

# strengthening families



## protective factors survey

Agency ID:	
Participant ID#:	

1. Date of Completion:	/ /	
2. How was the survey completed?	<input type="checkbox"/> Completed in face-to-face interview <input type="checkbox"/> Completed by participant online at program site <input type="checkbox"/> Completed by participant on paper at program site <input type="checkbox"/> Completed by participant online outside of program site <input type="checkbox"/> Completed by participant on paper outside of program site	
3. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Age (in years):		
5. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> African National/Caribbean Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	
6. Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
7. Family Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shared housing with friends/relatives <input type="checkbox"/> Temporary (shelter, temporary with friends/relatives) <input type="checkbox"/> Homeless	
8. Family Income:	<input type="checkbox"/> \$0 - \$10,000 per year <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> More than \$50,001	
9. Highest Level of Education:	<input type="checkbox"/> Elementary or Junior High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Trade/Vocational Training <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College (Associate's Degree) <input type="checkbox"/> 4-Year College (Bachelor's Degree) <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. or Other Advanced Degree	
10. Which, if any, do you currently receive? Check all that apply.	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (State Health Insurance) <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> TANF <input type="checkbox"/> Head Start/Early Head Start Services <input type="checkbox"/> None of the Above	

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11. Please tell us about the children living in your household:		
Child 1:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 2:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 3:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 4:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
If there are more than four children living in the household, please use the blank space on the back of this page.		

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**Part One:** 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.

	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 Two:** 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	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

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**Part Three:** 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 the questions with this child in mind.

Child’s Age in Years:		OR Date of Birth:	/	/
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	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 Four:** 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

*The Protective Factors Survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention ([www.friendsnrc.org](http://www.friendsnrc.org)) in partnership with the University of Kansas Institute for Educational Research & Public Service Center through funding provided by the US Department of Health and Human Services.*

*Strengthening Families is a project of the Center for the Study of Social Policy ([www.cssp.org](http://www.cssp.org)).*