

Class Location: _____

Participant ID#: _____

Your answers to the questions below can help staff improve services for you and others like you, so it's important you answer honestly. For each section, please mark the responses that most closely match how you felt before attending this program (BEFORE PROGRAM) and how you feel today (RIGHT NOW).

For each of the items below, consider each statement in relation to how you felt BEFORE attending the program and how you feel RIGHT NOW.		Just like my life	Quite a lot like my life	Some-what like my life	Not much like my life	Not at all like my life
1. <i>My child misbehaves just to upset me.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
2. <i>I feel like I'm always telling my kids "no" or "stop."</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
3. <i>I have frequent power struggles with my kids.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
4. <i>How I respond to my child depends on how I'm feeling.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
5. <i>I have someone in my life who gives me advice, even when it's hard to hear.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
6. <i>When I am trying to work on achieving a goal, I have friends who will support me.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
7. <i>When I need someone to look after my kids on short notice, I can find someone I trust.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E

8. I have people I trust to ask for advice about (check all that apply):	Before	<ul style="list-style-type: none"> ● A. Stress, Anxiety, and/or Depression ● B. Relationships and/or My Love Life ● C. Military Life/Housing/Moving ● D. Money /Bills/Budgeting ● E. Food/Nutrition ● F. Parenting/My Kids ● G. None of the Above
	Now	<ul style="list-style-type: none"> ● A. Stress, Anxiety, and/or Depression ● B. Relationships and/or My Love Life ● C. Military Life/Housing/Moving ● D. Money /Bills/Budgeting ● E. Food/Nutrition ● F. Parenting/My Kids ● G. None of the Above

For the item below, consider how often it applied BEFORE the program and RIGHT NOW.		Almost Never	Rarely	Sometimes	Frequently	Often
9. I feel isolated.	Before	A	B	C	D	E
	Now	A	B	C	D	E

For each of the items below, consider each statement in relation to how you felt BEFORE attending the program and how you feel RIGHT NOW.		Just like my life	Quite a lot like my life	Somewhat like my life	Not much like my life	Not at all like my life
10. Daily military life is challenging for me. <input type="radio"/> F. If N/A, check here and move to the next item.	Before	A	B	C	D	E
	Now	A	B	C	D	E
11. Military life is a good fit for my family. <input type="radio"/> F. If N/A, check here and move to the next item.	Before	A	B	C	D	E
	Now	A	B	C	D	E
12. I feel prepared to respond to a family emergency.	Before	A	B	C	D	E
	Now	A	B	C	D	E
13. I feel prepared to help my children cope with prolonged separations.	Before	A	B	C	D	E
	Now	A	B	C	D	E
14. My children adjust well to change.	Before	A	B	C	D	E
	Now	A	B	C	D	E

For each of the items below, consider how much you agree or disagree with the statements in relation to how you felt BEFORE the program and RIGHT NOW.		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
15. <i>The staff understands military life.</i> <input type="radio"/> <i>F. If N/A, check here and move to next item.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
16. <i>I enjoy meeting other parents through this program.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
17. <i>Staff seem knowledgeable about resources in the community</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
18. <i>I would feel comfortable asking staff where I could get help meeting my family's basic needs such as housing, food, clothing, and health.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E

For the items below, consider how often each applied BEFORE the program and RIGHT NOW.		Almost Never	Rarely	Sometimes	Frequently	Often
19. <i>I worry about family finances.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
20. <i>I have trouble affording what I need each month.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
21. <i>I am able to afford the food I want to feed my family.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
22. <i>I feel safe in the community where I live.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E
23. <i>My family's current housing situation fits our needs.</i>	Before	A	B	C	D	E
	Now	A	B	C	D	E



Protective Factors Survey - Military Families Demographics

Class Location: _____

Participant ID#: _____

The items below are about you and your household. They will help program staff understand the needs of the families they serve and improve service provision. Your responses to this survey are confidential.

1. Gender:	2. Age:	3. Total Years in Service:	4. Current Employment Status:
<input type="radio"/> A. Female <input type="radio"/> B. Male <input type="radio"/> C. Nonbinary <input type="radio"/> D. Prefer not to answer <input type="radio"/> E. Other: _____	(in years) _____	(or as a dependent): _____	<input type="radio"/> A. Employed <input type="radio"/> B. Unemployed <input type="radio"/> C. Unemployed & Seeking Work
5. Military Status:			
<input type="radio"/> A. Civilian <input type="radio"/> B. Service Member <input type="radio"/> C. Veteran	<input type="radio"/> D. Service Member Spouse <input type="radio"/> E. Veteran Spouse <input type="radio"/> F. Reserves Spouse	<input type="radio"/> G. Reserves <input type="radio"/> H. Dual-Military	
6. Service Branch (including Reserves):			
<input type="radio"/> A. Air Force <input type="radio"/> B. Army	<input type="radio"/> C. Coast Guard <input type="radio"/> D. Marine Corps	<input type="radio"/> E. National Guard <input type="radio"/> F. Navy	
7. Total Time at Current Assignment:			
<input type="radio"/> A. Fewer than 6 months <input type="radio"/> B. 6 - 12 months		<input type="radio"/> C. 1 - 3 years <input type="radio"/> D. More than 3 years	
8. Pay Grade:			
<input type="radio"/> A. Enlisted member (E-1, E-2, E-3, or E-4) <input type="radio"/> B. Senior Enlisted member (E-5, E-6, E-7, E-8, or E-9)	<input type="radio"/> C. Company Grade Officer (O-1, O-2, O-3, or O-4) <input type="radio"/> D. Field Grade Officer (O-4, O-5, or O-6)	<input type="radio"/> E. General Grade Officer (O-7 or above)	
9. Relationship Status:			
<input type="radio"/> A. Divorced <input type="radio"/> B. Married	<input type="radio"/> C. Partnered <input type="radio"/> D. Separated	<input type="radio"/> E. Single <input type="radio"/> F. Widowed	

10. Current Family Housing:		
<input type="radio"/> A. Military housing, on-base <input type="radio"/> B. Military housing, off-base <input type="radio"/> C. Own	<input type="radio"/> D. Rent, off-base <input type="radio"/> E. Shared housing with relatives/ friends	<input type="radio"/> F. Temporary (shelter, hotel, temporarily with friends/ relatives) <input type="radio"/> G. Homeless
11. Highest Level of Education:		
<input type="radio"/> A. Elementary <input type="radio"/> B. Junior high school <input type="radio"/> C. Some high school	<input type="radio"/> D. High school diploma or GED <input type="radio"/> E. Trade/Vocational training <input type="radio"/> F. Some college	<input type="radio"/> G. 2-year college degree (Associate's) <input type="radio"/> H. 4-year college degree (Bachelor's) <input type="radio"/> I. Advanced degree
12. Race/Ethnicity (please choose as many as apply):		
<input type="radio"/> A. Asian <input type="radio"/> B. African American <input type="radio"/> C. African National/ Caribbean Islander <input type="radio"/> D. Hispanic or Latino	<input type="radio"/> E. Middle Eastern <input type="radio"/> F. Native American or Alaskan Native <input type="radio"/> G. Native Hawaiian/Pacific Islander <input type="radio"/> H. White (Non-hispanic)	<input type="radio"/> I. Multi-racial <input type="radio"/> J. Other: <hr/>
13. Primary Language Spoken at Home:		
<input type="radio"/> A. Chinese (including Mandarin/ Cantonese) <input type="radio"/> B. English <input type="radio"/> C. French (including Patois, Cajun)	<input type="radio"/> D. German <input type="radio"/> E. Korean <input type="radio"/> F. Spanish	<input type="radio"/> G. Tagalog <input type="radio"/> H. Vietnamese <input type="radio"/> I. Other: <hr/>
14. Which, if any, of the following are you currently enrolled in, or do you currently receive? Check all that apply.		
<input type="radio"/> A. Supplemental Nutrition Assistance Program (SNAP/food stamps, including WIC) <input type="radio"/> B. Temporary Assistance for Needy Families (TANF) <input type="radio"/> C. Social Security Disability Income (SSDI) <input type="radio"/> D. Supplemental Security Income (SSI) <input type="radio"/> E. Earned Income Tax Credit (EITC) <input type="radio"/> F. Head Start/Early Head Start Services	<input type="radio"/> G. Medicaid <input type="radio"/> H. State Health Insurance (including children's health insurance) <input type="radio"/> I. Unemployment benefits <input type="radio"/> J. Exceptional Family Member Program (EFMP) <input type="radio"/> K. None of the above <input type="radio"/> L. Other (please specify): <hr/>	

15. In the past month, were you unable to pay for (check all that apply):

- | | | |
|--|--|---|
| <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. Student debt |
| <input type="radio"/> C. Groceries/food (including baby formula, diapers) | <input type="radio"/> F. Basic household or personal hygiene items | <input type="radio"/> I. I was able to pay for all of these |

16. In the past year, I have (check all that apply):

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



**Protective Factors Survey - Military Families
Pre/Posttest Version**

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Date: _____

Participant ID#: _____

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- | | |
|---|---|
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