

Protective Factors Survey (PFS-2)

(Program Information)

Agency ID #	Participant ID #	Date survey completed: ___ / ___ / ___
<input type="checkbox"/> Check here if this is a Pre-test	<input type="checkbox"/> Check here if this is a Post-test	
Program Start Date: ___ / ___ / ___	Program Completion Date: ___ / ___ / ___	

This page is to be completed by staff to collect program information. The following pages are to be completed by the participant.

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
- C. By the participant *without* program staff present

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

- A. No
- B. Yes
- C. Not Sure

3. If yes, was the report substantiated?

- A. No
- B. Yes
- C. Not Sure
- D. Not Applicable

4. Identify the type of program that most accurately describes the services the participant is receiving.

(Select all that apply)

- A. Parent Education
- B. Advocacy (self, community)
- C. Homeless/Transitional Housing
- D. Skill Building/Ed for Children
- E. Pre-Natal Class
- F. Home Visiting
- G. Parent Support Group
- H. Fatherhood Program
- I. Resource and Referral
- J. Adult Education (i.e. GED/Ed)
- K. Family Literacy
- L. Other
- M. Parent/Child Interaction
- N. Planned and/or Crisis Respite
- O. Family Resource Center
- P. Job Skills/Employment Prep
- Q. Healthy Relationships

(If you are using a specific curriculum, please name it below)

5. Participant's Attendance:

(Estimate if necessary)

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 _____



Protective Factors Survey (PFS-2)

(Participant Information)

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.

1. I have friends on social media/online I can rely on for support

- 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

2. I have people who believe in me.

- 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

3. I have someone in my life who gives me advice, even when it's hard to hear.

- 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

4. When I am trying to work on achieving a goal, I have friends who will support me.

- 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

5. When I need someone to look after my kids on short notice, I can find someone I trust.

- 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

For each of the following, check all that apply.

6. I have people I trust to ask for advice about:

- A. Money/Bills/Budgeting D. Stress, Anxiety, and/or Depression
 B. Relationships and/or My Love Life E. Parenting/My Kids
 C. Food/Nutrition F. None of the above

7. I have people I trust to ask for advice about:

- A. Work D. Legal Issues
 B. Housing and/or Emergency Shelter E. Medical/Dental Care
 C. Education F. None of the above



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

8. The future looks good for our family.

- 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

9. The way my family works together helps us deal with the hard times.

- 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

10. In my family, we take time to listen to each other.

- 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

11. There are things we do as a family that are special just to us.

- 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
-

12. My child misbehaves just to upset me.

- 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

13. I feel like I'm always telling my kids "no" or "stop."

- 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

14. I have frequent power struggles with my kids.

- 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

15. How I respond to my child depends on how I'm feeling.

- 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
-

16. I have trouble affording what I need each month.

- A. Never B. Rarely C. Sometimes D. Often E. Almost Always

17. I am able to afford the food I want to feed my family.

- A. Never B. Rarely C. Sometimes D. Often E. Almost Always

18. Within the past year, we worried whether our food would run out before we got money to buy more.

- A. Never B. Rarely C. Sometimes D. Often E. Almost Always

19. Within the past year, the food we bought just didn't last and we didn't have money to get more.

- A. Never B. Rarely C. Sometimes D. Often E. Almost Always



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

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

- A. Rent or mortgage
- B. Utilities or bills (electricity/gas/heat, etc.)
- C. Groceries/food (including baby formula)
- 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. None of the above

21. 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 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 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.

22. I feel like staff here understand me.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

23. No one here seems to believe that I can change.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

24. When I talk to people here about my problems, they just don't seem to understand.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree



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.

25. Sex: Male Female

26. Age (in years): _____

27. Race/Ethnicity. (Please choose as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> A. Native American or Alaskan Native | <input type="checkbox"/> F. Middle Eastern |
| <input type="checkbox"/> B. Asian | <input type="checkbox"/> G. Native Hawaiian/Pacific Islanders |
| <input type="checkbox"/> C. African American | <input type="checkbox"/> H. White (Non-Hispanic/European American) |
| <input type="checkbox"/> D. African Nationals/Caribbean Islanders | <input type="checkbox"/> I. Multi-racial |
| <input type="checkbox"/> E. Hispanic or Latino | <input type="checkbox"/> J. Other |

28. Marital Status:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> A. Married | <input type="checkbox"/> D. Divorced |
| <input type="checkbox"/> B. Partnered | <input type="checkbox"/> E. Widowed |
| <input type="checkbox"/> C. Single | <input type="checkbox"/> F. Separated |

29. Family Housing:

- | | |
|---|---|
| <input type="checkbox"/> A. Own | <input type="checkbox"/> D. Temporary (shelter, temporary with friends/relatives) |
| <input type="checkbox"/> B. Rent | <input type="checkbox"/> E. Homeless |
| <input type="checkbox"/> C. Shared housing with relatives/friends | |

30. Total Family Income:

- | | |
|---|---|
| <input type="checkbox"/> A. \$0 - \$10,000 | <input type="checkbox"/> D. \$30,001 - \$40,000 |
| <input type="checkbox"/> B. \$10,001 - \$20,000 | <input type="checkbox"/> E. \$40,001 - \$50,000 |
| <input type="checkbox"/> C. \$20,001 - \$30,000 | <input type="checkbox"/> F. more than \$50,001 |

31. Highest Level of Education:

- | | |
|--|---|
| <input type="checkbox"/> A. Elementary or junior high school | <input type="checkbox"/> F. 2-year college degree (Associate's) |
| <input type="checkbox"/> B. Some high school | <input type="checkbox"/> G. 4-year college degree (Bachelor's) |
| <input type="checkbox"/> C. High school diploma or GED | <input type="checkbox"/> H. Master's degree |
| <input type="checkbox"/> D. Trade/Vocational Training | <input type="checkbox"/> I. PhD or other advanced degree |
| <input type="checkbox"/> E. Some college | |

32. Which, if any, of the following do you currently receive? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A. Food Stamps | <input type="checkbox"/> D. Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> B. Medicaid (State Health Insurance) | <input type="checkbox"/> E. Head Start/Early Head Start Services |
| <input type="checkbox"/> C. Earned Income Tax Credit | <input type="checkbox"/> F. None of the above |



33. Please tell us about the children living in your household.

If more than 4 children, please use space provided on the back of this sheet.

CHILD #1

DOB: ___ / ___ / ___

Male Female

Your relationship to child:

- | | |
|---|--|
| <input type="checkbox"/> A. Birth parent | <input type="checkbox"/> E. Sibling |
| <input type="checkbox"/> B. Adoptive parent | <input type="checkbox"/> F. Other relative |
| <input type="checkbox"/> C. Step-parent | <input type="checkbox"/> G. Foster-parent |
| <input type="checkbox"/> D. Grand/Great Grandparent | <input type="checkbox"/> H. Other |

CHILD #2

DOB: ___ / ___ / ___

Male Female

Your relationship to child:

- | | |
|---|--|
| <input type="checkbox"/> A. Birth parent | <input type="checkbox"/> E. Sibling |
| <input type="checkbox"/> B. Adoptive parent | <input type="checkbox"/> F. Other relative |
| <input type="checkbox"/> C. Step-parent | <input type="checkbox"/> G. Foster-parent |
| <input type="checkbox"/> D. Grand/Great Grandparent | <input type="checkbox"/> H. Other |

CHILD #3

DOB: ___ / ___ / ___

Male Female

Your relationship to child:

- | | |
|---|--|
| <input type="checkbox"/> A. Birth parent | <input type="checkbox"/> E. Sibling |
| <input type="checkbox"/> B. Adoptive parent | <input type="checkbox"/> F. Other relative |
| <input type="checkbox"/> C. Step-parent | <input type="checkbox"/> G. Foster-parent |
| <input type="checkbox"/> D. Grand/Great Grandparent | <input type="checkbox"/> H. Other |

CHILD #4

DOB: ___ / ___ / ___

Male Female

Your relationship to child::

- | | |
|---|--|
| <input type="checkbox"/> A. Birth parent | <input type="checkbox"/> E. Sibling |
| <input type="checkbox"/> B. Adoptive parent | <input type="checkbox"/> F. Other relative |
| <input type="checkbox"/> C. Step-parent | <input type="checkbox"/> G. Foster-parent |
| <input type="checkbox"/> D. Grand/Great Grandparent | <input type="checkbox"/> H. Other |

