

Protective Factors Survey - English

Staff use: Pre survey Post survey

Your first name: _____ Your birthdate: Month ___ Day ___ Year ___ Date Completed: Month ___ Day ___ Year ___

When was your first visit to the FRC? <input type="checkbox"/> Within the past month <input type="checkbox"/> 2-3 months ago <input type="checkbox"/> 4-6 months ago <input type="checkbox"/> 7-9 months ago <input type="checkbox"/> 10-12 months ago <input type="checkbox"/> Over 1 year ago <input type="checkbox"/> Over 2 years ago	How many times have you visited the FRC? <input type="checkbox"/> 1-3 times <input type="checkbox"/> 4-6 times <input type="checkbox"/> 7-9 times <input type="checkbox"/> 10-12 times <input type="checkbox"/> 13-15 times <input type="checkbox"/> 16+ times	Which FRC Workshops have you attended (check all that apply)? <input type="checkbox"/> Abriendo Puertas <input type="checkbox"/> SEEDS <input type="checkbox"/> Triple P <input type="checkbox"/> Arts Enrichment <input type="checkbox"/> Other: _____
--	--	--

How many children do you have that are 5 years old or younger?

Part 1. Please **MARK "X"** in the answer that best describes how often the statements are true for you or your family.

	Never	Very Rarely	Rarely	About half the time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.							
2. When we argue, my family listens to "both sides of the story."							
3. In my family, we take time to listen to each other.							
4. My family pulls together when things are stressful.							
5. My family is able to solve our problems.							

Part 2. Please **MARK "X"** in the answer 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
6. I have others who will listen when I need to talk about my problems.							
7. When I am lonely, there are several people I can talk to.							
8. I would have no idea where to turn if my family needed food or housing.							
9. I wouldn't know where to go for help if I had trouble making ends meet.							
10. If there is a crisis, I have others I can talk to.							
11. If I needed help finding a job, I wouldn't know where to go for help.							

Part 3. 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 down the age of **that one child**.

Child's Age: <input style="width: 30px;" type="text"/> Years <input style="width: 30px;" type="text"/> Months	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.							

Part 4. 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.							
16. When I discipline my child, I lose control.							
17. I am happy being with my child.							
18. My child and I are very close to each other.							
19. I am able to soothe my child when he/she is upset.							
20. I spend time with my child doing what he/she likes to do.							