>3</sub> A parent primarily made the decision.
8. What was the **main reason** your son dropped out of Cub Scouting? Please be specific.

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9. Whether it is Cub Scouting, soccer, little league baseball, or some other youth organization, some families and boys decide not to remain in the program. To what extent was each of the following an influence for your son to not remain in Cub Scouting?

Please circle one number for each reason. Higher numbers mean greater influence; lower numbers mean less influence.

<u>REASON</u>	<u>MAJOR INFLUENCE</u>			<u>NO INFLUENCE</u>	
He became too busy with other things.....	5	4	3	2	1
Scout meetings became boring.....	5	4	3	2	1
He disliked wearing the uniform.....	5	4	3	2	1
Legal issues surrounding Boy Scouts of America.....	5	4	3	2	1
Poor/disorganized Scout leadership.....	5	4	3	2	1
Not enough challenge.....	5	4	3	2	1
BSA's policy of not allowing homosexual members.....	5	4	3	2	1
He wanted to focus on sports.....	5	4	3	2	1
Image of Scouts is not cool.....	5	4	3	2	1
Not enough outdoor activities for him.....	5	4	3	2	1
OTHER: _____					

10. How did you first learn of the opportunity for you or your son to join Cub Scouting? (CHECK ONE)

- <sub>1</sub> A flier from school                      <sub>3</sub> A religious organization  
<sub>2</sub> Family/friend in Cub Scouting   <sub>4</sub> Other(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The last few questions are for classification only.

11. Are you male or female? <sub>1</sub> Male <sub>2</sub> Female

12. Were you ever a registered volunteer for Cub Scouting? <sub>1</sub> Yes <sub>2</sub> No

13. Are you married or single? <sub>1</sub> Married <sub>2</sub> Single

14. In what range does your age fall?

- |  |  |
|--|--|
| <input type="checkbox"/> <sub>1</sub> Under 25 | <input type="checkbox"/> <sub>4</sub> 45 to 54 |
| <input type="checkbox"/> <sub>2</sub> 25 to 34 | <input type="checkbox"/> <sub>5</sub> 55 to 64 |
| <input type="checkbox"/> <sub>3</sub> 35 to 44 | <input type="checkbox"/> <sub>6</sub> 65+      |

15. Are you of Hispanic origin or descent? <sub>1</sub> Yes <sub>2</sub> No

16. How do you identify yourself?

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> American Indian/Aleut  | <input type="checkbox"/> <sub>4</sub> Asian or Pacific Islander |
| <input type="checkbox"/> <sub>2</sub> Black/African American | <input type="checkbox"/> <sub>5</sub> Other (specify)_____      |
| <input type="checkbox"/> <sub>3</sub> White/Caucasian        |   |

17. What is the highest level of education that you have achieved?

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> Some high school          | <input type="checkbox"/> <sub>4</sub> Undergraduate degree    |
| <input type="checkbox"/> <sub>2</sub> High school diploma       | <input type="checkbox"/> <sub>5</sub> Advanced college degree |
| <input type="checkbox"/> <sub>3</sub> Some college/trade school |   |

18. In what state do you live? \_\_\_\_\_

Your survey is now complete. Please return it in the postage-paid envelope as soon as possible. **Thank you very much.**