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

○ B. Child Protective Services

○ C. Court

○ D. Community Program

○ E. Other

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

○ A. No

○ B. Yes..... ☐ **Before** starting the program ☐ **During** the program ☐ **After** completing the program

○ C. Not Sure

4. If yes, was the report substantiated?

○ A. No

○ B. Yes

○ C. Not Sure

○ D. No, referred to Differential Response

○ E. Yes, 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)

☐ B. Healthy Relationships

☐ C. Home Visiting

☐ D. Homeless/Transitional Housing

☐ E. Parent Education

☐ F. Parent/Child Interaction

☐ G. Parent Support Group

☐ H. Planned and/or Crisis Respite

☐ I. Resource and Referral

☐ J. Skill Building/Ed for Children

☐ K. Other (If you are using a specific curriculum, please write the name) _____

_____

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
_____

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

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

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.	○	○	○	○	○
2. In my family, we take time to listen to each other.	○	○	○	○	○
3. There are things we do as a family that are special just to us.	○	○	○	○	○
4. My child misbehaves just to upset me.	○	○	○	○	○
5. I feel like I'm always telling my kids "no" or "stop."	○	○	○	○	○
6. I have frequent power struggles with my kids.	○	○	○	○	○
7. How I respond to my child depends on how I'm feeling.	○	○	○	○	○
8. I have people who believe in me.	○	○	○	○	○
9. I have someone in my life who gives me advice, even when it's hard to hear.	○	○	○	○	○
10. When I am trying to work on achieving a goal, I have friends who will support me.	○	○	○	○	○
11. When I need someone to look after my kids on short notice, I can find someone I trust.	○	○	○	○	○

12. I have people I trust to ask for advice about (check all that apply):

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

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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.	◯	◯	◯	◯	◯
14. No one here seems to believe that I can change.	◯	◯	◯	◯	◯
15. When I talk to people here about my problems, they just don't seem to understand.	◯	◯	◯	◯	◯

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

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Please tell us about the children living in your household.

20. CHILD #1 ◯ A. Male ◯ B. Female

21. Age (in years):_____

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

25. Age (in years):_____

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 #3 ◯ A. Male ◯ B. Female

29. Age (in years):_____

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

33. Age (in years):_____

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

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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
◯ B. Spanish
◯ C. Creole
◯ D. Mandarin
◯ E. Arabic
◯ F. Russian
◯ G. Other:_____

39. Race/Ethnicity (Please choose as many as apply):

☐ A. Native American or Alaskan Native
☐ B. Asian
☐ C. African American
☐ D. African National/ Caribbean Islander
☐ E. Hispanic or Latino
☐ F. Middle Eastern
☐ G. Native Hawaiian/Pacific Islander
☐ H. White (Non-Hispanic/ European American)
☐ I. Multi-racial
☐ J. Other_____

40. Relationship Status:

◯ A. Married
◯ B. Partnered
◯ C. Single
◯ D. Divorced
◯ E. Widowed
◯ F. Separated

41. Family Housing:

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

42. Total Family Income:

◯ A. $0 - $10,000
◯ B. $10,001 - $20,000
◯ C. $20,001 - $30,000
◯ D. $30,001 - $40,000
◯ E. $40,001 - $50,000
◯ F. $50,001 - $60,000
◯ G. More than $60,001

43. Highest Level of Education:

◯ A. Elementary
◯ B. Junior high school
◯ C. Some high school
◯ D. High school diploma or GED
◯ E. Trade/Vocational training
◯ F. Some college
◯ G. 2-year college degree (Associate's)
◯ H. 4-year college degree (Bachelor's)
◯ I. Advanced degree

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)
☐ B. Social Security Disability Income (SSDI)
☐ C. Medicaid
☐ D. Earned Income Tax Credit (EITC)
☐ E. Temporary Assistance for Needy Families (TANF)
☐ F. Head Start/Early Head Start Services
☐ G. Unemployment Benefits
☐ H. State Health Insurance (including children's health insurance)
☐ I. Supplemental Security Income (SSI)
☐ J. None of the above
☐ K. Other

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