

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

For program staff use only

☐ Pre-Test
☐ Post-Test

☐ Single
 Assessment

This survey is being conducted for two reasons: to understand your strengths and needs as a family, and-- more broadly--to understand what families in King County (of all structures) need to thrive. In this survey we will ask you some questions that relate to the work you do with our program, but there will also be questions that may not seem to relate. For example, we ask questions to understand what families can and cannot afford with their current financial situations. This is not a judgment, nor is it a promise of services.

Your responses are confidential and will not be used against you in any way. If there are questions you do not feel comfortable answering, feel free to select "Prefer Not to Answer" when applicable. Your responses will help us understand where we may need to provide/connect resources to families in the future.

Thank you for your honest responses!

Family Name/ID:

Date:

INSTRUCTIONS: Thinking about your life right now, select the extent to which you agree or disagree with the following statements. Use a ✓ or ✗ in the box to mark your response.

FR FAMILY RESILIENCE	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0	N/A
2. Our family traditions are important to us.	4	3	2	1	0	N/A
3. In general, my family works together to solve problems.	4	3	2	1	0	N/A
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	N/A
5. My family is able to find time for things that matter to us.	4	3	2	1	0	N/A

KPCD KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
6. I feel like I'm always telling my child(ren) "no" or "stop."	0	1	2	3	4	N/A
7. How I respond to my child(ren) depends on how I'm feeling.	0	1	2	3	4	N/A
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.	4	3	2	1	0	N/A
9. Parents/caregivers have a big impact on how their child(ren) turn out.	4	3	2	1	0	N/A

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INSTRUCTIONS: These questions help us understand your current support system. Thinking about your life right now, select the extent to which you agree or disagree with the following statements.

SS SOCIAL SUPPORTS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
10. I have someone in my life who encourages me.	4	3	2	1	0	N/A
11. I have someone in my life who is honest with me about difficult topics.	4	3	2	1	0	N/A
12. When I'm trying to work on achieving a goal, I have someone in my life who will support me.	4	3	2	1	0	N/A
13. When I need someone to look after my child(ren) on short notice, I can find someone I trust.	4	3	2	1	0	N/A
14. I have people I trust to ask for advice about: (select all that apply)	4 4+ checked	3 3 checked	2 2 checked	1 1 checked	0 0 checked	N/A
<input type="checkbox"/> Money / Bills / Budgeting <input type="checkbox"/> Relationships	<input type="checkbox"/> Food / Nutrition <input type="checkbox"/> Stress / Worries		<input type="checkbox"/> Caring for my Child / My Children <input type="checkbox"/> None of the above (= 0)			

INSTRUCTIONS: These questions help us understand your current financial situation. Thinking about your life right now, select the extent to which you agree or disagree with the following statements.

CS CONCRETE SUPPORTS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
15. I have trouble affording what I need each month.	0	1	2	3	4	N/A
16. I am able to afford the food I want to feed my family.	4	3	2	1	0	N/A
17. In the past month, were you unable to pay for: (select all that apply)	4 0 checked	3 1 checked	2 2 checked	1 3 checked	0 4+ checked	N/A
<input type="checkbox"/> Rent or mortgage <input type="checkbox"/> Childcare/daycare <input type="checkbox"/> Groceries/food (including baby formula/diapers)	<input type="checkbox"/> Utilities or bills (electricity/gas/heat/phone/internet, etc.) <input type="checkbox"/> Medicine, medical expenses, mental health services, co-pays <input type="checkbox"/> Basic household or personal hygiene items (including clothes/shoes)		<input type="checkbox"/> Transportation (including gas, bus passes, shared rides) <input type="checkbox"/> Other (specify): <input type="checkbox"/> I was able to pay for all of these (= 4)			
18. In the past year, have you: (select all that apply)	4 0 checked	3 1 checked	2 2 checked	1 3 checked	0 4+ checked	N/A
<input type="checkbox"/> Delayed or not gotten medical or dental care for you or your family <input type="checkbox"/> Been evicted from your home or apartment <input type="checkbox"/> Lived at a shelter, in a hotel/motel, or in an abandoned building or vehicle	<input type="checkbox"/> Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills <input type="checkbox"/> Lost access to your regular transportation (e.g., vehicle totaled or repossessed)		<input type="checkbox"/> Been unemployed when you really needed or wanted a job <input type="checkbox"/> None of these apply to me (= 4)			

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INSTRUCTIONS: The following section focuses on your experiences so far with our organization. Your answers to these questions can help staff improve services for you and others like you, so your honest feedback is appreciated.

NOTE: SKIP THIS SECTION IF YOU ARE TAKING THIS AS A PRE-TEST (see top of Page 1)

CPSR PARENT/CAREGIVER + PROGRAM STAFF RELATIONSHIP	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
19. When I talk to staff from this program about my problems, they seem to understand.	4	3	2	1	0	N/A
20. The staff from this program genuinely care about me.	4	3	2	1	0	N/A
21. The staff from this program have respect for me.	4	3	2	1	0	N/A
22. The staff from this program help me when I need it.	4	3	2	1	0	N/A

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FR Total Score: <i>Section scores added up</i>		DIVIDED BY	# of Questions Answered: <i>Out of 5</i>		EQUALS	Average FR Score:	
KPCD Total Score: <i>Section scores added up</i>		DIVIDED BY	# of Questions Answered: <i>Out of 4</i>		EQUALS	Average KPCD Score:	
SS Total Score: <i>Section scores added up</i>		DIVIDED BY	# of Questions Answered: <i>Out of 5</i>		EQUALS	Average SS Score:	
CS Total Score: <i>Section scores added up</i>		DIVIDED BY	# of Questions Answered: <i>Out of 4</i>		EQUALS	Average CS Score:	
CPSR Total Score: <i>Section scores added up</i>		DIVIDED BY	# of Questions Answered: <i>Out of 4</i>		EQUALS	Average FR Score:	

Average FR Score	PLUS	Average KPCD Score	PLUS	Average SS Score	PLUS	Average CS Score	PLUS	Average CPSR Score	EQUALS	Total of Averages <i>Enter below</i>

Total of Averages <i>From above</i>	DIVIDED BY	# of Sections Completed <i>Out of 5</i>	EQUALS	OVERALL AVERAGE SCORE	Scoring Note: <i>Higher numbers = higher rate of protective factor</i>