### Protective Factors Survey, 2nd Edition (PFS-2)
Concrete Supports Pre/Post (Program Information - Optional)

<table>
<thead>
<tr>
<th>Agency ID #</th>
<th>Participant ID #</th>
<th>Date Survey Completed: <em><strong>/</strong></em>/___</th>
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<tbody>
<tr>
<td></td>
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<td>Check here if this is a Pre-test</td>
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<td>Program Start Date: <em><strong>/</strong></em>/___</td>
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<td>Check here if this is a Post-test</td>
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<td>Program Completion Date: <em><strong>/</strong></em>/___</td>
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**This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.**

1. **How was the survey completed? (Select one)**
   - A. In a face-to-face interview
   - B. By the participant with assistance available from program staff to explain items as needed
   - C. By the participant without program staff present

2. **How was the participant referred to your program?**
   - A. Self-Referred
   - B. Child Protective Services
   - C. Court
   - D. Community Program
   - E. Other

3. **Has the participant been reported to Child Protective Services?**
   - A. No
   - B. Yes... □ Before starting the program □ During the program □ After completing the program
   - C. Not Sure

4. **If yes, was the report substantiated?**
   - A. No
   - B. Yes
   - C. Not Sure
   - D. No, referred to Differential Response
   - E. Yes, referred to Differential Response
   - F. Not Applicable

5. **Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)**
   - A. Advocacy (self, community)
   - B. Healthy Relationships
   - C. Home Visiting
   - D. Homeless/Transitional Housing
   - E. Parent Education
   - F. Parent/Child Interaction
   - G. Parent Support Group
   - H. Planned and/or Crisis Respite
   - I. Resource and Referral
   - J. Skill Building/Ed for Children
   - K. Other (If you are using a specific curriculum, please write the name) ______________

6. **Participant’s Attendance:**
   - **Answer at Pre-test:** Number of hours of service offered to the participant _______
   - **Answer at Post-test:** Number of hours of service received by the participant _______

**Please remove this form prior to giving the survey to the participant to complete.**

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Center for Public Partnerships and Research through funding provided by the US Department of Health and Human Services.
Protective Factors Survey, 2nd Edition (PFS-2)
Concrete Supports Pre/Post

Agency ID #_____________________  Participant ID #_________________________  Date Survey Completed: ___/___/____

Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff.

Sometimes it’s hard for families to afford everything they need. For each of the following, check all that apply.

1. In the past month, were you unable to pay for:
   - A. Rent or mortgage
   - B. Utilities or bills (electricity/gas/heat, cell phone, etc.)
   - C. Groceries/food (including baby formula, diapers)
   - D. Child care/daycare
   - E. Medicine, medical expenses, or co-pays
   - F. Basic household or personal hygiene items
   - G. Transportation (including gas, bus passes, shared rides)
   - H. I was able to pay for all of these

2. In the past year, have you:
   - A. Delayed or not gotten medical or dental care
   - B. Been evicted from your home or apartment
   - C. Lived at a shelter, in a hotel/motel, in an abandoned building, or a vehicle
   - D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills
   - E. Lost access to your regular transportation (e.g. vehicle totaled or repossessed)
   - F. Been unemployed when you really needed and wanted a job
   - G. None of these apply to me

For each of the following, mark the response that most closely matches how you feel.

<table>
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<tr>
<th>3. I have trouble affording what I need each month.</th>
<th>A. Never</th>
<th>B. Rarely</th>
<th>C. Sometimes</th>
<th>D. Often</th>
<th>E. Almost Always</th>
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<tr>
<th>4. I am able to afford the food I want to feed my family.</th>
<th>A. Never</th>
<th>B. Rarely</th>
<th>C. Sometimes</th>
<th>D. Often</th>
<th>E. Almost Always</th>
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</table>
Please tell us about the children living in your household.

5. CHILD #1  
- A. Male  
- B. Female  
- C. Gender non-conforming/non-binary  
- D. Prefer not to answer

6. Date of Birth:________________________

7. This child lives in my house:  
- Yes  
- No

8. What is your relationship to this child?  
- A. Birth parent  
- B. Step-parent  
- C. Adoptive parent  
- D. Foster parent  
- E. Grand/Great-grandparent  
- F. Sibling  
- G. Other relative  
- H. Other

9. CHILD #2  
- A. Male  
- B. Female  
- C. Gender non-conforming/non-binary  
- D. Prefer not to answer

10. Date of Birth:________________________

11. This child lives in my house:  
- Yes  
- No

12. What is your relationship to this child?  
- A. Birth parent  
- B. Step-parent  
- C. Adoptive parent  
- D. Foster parent  
- E. Grand/Great-grandparent  
- F. Sibling  
- G. Other relative  
- H. Other

13. CHILD #1  
- A. Male  
- B. Female  
- C. Gender non-conforming/non-binary  
- D. Prefer not to answer

14. Date of Birth:________________________

15. This child lives in my house:  
- Yes  
- No

16. What is your relationship to this child?  
- A. Birth parent  
- B. Step-parent  
- C. Adoptive parent  
- D. Foster parent  
- E. Grand/Great-grandparent  
- F. Sibling  
- G. Other relative  
- H. Other

17. CHILD #4  
- A. Male  
- B. Female  
- C. Gender non-conforming/non-binary  
- D. Prefer not to answer

18. Date of Birth:________________________

19. This child lives in my house:  
- Yes  
- No

20. What is your relationship to this child?  
- A. Birth parent  
- B. Step-parent  
- C. Adoptive parent  
- D. Foster parent  
- E. Grand/Great-grandparent  
- F. Sibling  
- G. Other relative  
- H. Other

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Center for Public Partnerships and Research through funding provided by the US Department of Health and Human Services.
These last few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.

21. Sex:  ○ A. Male  ○ B. Female  ○ C. Gender non-conforming/non-binary  ○ D. Prefer not to answer

22. Age (in years):__________

23. Primary Language Spoken at Home:
   ○ A. English  ○ C. Creole  ○ E. Arabic  ○ G. Other:_____________
   ○ B. Spanish  ○ D. Mandarin  ○ F. Russian

24. Race/Ethnicity (Please choose as many as apply):
   ○ A. Native American or Alaskan Native  ○ E. Hispanic or Latino  ○ I. Multi-racial
   ○ B. Asian  ○ F. Middle Eastern  ○ J. Other:_________
   ○ C. Black or African American  ○ G. Native Hawaiian/Pacific Islander
   ○ D. African National/Caribbean Islander  ○ H. White (Non-Hispanic/European American)

25. Relationship Status:
   ○ A. Married  ○ C. Single-never married  ○ E. Widowed
   ○ B. Partnered  ○ D. Divorced  ○ F. Separated

26. Family Housing:
   ○ A. Own  ○ C. Shared housing with relatives/friends  ○ E. Temporary (shelter, temporary with friends/relatives)
   ○ B. Rent  ○ D. Homeless

27. Total Family Income:
   ○ A. $0 - $10,000  ○ D. $30,001 - $40,000  ○ G. More than $60,001
   ○ B. $10,001 - $20,000  ○ E. $40,001 - $50,000
   ○ C. $20,001 - $30,000  ○ F. $50,001 - $60,000

28. Highest Level of Education:
   ○ A. No formal education  ○ E. High school diploma or GED  ○ I. 4-year college degree (Bachelor’s)
   ○ B. Elementary  ○ F. Trade/Vocational training  ○ J. Advanced degree
   ○ C. Junior high school  ○ G. Some college
   ○ D. Some high school  ○ H. 2-year college degree (Associate’s)

29. Which, if any, of the following do you or your family currently receive? (Check all that apply)
   ○ A. Supplemental Nutrition Assistance Program (SNAP/foodstamps)  ○ E. Temporary Assistance for Needy Families (TANF)
   ○ B. Social Security Disability Income (SSDI)  ○ F. Head Start/Early Head Start Services
   ○ C. Medicaid  ○ G. Unemployment Benefits  ○ H. State Health Insurance (including children's health insurance)
   ○ D. Earned Income Tax Credit (EITC)  ○ I. Supplemental Security Income (SSI)
   ○   ○ J. None of the above
   ○   ○ K. Other