



# PROTECTIVE FACTORS SURVEY

(Program Information-- For Staff Use Only)

Agency ID \_\_\_\_\_

Participant ID # \_\_\_\_\_

1. Date survey completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. (B) Date participant completed program \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. **Type of Services:** Identify the type of program that most accurately describes the services the participant is receiving. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Education              | <input type="checkbox"/> Family Resource Center         |
| <input type="checkbox"/> Parent Support Group          | <input type="checkbox"/> Skill Building/Ed for Children |
| <input type="checkbox"/> Parent/Child Interaction      | <input type="checkbox"/> Adult Education (i.e. GED/Ed)  |
| <input type="checkbox"/> Advocacy (self, community)    | <input type="checkbox"/> Job Skills/Employment Prep     |
| <input type="checkbox"/> Fatherhood Program            | <input type="checkbox"/> Pre-Natal Class                |
| <input type="checkbox"/> Planned and/or Crisis Respite | <input type="checkbox"/> Family Literacy                |
| <input type="checkbox"/> Homeless/Transitional Housing | <input type="checkbox"/> Marriage Strengthening/Prep    |
| <input type="checkbox"/> Resource and Referral         | <input type="checkbox"/> Home Visiting                  |

Other (If you are using a specific curriculum, please name it here) \_\_\_\_\_

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

A) Number of hours of service offered to the consumer: \_\_\_\_\_

B) Number of hours of service received by the consumer: \_\_\_\_\_



# PROTECTIVE FACTORS SURVEY

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)**

- A Native American or Alaskan Native                       B Asian
- C African American     D African Nationals/Caribbean Islanders
- E Hispanic or Latino     F Middle Eastern
- G Native Hawaiian/Pacific Islanders                       H White (Non Hispanic/European American)
- I Multi-racial     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:**

- A \$0-\$10,000                       B \$10,001-\$20,000                       C \$20,001-\$30,000
- D \$30,001-\$40,000                       E \$40,001-\$50,000                       F more than \$50,001

**8. Highest Level of Education:**

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

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

- A Food Stamps       B Medicaid (State Health Insurance)                       C Earned Income Tax Credit
- D TANF       E Head Start/Early Head Start Services                       F None of the above

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

Child 1: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB ___ / ___ / ___	Your relation- ship to child	<input type="checkbox"/> A Birth parent <input type="checkbox"/> D Sibling	<input type="checkbox"/> B Adoptive parent <input type="checkbox"/> E Other relative	<input type="checkbox"/> C Grand/Great Grandparent <input type="checkbox"/> F Foster-parent	<input type="checkbox"/> G Other
Child 2: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB ___ / ___ / ___	Your relation- ship to child	<input type="checkbox"/> A Birth parent <input type="checkbox"/> D Sibling	<input type="checkbox"/> B Adoptive parent <input type="checkbox"/> E Other relative	<input type="checkbox"/> C Grand/Great Grandparent <input type="checkbox"/> F Foster-parent	<input type="checkbox"/> G Other
Child 3: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB ___ / ___ / ___	Your relation- ship to child	<input type="checkbox"/> A Birth parent <input type="checkbox"/> D Sibling	<input type="checkbox"/> B Adoptive parent <input type="checkbox"/> E Other relative	<input type="checkbox"/> C Grand/Great Grandparent <input type="checkbox"/> F Foster-parent	<input type="checkbox"/> G Other
Child 4: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB ___ / ___ / ___	Your relation- ship to child	<input type="checkbox"/> A Birth parent <input type="checkbox"/> D Sibling	<input type="checkbox"/> B Adoptive parent <input type="checkbox"/> E Other relative	<input type="checkbox"/> C Grand/Great Grandparent <input type="checkbox"/> F Foster-parent	<input type="checkbox"/> G Other

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



# PROTECTIVE FACTORS SURVEY

In this survey, please think back to when you started this program. Answer these questions by describing how you felt or what you experienced **BEFORE** you started the program. Next, you will be asked to describe how you feel or what you experience **TODAY**.

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.

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

		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.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
7) When I am lonely, there are several people I can talk to.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
8) I would have no idea where to turn if my family needed food or housing.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
9) I wouldn't know where to go for help if I had trouble making ends meet.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
10) If there is a crisis, I have others I can talk to.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
11) If I needed help finding a job, I wouldn't know where to go for help.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7



# PROTECTIVE FACTORS SURVEY

**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 hoped would 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Answer these questions by describing how you felt or what you experienced **BEFORE** you started the program. Next, you will be asked to describe how you feel or what you experience **TODAY**.

		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	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
13. I know how to help my child learn.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	Before	1	2	3	4	5	6	7
	Today	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.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
17. I am happy being with my child.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
18. My child and I are very close to each other.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7