

**Protective Factors Survey: Short Form**

**Part 1.** Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1 In my family, we talk about problems.	1	2	3	4	5	6	7
2 When we argue, my family listens to "both sides of the story".	1	2	3	4	5	6	7
3 In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4 My family pulls together when things are stressful.	1	2	3	4	5	6	7
5 My family is able to solve our problems.	1	2	3	4	5	6	7

**Part 2.** Please *circle* 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
6 I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7 When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8 I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9 I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10 If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11 If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

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**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 the child's date of birth and then answer questions with this child in mind. Please *circle* how often each of the following happens in your family.

PFS A: Are you currently pregnant?	YES	NO
PFS B: Do you have a child 3 yrs or younger (5 yrs for Marine Corps) who would benefit from our services?	YES	NO

**If currently pregnant with NO eligible child, STOP HERE. Otherwise, complete Child's DOB and Items 12-15.**

**Child's DOB**

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MO

YEAR

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
12 I am happy being with my child.	1	2	3	4	5	6	7
13 My child and I are very close to each other.	1	2	3	4	5	6	7
14 I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
15 I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7