

# CULTURALLY RESPONSIVE MEASUREMENT TOOL: PROTECTIVE FACTORS (CRMT-PF)

## Participant Demographics

**INSTRUCTIONS:** These last few questions are about you. They will be used to help us understand the needs of people and families we serve. Remember, your responses to these questions are confidential.

<b>Gender Identity</b>	<input type="checkbox"/> Woman <input type="checkbox"/> Man	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Two-Spirit	<input type="checkbox"/> Prefer to Self-Identify (fill in):		<input type="checkbox"/> Prefer not to answer
<b>Identifies as LGBTQ+</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Sure <input type="checkbox"/> Prefer not to answer	<b>Disabling Barrier or Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Sure <input type="checkbox"/> Prefer not to answer
<b>Age: in years</b>		<input type="checkbox"/> Prefer not to answer	<b>Family Structure</b> Select all that apply	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Kinship Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Multigeneration <input type="checkbox"/> Teen Parent
<b>Age(s) of Child(ren)</b> Select all that apply	<input type="checkbox"/> Age 0 to 5 <input type="checkbox"/> Age 6 to 12	<input type="checkbox"/> Age 12 to 17 <input type="checkbox"/> 18 +	<b>Is there a child with a disability in your care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
<b>Current Living Situation</b>	<input type="checkbox"/> Own/Rent <input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Living with Friend/Family <input type="checkbox"/> Motel/Hotel		<input type="checkbox"/> Transitional Housing <input type="checkbox"/> Unsheltered/Staying in Car/Camper	
<b>Primary language(s) spoken at home:</b>				<input type="checkbox"/> Prefer not to answer	
<b>How do you self-identify your race or ethnicity? (fill in)</b>				<input type="checkbox"/> Prefer not to answer	
<b>Race/ethnicity details:</b> (please select as many as apply, and enter Country of Origin or Indigenous Identity, if applicable)				<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> American Indian/Alaska Native		Country of Origin/Indigenous Identity (fill in):			
<input type="checkbox"/> Asian or Asian American		Country of Origin/Indigenous Identity (fill in):			
<input type="checkbox"/> Black, African or African American		Country of Origin/Indigenous Identity (fill in):			
<input type="checkbox"/> Hispanic, Latinx, or Spanish		Country of Origin/Indigenous Identity (fill in):			
<input type="checkbox"/> Middle Eastern or North African		Country of Origin/Indigenous Identity (fill in):			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		Country of Origin/Indigenous Identity (fill in):			
<input type="checkbox"/> White		Country of Origin/Indigenous Identity (fill in):			