

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

## Retrospective

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. Please think back to when you started this program. For each of the following items, mark the first row based on how you felt or what you experienced BEFORE you started the program. On the second row, respond based on how you feel or what you experience NOW.**

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



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

- | Before                      | Now                         |                                    |
|-----------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> A. | <input type="checkbox"/> A. | Money/Bills/Budgeting              |
| <input type="checkbox"/> B. | <input type="checkbox"/> B. | Relationships and/or My Love Life  |
| <input type="checkbox"/> C. | <input type="checkbox"/> C. | Food/Nutrition                     |
| <input type="checkbox"/> D. | <input type="checkbox"/> D. | Stress, Anxiety, and/or Depression |
| <input type="checkbox"/> E. | <input type="checkbox"/> E. | Parenting/My Kids                  |
| <input type="checkbox"/> F. | <input type="checkbox"/> F. | 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. For each of the following items, mark the first row based on how you felt or what you experienced BEFORE you started the program. On the second row, respond based on how you feel or what you experience NOW.*

		A. Strongly agree	B. Agree	C. Neither agree nor disagree	D. Disagree	E. Strongly disagree
13. I feel like staff here understand me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. No one here seems to believe that I can change.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I talk to people here about my problems, they just don't seem to understand.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please continue answering the questions on the next page.*



*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.

              

*Please turn the page to answer questions about the children for whom you are the parent or caregiver.*



*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



*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  D. Mandarin  G. Other: \_\_\_\_\_  
 B. Spanish  E. Arabic  
 C. Creole  F. Russian

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

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

40. Relationship Status:

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

41. Family Housing:

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

42. Total Family Income:

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

43. Highest Level of Education:

- A. Elementary  D. High school diploma or GED  G. 2-year college degree (Associate's)  
 B. Junior high school  E. Trade/Vocational training  H. 4-year college degree (Bachelor's)  
 C. Some high school  F. Some college  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)  E. Temporary Assistance for Needy Families (TANF)  H. State Health Insurance (including children's health insurance)  
 B. Social Security Disability Income (SSDI)  F. Head Start/Early Head Start Services  I. Supplemental Security Income (SSI)  
 C. Medicaid  G. Unemployment Benefits  J. None of the above  
 D. Earned Income Tax Credit (EITC)  K. Other

