

PROTECTIVE FACTORS SURVEY

(Program Information-- For Staff Use Only)

Agency ID _____ Participant ID # _____

1. Date survey completed: _____ / _____ / _____ Pretest Post test

2. How was the survey completed?

- Completed in face to face interview
- Completed by participant with program staff available to explain items as needed
- Completed by participant without program staff present

3. Has the participant had any involvement with Child Protective Services?

- NO YES NOT SURE

4.a. Date participant began program (complete for pretest) _____ / _____ / _____

4.b. Date participant completed program (complete at post test) _____ / _____ / _____

5. **Type of Services:** Select services that most accurately describe what the participant is receiving.

- Parent Education
- Parent Support Group
- Parent/Child Interaction
- Advocacy (self, community)
- Fatherhood Program Text
- Planned and/or Crisis Respite
- Homeless/Transitional Housing
- Resource and Referral
- Family Resource Center
- Skill Building/Ed for Children
- Adult Education (i.e. GED/Ed)
- Job Skills/Employment Prep
- Pre-Natal Class
- Family Literacy
- Marriage Strengthening/Prep
- Home Visiting
- Other (If you are using a specific curriculum, please name it here) _____

6.) **Participant's Attendance:** (Estimate if necessary)

A) **Answer at Pretest:** Number of hours of service offered to the consumer: _____

B) **Answer at Post-test:** Number of hours of service received by the consumer: _____



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Agency ID _____

Participant ID # _____

1. Date Survey Completed: / / 2. Sex: Male Female 3. Age (in years): _____

4. Race/Ethnicity: (Please choose the ONE that best describes what you consider yourself to be)

- | | |
|--|---|
| <input type="checkbox"/> A Native American or Alaskan Native | <input type="checkbox"/> B Asian |
| <input type="checkbox"/> C African American | <input type="checkbox"/> D African Nationals/Caribbean Islanders |
| <input type="checkbox"/> E Hispanic or Latino | <input type="checkbox"/> F Middle Eastern |
| <input type="checkbox"/> G Native Hawaiian/Pacific Islanders | <input type="checkbox"/> H White (Non Hispanic/European American) |
| <input type="checkbox"/> I. Multi-racial | <input type="checkbox"/> J Other _____ |

5. Marital Status:

- A Married B Partnered C Single D Divorced E Widowed F Separated

6. Family Housing:

- A Own B Rent C Shared housing with relatives/friends
 D Temporary (shelter, temporary with friends/relatives) E Homeless

7. Family Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> A \$0-\$10,000 | <input type="checkbox"/> B \$10,001-\$20,000 | <input type="checkbox"/> C \$20,001-\$30,000 |
| <input type="checkbox"/> D \$30,001-\$40,000 | <input type="checkbox"/> E \$40,001-\$50,000 | <input type="checkbox"/> F more than 50,001 |

8. Highest Level of Education:

- | | | |
|---|---|--|
| <input type="checkbox"/> A Elementary or junior high school | <input type="checkbox"/> B Some high school | <input type="checkbox"/> C High school diploma or GED |
| <input type="checkbox"/> D Trade/Vocational Training | <input type="checkbox"/> E Some college | <input type="checkbox"/> F 2-year college degree (Associate's) |
| <input type="checkbox"/> G 4-year college degree (Bachelor's) | <input type="checkbox"/> H Master's degree | <input type="checkbox"/> I PhD or other advanced degree |

9. Which, if any, of the following do you currently receive? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> A Food Stamps | <input type="checkbox"/> B Medicaid (State Health Insurance) | <input type="checkbox"/> C Earned Income Tax Credit |
| <input type="checkbox"/> D TANF | <input type="checkbox"/> E Head Start/Early Head Start Services | <input type="checkbox"/> F None of the above |

10. Please tell us about the children living in your household.

	Gender		Birth Date (mm/dd/yy)	Your Relationship To Child (check one)						
	Male	Female		A Birth parent	B Adoptive parent	C Grand-parent	D-Sibling	E-Other relative	F-Foster Parent	Other
Child 1										
Child 2										
Child 3										
Child 4										

If more than 4 children, please use space provided on the back of this sheet.



PROTECTIVE FACTORS SURVEY

Part I. Please **circle** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please **circle** the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7



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Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB ____/____/____

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

