



# PROTECTIVE FACTORS SURVEY

## (Program Information-- For Staff Use Only)

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.**

*This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.*



*These next 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.*

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

2. Age (in years): \_\_\_\_\_

3. Primary Language Spoken at Home:

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

4. 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)

5. Relationship Status:

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

6. Family Housing:

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

7. 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

8. 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 highschool  G. Some college  
 D. Some high school  H. 2-year college degree (Associate's)

9. 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

Please tell us about the children living in your household.

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

11. Date of Birth: \_\_\_\_\_

12. This child lives in my house:     Yes     No

13. 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

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

15. Date of Birth: \_\_\_\_\_

16. This child lives in my house:     Yes     No

17. 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

18. CHILD #3     A. Male     B. Female     C. Gender non-conforming/ non-binary     D. Prefer not to answer

19. Date of Birth: \_\_\_\_\_

20. This child lives in my house:     Yes     No

21. What is your relationship to this child?

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

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

23. Date of Birth: \_\_\_\_\_

24. This child lives in my house:     Yes     No

25. 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



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**Part I.** 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. The number 4 means that the statement is true about half the time.

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

**Part II.** Please *circle* the number that best describes how much you agree or disagree with the statement.

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



**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 hope will 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** \_\_\_/\_\_\_/\_\_\_

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