

### Protective Factors Instrument

**Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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 5 where each of the numbers represents a different amount of time, ranging from never to always. The number 3 would mean the statement is true about half of the time.

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

Please circle the number that best describes how much you agree or disagree with each of the statements listed below. The numbers represent a scale from 1 to 5 where each of the numbers represents a different amount of agreement, ranging from strongly disagree to strongly agree. The number 3 would mean that you don't feel strongly one way or another.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I am able to speak up for what my family and children need.	1	2	3	4	5
8. I have people who will listen when I need to talk about my problems.	1	2	3	4	5
9. I have friends I can talk to when I am lonely.	1	2	3	4	5
10. I have someone I can trust to take care of my children when I need a break.	1	2	3	4	5
11. I would know where to get help if my family needed food, clothing, or a place to live.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
12. I would know where to get help if I needed money to support my family.	1	2	3	4	5
13. I would know where to get help if I needed a job.	1	2	3	4	5
14. I have others I can talk to if there is a crisis.	1	2	3	4	5

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 age or date of birth and then answer questions with this child in mind. Circle the number that best describes how much you agree or disagree with each of the statements listed below.

**Child's Age:** \_\_\_\_\_ **or** **DOB:** \_\_\_/\_\_\_/\_\_\_

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15. I know how to help my child learn.	1	2	3	4	5
16. I understand why my child behaves the way he/she does.	1	2	3	4	5
17. I know what behaviors and abilities are normal for my child's current developmental stage.	1	2	3	4	5
18. I know how to obtain information on what to expect of my child as he/she grows and matures.	1	2	3	4	5
19. I know where I can get information about parenting and taking care of children.	1	2	3	4	5

Please tell us how often each of the following happens in your family.

	Never	Rarely	About Half the Time	Frequently	Always
20. I praise my child when he/she behaves well.	1	2	3	4	5
21. I discipline my child without losing control.	1	2	3	4	5
22. I am happy being with my child.	1	2	3	4	5
23. My child and I are very close to each other.	1	2	3	4	5
24. I am able to soothe my child when he/she is upset.	1	2	3	4	5

	Never	Rarely	About Half the Time	Frequently	Always
25. I spend time with my child doing what he/she likes to do.	1	2	3	4	5
26. I read to or with my child.	1	2	3	4	5
27. My child has a routine for daily activities.	1	2	3	4	5
28. I help my child figure out a task when he/she is having trouble.	1	2	3	4	5
29. I provide activities for my child that will help him/her develop new skills.	1	2	3	4	5