

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

## Concrete Supports Pre/Post (Program Information - Optional)

Agency ID # \_\_\_\_\_ Participant ID # \_\_\_\_\_ Date Survey Completed: \_\_\_/\_\_\_/\_\_\_

Check here if this is a Pre-test

Program Start Date: \_\_\_/\_\_\_/\_\_\_

Check here if this is a Post-test

Program Completion Date: \_\_\_/\_\_\_/\_\_\_

**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       C. Court       E. Other  
 B. Child Protective Services       D. Community Program

3. Has the participant been reported to Child Protective Services?

- A. No       C. Not Sure  
 B. Yes.....  **Before** starting the program       **During** the program       **After** completing the program

4. If yes, was the report substantiated?

- A. No       C. Not Sure       E. Yes, referred to Differential Response  
 B. Yes       D. No, 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)       E. Parent Education       I. Resource and Referral  
 B. Healthy Relationships       F. Parent/Child Interaction       J. Skill Building/Ed for Children  
 C. Home Visiting       G. Parent Support Group       K. Other (If you are using a specific curriculum, please write the name) \_\_\_\_\_  
 D. Homeless/Transitional Housing       H. Planned and/or Crisis Respite

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.**



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# 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:

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

2. In the past year, have you:

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

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

	A. Never	B. Rarely	C. Sometimes	D. Often	E. Almost Always
3. I have trouble affording what I need each month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. 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 type="radio"/>



**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                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                   F. Sibling

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                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                   F. Sibling

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                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                   F. Sibling

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                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                   F. Sibling



**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)  H. State Health Insurance (including children's health insurance)  
 B. Social Security Disability Income (SSDI)  F. Head Start/Early Head Start Services  I. Supplemental Security Income (SSI)  
 C. Medicaid  G. Unemployment Benefits  J. None of the above  
 D. Earned Income Tax Credit (EITC)  K. Other

