

Protective Factors Survey, 2nd Edition (PFS-2)

Pre/Post

Practice Video Lesson #4 B

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.

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

	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
1. The future looks good for our family.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In my family, we take time to listen to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. There are things we do as a family that are special just to us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My child misbehaves just to upset me.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel like I'm always telling my kids "no" or "stop."	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have frequent power struggles with my kids.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How I respond to my child depends on how I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have people who believe in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. I have someone in my life who gives me advice, even when it's hard to hear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. When I am trying to work on achieving a goal, I have friends who will support me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. When I need someone to look after my kids on short notice, I can find someone I trust.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have people I trust to ask for advice about (check all that apply):					
<input checked="" type="checkbox"/> A. Money/Bills/Budgeting	<input type="checkbox"/> C. Food/Nutrition	<input checked="" type="checkbox"/> E. Parenting/My Kids			
<input checked="" type="checkbox"/> B. Relationships and/or My Love Life	<input checked="" type="checkbox"/> D. Stress, Anxiety, and/or Depression	<input type="checkbox"/> F. None of the above			



The following questions are about your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it's important you answer honestly. For each of the following, mark the response that most closely matches how you feel.

	A. Strongly agree	B. Agree	C. Neither agree nor disagree	D. Disagree	E. Strongly disagree
13. I feel like staff here understand me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. No one here seems to believe that I can change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. When I talk to people here about my problems, they just don't seem to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

16. In the past month, were you unable to pay for:

- | | | |
|---|---|--|
| <input type="checkbox"/> A. Rent or mortgage | <input type="checkbox"/> D. Child care/daycare | <input type="checkbox"/> G. Transportation (including gas, bus passes, shared rides) |
| <input type="checkbox"/> B. Utilities or bills (electricity/gas/heat, cell phone, etc.) | <input type="checkbox"/> E. Medicine, medical expenses, or co-pays | <input checked="" type="checkbox"/> H. I was able to pay for all of these |
| <input type="checkbox"/> C. Groceries/food (including baby formula, diapers) | <input type="checkbox"/> F. Basic household or personal hygiene items | |

17. In the past year, have you:

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

	A. Never	B. Rarely	C. Sometimes	D. Often	E. Almost always
18. I have trouble affording what I need each month.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am able to afford the food I want to feed my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Protective Factors Survey, 2nd Edition (PFS-2)

Pre/Post

Practice Video Lesson #4 A

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