

**Protective Factor Survey**

**The survey contains questions about you, your experiences as a parent, and your outlook on life in general. All the information you share will be kept confidential and will not affect the services you receive.**

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| **Agency:** |  | **Caregiver ID:** | |  |
| **Program Name:** |  |  | **Alternative ID:** |  |
| **Date Survey Completed:** | **/ /** | **Child ID:** | |  |
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| **Please check the box that best describes how often the statements are true for your family.** | | | | | | | |
|  | **Never** | **Very Rarely** | **Rarely** | **About Half the Time** | **Frequently** | **Very Frequently** | **Always** |
| 1. In my family, we talk about problems. |  |  |  |  |  |  |  |
| 1. When we argue, my family listens to "both sides of the story.” |  |  |  |  |  |  |  |
| 1. In my family, we take time to listen to each other. |  |  |  |  |  |  |  |
| 1. My family pulls together when things are stressful. |  |  |  |  |  |  |  |
| 1. My family is able to solve our problems. |  |  |  |  |  |  |  |

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| **Please check the box 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** |
| 1. I have others who will listen when I need to talk about my problems. |  |  |  |  |  |  |  |
| 1. When I am lonely, there are several people I can talk to. |  |  |  |  |  |  |  |
| 1. I would have no idea where to turn if my family needed food or housing. |  |  |  |  |  |  |  |
| 1. I wouldn’t know where to go for help if I had trouble making ends meet. |  |  |  |  |  |  |  |
| 1. If there is a crisis, I have others I can talk to. |  |  |  |  |  |  |  |
| 1. If I needed help finding a job, I wouldn’t know where to go for help. |  |  |  |  |  |  |  |

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| **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 date of birth and then answer questions with this child in mind.** | | | | | | | | | | | | | | | | |
| **Child Date of Birth: (mm/dd/yy)** | **/ /** | |  | | |  | | | | | |  | |  | |
|  | |  | | | | |  | |  | | | | | | | |
|  | | | | **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. | | | |  |  | | |  | |  |  | |  | |  | |
| 13. I know how to help my child learn. | | | |  |  | | |  | |  |  | |  | |  | |
| 14. My child misbehaves just to upset me. | | | |  |  | | |  | |  |  | |  | |  | |

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| **Please check the box that best describes how often the statements are true for you.** | | | | | | | |
|  | **Never** | **Very Rarely** | **Rarely** | **About Half the Time** | **Frequently** | **Very Frequently** | **Always** |
| 1. I praise my child when s/he behaves well. |  |  |  |  |  |  |  |
| 1. When I discipline my child I lose control. |  |  |  |  |  |  |  |
| 1. I am happy being with my child. |  |  |  |  |  |  |  |
| 1. My child and I are very close to each other. |  |  |  |  |  |  |  |
| 1. I am able to soothe my child when s/he is upset. |  |  |  |  |  |  |  |
| 20. I spend time with my child doing what s/he likes to do. |  |  |  |  |  |  |  |

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| **Please identify your status with the program as it relates to when you are taking this survey.** | | | | | |
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| **New/Recent Admission (completing initial survey)** |  |  | | |
| **Ongoing Participation** |  |  | | |
| **Discharge** |  |  | | | |