

# Protective Factors Survey

## PROTECTIVE FACTORS SURVEY



**Agency ID # (enter CCC-2)**

**Date Survey Completed:**

MM DD YYYY  
:  /  /

**Participant ID #**

**Gender:**

- Male  
 Female

**Age (in years):**

**Race/Ethnicity (Please choose the ONE that best describes what you consider yourself to be):**

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

J. Other:

# Protective Factors Survey

## **Marital Status:**

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

## **Family Housing:**

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

## **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. more than \$50,001

## **Highest Level of Education:**

- A. Elementary or Junior High School
- B. Some High School
- C. High School Diploma or GED
- D. Trade/Vocational Training
- E. Some College
- F. 2-year College Degree (Associate's)
- G. 4-year College Degree (Bachelor's)
- H. Master's Degree
- I. PhD or Other Advanced Degree

## Protective Factors Survey

**Which, if any, of the following do you currently receive?**

- A. Food Stamps
- B. Medicaid (State Health Insurance)
- C. Earned Income Tax Credit
- D. TANF
- E. Head Start/Early Head Start Services
- F. None of the above



# Protective Factors Survey

**Part II Please check 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
I have others who will listen when I need to talk about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am lonely, there are several people I can talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would have no idea where to turn if my family needed food or housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't know where to go for help if I had trouble making ends meet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there is a crisis, I have others I can talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I needed help finding a job, I wouldn't know where to go for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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 enter the child's age or date of birth and then answer the following questions with **this** child in mind.

**Child's Age or**

**DOB**

MM DD YYYY

:  /  /



# Protective Factors Survey

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

### Child 1:

- Male
- Female

### Date of birth:

MM DD YYYY  
:  /  /

### Your relationship to child

- A. Birth parent
- B. Adoptive parent
- C. Grand/Great Grandparent
- D. Sibling
- E. Other relative
- F. Foster Parent
- G. Other

### Child 2:

- Male
- Female

### Date of birth:

MM DD YYYY  
:  /  /

### Your relationship to child

- A. Birth parent
- B. Adoptive parent
- C. Grand/Great Grandparent
- D. Sibling
- E. Other relative
- F. Foster Parent
- G. Other

# Protective Factors Survey

## Child 3:

- Male
- Female

## Date of birth:

MM DD YYYY  
:  /  /

## Your relationship to child

- A. Birth parent
- B. Adoptive parent
- C. Grand/Great Grandparent
- D. Sibling
- E. Other relative
- F. Foster Parent
- G. Other

## Child 4:

- Male
- Female

## Date of birth:

MM DD YYYY  
:  /  /

## Your relationship to child

- A. Birth parent
- B. Adoptive parent
- C. Grand/Great Grandparent
- D. Sibling
- E. Other relative
- F. Foster Parent
- G. Other

## Child 5:

- Male
- Female



# Protective Factors Survey

**Date of birth:**

MM DD YYYY  
:  /  /

**Your relationship to child**

- A. Birth parent
- B. Adoptive parent
- C. Grand/Great Grandparent
- D. Sibling
- E. Other relative
- F. Foster Parent
- G. Other

**Child 6:**

- Male
- Female

**Date of birth:**

MM DD YYYY  
:  /  /

**Your relationship to child**

- A. Birth parent
- B. Adoptive parent
- C. Grand/Great Grandparent
- D. Sibling
- E. Other relative
- F. Foster Parent
- G. Other