

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

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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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.

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 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 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 type="radio"/>	<input type="radio"/>
4. My child misbehaves just to upset me.	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have frequent power struggles with my kids.	<input type="radio"/>	<input 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 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 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 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have people I trust to ask for advice about (check all that apply):					
<input type="radio"/> A. Money/Bills/Budgeting	<input type="radio"/> C. Food/Nutrition	<input type="radio"/> E. Parenting/My Kids			
<input type="radio"/> B. Relationships and/or My Love Life	<input type="radio"/> D. Stress, Anxiety, and/or Depression	<input type="radio"/> 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 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 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 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:

- 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

17. 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 in 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

	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 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 type="radio"/>



Please tell us about the children living in your household.

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

21. Date of Birth: _____

22. This child lives in my house: Yes No

23. 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

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

25. Date of Birth: _____

26. This child lives in my house: Yes No

27. 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

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

29. Date of Birth: _____

30. This child lives in my house: Yes No

31. 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

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

33. Date of Birth: _____

34. This child lives in my house: Yes No

35. 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.

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

37. Age (in years): _____

38. Primary Language Spoken at Home:

- A. English C. Creole E. Arabic G. Other: _____
 B. Spanish D. Mandarin F. Russian

39. 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)

40. Relationship Status:

- A. Married C. Single-never married E. Widowed
 B. Partnered D. Divorced F. Separated

41. Family Housing:

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

42. 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

43. 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)

44. 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

