

CRMT-PF

CULTURALLY RESPONSIVE
MEASUREMENT TOOL:
PROTECTIVE FACTORS

2023 FINAL REPORT

REVISED FEBRUARY 2024

PREPARED BY:

the CAPACITY COLLECTIVE

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*This work was made possible by the
King County Best Starts for Kids Levy*

 King County

Best Starts for
KIDS



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Background & Introduction

In 2020, King County contracted with The Capacity Collective (CC) to develop a culturally responsive measurement tool that would measure protective factors in King County families. This project is part of the Best Starts for Kids Levy (BSK), a voter-approved initiative to improve the health and well-being of King County children by investing in promotion, prevention, and early intervention.

Prior to the contract, the BSK team had selected the Protective Factors Survey, 2nd edition (PFS-2) from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention as the potential best survey for adaptation.

The CC team studied dozens of other assessment tools and culturally-responsive research methods, and began exploring how a protective factor tool could work with King County's diverse families. The CC team adapted the PFS-2 question-by-question, and overall, with the support of the 2021 Resilient Family Advisory Council (RFAC). To represent the overhaul of the instrument, the research team (BSK and CC) named the survey the Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF). The tool will be referred to as such throughout this report.

With the support of the 2022 RFAC, the CC team conducted a rigorous community validation process of the CRMT-PF. Based on what they learned, they adapted the tool and had it translated into four additional languages: Simplified Chinese, Somali, Spanish, and Vietnamese. Additionally, they conducted an Implementation Evaluation to understand how best to support community organizations in onboarding and using the CRMT-PF. *Details on 2021-2022 processes can be found in reports listed under Products (p. 3).*

In 2023, the CC team worked with early learning providers around King County to conduct both a Community Validation and Implementation Evaluation on the translated tools.

In this report, we review our findings from the 2023 studies and provide recommendations for both the further study of the CRMT-PF and for rolling out training and implementation with King County early learning providers in 2024 and beyond.

Project Milestones

ACTIVITIES

PRODUCTS

YEAR 1: 2021

- Writing of two Literature Reviews
- Establishment of Resilient Families Advisory Council (RFAC) - 15 members
- Informational Interviews with Early Learning academics, practitioners and professionals
- PFS-2 chosen for adaptation
- Initial testing of CRMT-PF Instrument
- Development of initial CRMT-PF instrument and Implementation Guide

- Literature Review: Culturally-Responsive Research
- Literature Review: Measuring Protective Factors
- Initial CRMT instrument (English)
- Initial CRMT Implementation Guide
- Report: CRMT Instrument Design and Initial Testing

YEAR 2: 2022

- Resilient Families Advisory Council (RFAC) - 19 members
- Community Validation of instrument (English) - testing with 30 families each in 10 key communities:
 - Ethiopian, Somali, Vietnamese, Chinese, Black & African American, Middle Eastern/North African, Latina/o/x, Pacific Islander, Families with Kids with Disabilities, Indigenous/ American Indian/Alaska Native
- Statistical Validation of instrument (English) with Great Lakes Marketing and Dr. Josh Goode
- Development of CRMT-PF Scoring Tool
- Revamping CRMT-PF instrument and Implementation Guide

- Literature Review: Culturally-Responsive Validity Testing
- Report: Culturally Responsive Measurement Tool Validation Summary
- CRMT-PF Scoring Tool
- Updated CRMT-PF Instrument (English)
- Updated CRMT-PF Implementation Guide

Presentations:

"Culturally Responsive Measurement of Protective Factors with Community-Designed Programs"
Start Early's National Home Visiting Summit, March

"Developing a culturally relevant tool for measuring program outcomes"
American Evaluation Association, November

YEAR 3: 2023

- Translation of CRMT-PF: Simplified Chinese, Somali, Spanish, Vietnamese
- Community Validation of CRMT-PF
 - Simplified Chinese, Somali, Spanish
 - Vietnamese partially validated
- Implementation Evaluation of CRMT-PF
 - English, Simplified Chinese, Somali, Spanish
 - Vietnamese partially studied
- Development of Training Plan for implementation with CBOs

- Updated CRMT-PF Instrument (English)
- CRMT-PF in Simplified Chinese, Somali, Spanish, and Vietnamese
- 2023 Final Report (current document)
- 2024 Implementation Training Plan
- Updated CRMT-PF Implementation Guide
- Updated CRMT-PF Scoring Tool

Presentations:

"CRMT Presentation" *BSK Innovation Supports Team Meeting, June*

"Beyond the Deficit Model: Introducing BSK's new Culturally Responsive Measurement Tool" *BSK Summit, October*

2023 Research & Findings

The Capacity Collective team had two research goals for 2023:

- Conduct a **Community Validation** of the instruments that had been translated into Simplified Chinese, Somali, Spanish and Vietnamese.
- Conduct an **Implementation Evaluation** of the instruments in all of the languages.

Both studies happened concurrently with the support of staff in 9 community-based organizations.

COMMUNITY VALIDATION METHODS

The goal of the **Community Validation** was to ensure the CRMT-PF worked well with diverse families in King County. It was important that families understood the questions in similar ways, so the team would know if the tool could work consistently across different communities, as was the goal for the project.

To align with the Community Validation process of the English instrument, the goal was to test the instrument with 30+ families in each of the languages. CBO staff were trained on the tool then after they administered it with at least 10 families, staff participated in **Focus Groups** to share their feedback, and feedback from families (see questions in Appendix D).

It is important to note that the Vietnamese version of the CRMT-PF has NOT been fully community validated. Despite extensive outreach and networking across King County, the instrument was only tested with 20 families. While the results are very promising, a full validation process is necessary for all instruments to receive the same level of testing.

FINAL TESTING NUMBERS BY LANGUAGE

Spanish: 65
Somali: 43
Simplified
Chinese: 50
Vietnamese: 20

COMMUNITY VALIDATION

FOCUS GROUP FINDINGS

The Capacity Collective team conducted 7 focus groups with partners from 8 community-based organizations. There were a total of 19 participants across the focus groups. All of the focus groups were conducted in English.

Focus group participants were asked about the experience surveying families with the CRMT-PF instrument. They were asked about potentially challenging or helpful questions, comments on the quality of translations, and possible benefits of using the instrument (see Appendix D). Participants were also asked for suggestions for improvement of the instrument, and recommendations for how best to train staff on using the tool.

CHALLENGING QUESTIONS

When asked about questions that may have been challenging or difficult to answer, the participants discussed two types of concerns, based on their experiences with families: confusion over some wording, and concern about the sensitivity of some questions.

When it came to wording, two CBO staff respondents reported confusion about the term “multigenerational household” which is part of the optional demographics, asking about household structure. One suggestion was to provide examples. One respondent using the Simplified Chinese tool reported confusion with the term “Family Traditions.” Their family asked if that had to do with their ancestors.

Across languages, several respondents reported confusion with the term “disability” in the demographics. They reported needing to explain to families that the term does not just signify physical disabilities, but may also include learning disabilities, ADHD, and/or autism. **This is now revised on the English version of the instrument and updates should be added to the translated versions before they are used more widely.** Across both Simplified Chinese and Spanish, two respondents reported discomfort with parents reporting their age; one suggested to include age ranges.

As with the studies from previous years, we found some of the questions were challenging for families because of the sensitive nature of the questions. Answering questions about housing status was potentially embarrassing for a few families, who may find experiencing homelessness to be shameful.

The questions that caused the most discomfort were the same questions the CBO staff felt were most helpful: those regarding social supports and concrete supports. One respondent felt concerned that families may feel overwhelmed by discussing these topics, though commented it was also a great opportunity to understand the family’s needs, and a conversation starter about the importance of a social network. These concerns with the concrete support questions aligns with findings from the previous years, and underscores the importance of framing these sections well. We discuss suggestions for these sections below, in Recommendations.

COMMUNITY VALIDATION FINDINGS – CONT'D

TRANSLATIONS

When asked about translation quality, responses differed by language. The Simplified Chinese and Vietnamese tools both received positive feedback; especially the Vietnamese tool: “Translation was 100% perfect. It was easy to understand, the language was not too formal, and seemed very conversational--not too fancy.”

Those who used the Spanish instrument had a few small suggestions about word usage (see *Recommendations*), but overall noted the challenge of translating any tool into Spanish, given the wide variety of country-specific norms woven into the language.

The biggest concerns were with the Somali translation, which was a concern with all of the Somali-speaking respondents. One respondent described the translation as “robotic.” The language was often too formal, and confusing. One of the respondents mentioned having to go back and forth with the English version of the tool to try to understand the intent of the question. Prompting on these responses, we discussed that it may be better to have an audio version of the tool in Somali. Given that the majority of Somali speakers only use the language orally, this may be an important consideration before fully launching the CRMT-PF in Somali. This is discussed in more detail in the *Recommendations* below.

VALUE OF INSTRUMENT

Most of the respondents felt the CRMT-PF was a helpful tool, especially for getting to know their families in the beginning of the relationship and/or to get closer with the families. As with prior years, several respondents reported the tool was helpful as a conversation starter, and acted as a type of needs assessment. One respondent reported feeling it was especially helpful at the beginning of a relationship to know the level of support a family would need moving forward in the program.

Two respondents noted the tool could be a great way to have discussions that might otherwise not be possible. One respondent noted that it would be very uncomfortable to ask people financial questions generally, but as part of a survey like this, the concrete support questions allowed her to find out about her families’ financial concerns, opening up opportunities to provide resources. Another respondent noted that the instrument would especially be helpful with quiet parents, as a way of deepening the conversation and relationship with those parents. One respondent who typically works with mothers noted, “I did the survey for two men and it helped me to see them on a different level; to see them on a more human level, what their needs are.”

Other insights from the focus groups, such as specific wording suggestions and thoughts about training and implementation of the instrument, are included in the minor revisions to the instruments (English and Spanish) and in the *Recommendations* section, below.

IMPLEMENTATION EVALUATION METHODS

The goal of the **Implementation Evaluation** was to ensure the instrument would be easy for community organizations and staff to implement and use in their programs. To get a wide variety of feedback across many communities and possible scenarios, the team aimed to solicit feedback from at least 25 CBO staff across the five languages (English, Simplified Chinese, Somali, Spanish, and Vietnamese). The team worked with the community partners on implementation, asking each staff person to complete the Implementation Survey after administering the instrument with at least 10 families. The **Implementation Survey** consisted of 18 questions (see Appendix E) about the experience of using the CRMT-PF, and their thoughts about using it in their work.

IMPLEMENTATION EVALUATION SURVEY FINDINGS

Community-Based Organization (CBO) staff completed surveys after administering the CRMT-PF. From their surveys we learned:

47%

Would want to use the CRMT-PF even if not required by funder

58%

Believe the CRMT-PF would improve relationships with their clients

79%

Feel their peers will need training to be able to use the CRMT-PF

HOW RESPONDENTS WOULD WANT TO USE THE CRMT-PF DATA

79%

To better understand resources and referrals needed by clients

63%

To improve relationships/connections with clients

53%

To better understand families' protective factors

53%

To better advocate for families

32%

To better understand why some families succeed in program while others do not

Most respondents reported positive feedback on the instrument's questions, and the potential usefulness of the tool, such as:

"Through this survey, we have increased our contact with families and their trust in us. I also know what resources and referrals they need."

Still, there were some concerning comments, including:

"If I don't already have a strong relationship with them, it could make them feel more guarded, make them feel like they would need to hide somethings they feel like they are not proud of."

Comments like these spoke to the need for solid framing of the instrument with CBO staff and families, and solid training before organizations attempt implement the tool.

Recommendations

RECOMMENDATIONS: PRIORITIES

SCORING WORKBOOK: ALL LANGUAGES

If a Scoring Workbook continues to be needed, it should be translated to all additional languages.

INSTRUMENT UPDATES: ALL NON-ENGLISH TOOLS

We made updates to the English CRMT-PF (see p. 29) that should be reflected in the other tools before they are launched or further tested:

- Q15-18: Clarified that affordability includes social benefits
- Q25: Provided examples to clarify meaning of “multigeneration”
- Q27: Provided examples of “disability” for clarification

COMMUNITY VALIDATION: VIETNAMESE

- Because the Vietnamese instrument was only tested with one community partner across 20 families (see page 4), we recommend further community validation and implementation testing of the instrument. We recommend testing with **at least 30 additional families**.

TRANSLATION + COMMUNITY VALIDATION: SOMALI

- Community partners gave us the feedback that the Somali version of the instrument needed to be re-translated (see page 6). We recommend re-translating the instrument with the help of community partners, then conducting another round of community validation testing with the newly translated instrument.
- Community partners also gave us feedback that a video or audio version of the Somali language survey would be helpful, as Somali is largely a spoken language. We recommend recording each question (see page 8) for ease of survey administration.

TRANSLATIONS: NEXT LANGUAGES

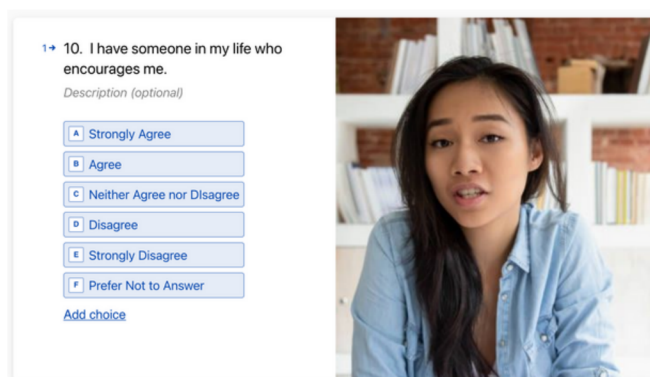
- During our outreach and recruitment of community partners, we received great interest and excitement in the translated tool, as well as many requests for further translation. Should additional funds become available, we highly recommend continuing to translate the tool into commonly spoken languages in King County, and conducting additional community validation tests for each of these translated instruments.
 - BSK may want to use King County’s official “[Language Tiers](#)” to make the decision on which languages to translate next. However, the tiers were developed using aging data sources, and may not reflect the languages actually utilized most by early learning programs and clients.
 - Our recommendation would be to consider Korean, Ukrainian, Russian, Amharic, and Oromo, and to watch immigration patterns over the next few years as the tool becomes more utilized.

Recommendations

RECOMMENDATIONS: INSTRUMENT

Note: Revisions to the English instrument (see p. 29) should be mirrored in the translated versions.

- The instrument (all languages) should be inclusive of **foster and kinship care** situations. We have provided language adaptations in the Implementation Guide for programs to make this possible.
- The use of the word “**resilience**” was challenged by one of the community partners. This may warrant further conversation to ensure language remains culturally-responsive and inclusive.
- **Framing** the instrument is crucial (all languages)
 - However final instruments are formatted (i.e., online/paper), the framing should stand out, with training on the importance of discussing the framing as a crucial part of using the instrument.
- For the **Somali version** of the CRMT-PF:
 - Have the instrument re-translated. After re-translation, Somali-speaking CBO staff suggested using community members (including an interpreter) to workshop the translation.
 - Create audio and/or video files for each question to support taking the survey orally
- For the **Simplified Chinese version** of the CRMT-PF:
 - A team of translators should look at the term “Family Traditions” to consider if there is a better phrase for capturing the same concept with less confusion.
- For the **Spanish version** of the CRMT-PF:
 - A team of translators should look at the revisions/suggestions below to ensure it is valid, ideally across various Spanish-speaking regions.
 - Q16: Needs clarity that the question is asking about food one “wants” (quiero) vs. “needs”
 - Ex: I *want* to serve my family organic food, but I can only afford to buy food we *need*
 - Q17: May need a better word for “hipoteca” (English: mortgage)
 - Q18: We changed “desahuciado” (Eng: hopeless) to “desalojado” (Eng: evicted)
 - Q25: Need better words for “Single Parent” and “Two Parent” (Family Structures)
- It may be beneficial for more than the Somali community to make audio/video files for all of the languages. This is possible with many survey platforms, including TypeForm, which we used during the validation processes (see screenshot sample). You could have someone read each question in each language then have the same people read each question in English to create an English version, alternating the readers from the multilingual tools.



Screenshot sample from TypeForm

Recommendations

RECOMMENDATIONS: TRAINING

- Training should incorporate opportunities to **practice** using the instrument several times, possibly with at least one family before using it more broadly with clients.
- Training should highlight the need for **framing** for each section
- Training should highlight how to use tool in **modules**. The instrument was designed to use this way; organizations can choose to use questions for all of the Protective Factors, or only some of the factors, based on their programming and data needs.
- Training **format**:
 - Respondents enjoyed the current small-group, virtual, live-training format that we used for this year's Community Validation and Implementation trainings for community partners. However, some respondents noted that it would be helpful to have more video reference materials, particularly shorter ones (the training recordings were provided to community partners).
- Training **language**:
 - Respondents were torn on whether trainings should be administered in additional languages. Overall, respondents were in favor of having live trainings in English, and reference materials in other languages. Our Training Plan (separate document) outlines our approach to honoring this feedback within the time constraints of the planned implementation; however, if additional funding becomes available in the future, we would strongly recommend further translation of training materials.

Recommendations

RECOMMENDATIONS: IMPLEMENTATION

- Consider launching the tool as an **online survey**
 - Pros: Can use audio/video files for Somali (or all languages); automatic scoring; easier data entry; can use tool tips/hint text to clarify questions without making the survey seem longer
 - Cons: King County should not own such sensitive data; would need to be hosted external to the county, which adds complexity; would necessitate staff learning a new system
- Make the tool **optional**
 - Over the last two years of testing the tool, we have found that creating a universal tool that also is responsive to every organization and community is challenging. Making the tool optional would be the most culturally responsive approach; it would allow organizations to adopt the tool if it works for them and their communities, rather than forcing a 'one size fits all' solution.
- Stress that the tool is **modular**, so that organizations know that they can adapt it to best suit their needs and their families' needs
- After the first time being completed conversationally, families may be able to complete the survey **independently** (e.g., online or paper).
- To reduce feelings of shame, include a process for families to be able to complete the “**Concrete Supports**” section themselves, without having to share their responses with staff. For example: With an online survey, the staff could hand a device to the family to take that section, providing clear framing, and instructing the family to complete the section honestly, then click “next” to move to the next screen (the online tool would need to be created to allow this).
- The above approach may also be used for the “**Caregiver/Practitioner Relationship**” questions to alleviate the pressure of needing to respond a certain way due to the presence of the staff.
- The instrument should be **administered** at beginning of services and at exit of services*.
 - Additionally, the instrument should be given at least one more time during the family's tenure in the program. This helps to identify changes and emerging issues, and can provide a “post test” if the client does not fully complete programming. Depending on the length of the program, this can be done one or more times.
 - For programs with set lengths (e.g., one year or two years), use the survey at either (1) a midway point or (2) at regular intervals (e.g., six months or one year).
 - For programs without a set length, use the survey at regular intervals.
- Continue the plan to develop an **implementation working group**. This will keep the project community-centered and set the implementation processes up for better success. The group should be compiled with people working in early learning programs in King County, and should reflect the diversity of the program who will be implementing the tool as much as possible.

** Though this contradicts some findings above, other feedback over the past three years indicate a desire to use the instrument to observe change over time, necessitating multiple administrations.*



Appendices

APPENDICES

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15	C. STUDY AGREEMENTS ORGANIZATIONAL INDIVIDUAL
19	D. FOCUS GROUP QUESTIONS
20	E. IMPLEMENTATION SURVEY
23	F. CRMT-PF INSTRUMENTS ENGLISH (VALIDATED) TABLE OF CHANGES TO ENGLISH INSTRUMENT SIMPLIFIED CHINESE (VALIDATED) SOMALI (NEEDS RE-TRANSLATION) SPANISH (NEEDS MINOR ADJUSTMENTS) VIETNAMESE (PARTIALLY VALIDATED)
44	G. CRMT-PF HANDOUTS CRMT-PF PROTECTIVE FACTORS CRMT-PF OVERVIEW CRMT-PF QUICK GUIDE

Acknowledgements

The Capacity Collective team would like to thank all of the many people and community organizations who have partnered with us or contributed in other ways to this project over the past three years. Thank you for making this a community-centered process. We could not have done it without you!

ORGANIZATIONS

- Amara
- Atlantic Street Center
- Center for Human Services
- Childhaven
- Chinese Information and Service Center
- Communities of Rooted Brilliance
- Denise Louie Education Center
- East African Community Services
- Families of Color Seattle
- FRIENDS National Center for CBCAP
- Friends of Youth
- HopeCentral
- Hummingbird Indigenous Family Services
- InterCultural Children & Family Services
- International Community Health Services
- Iraqi Community Center of Washington
- Kindering Center
- King County Language Access Program
- Lo Holistics
- Mother Africa
- Open Arms Perinatal Services
- Open Doors for Multicultural Families
- Para Los Niños
- Refugee Women's Alliance
- Somali Health Board
- St Vincent de Paul
- United Indians of All Tribes Foundation

INDIVIDUALS

- Adian Abdulawahhab
- Ayan Abdi
- Ladan Abdi
- Fatma Abdinasir
- Sahar Al Arasi
- Maryam Algburi
- Qadra Ali
- Saba Altameemi
- Zohra Ayob
- Sharon Bamage
- Jami Bess
- Yayong Cai
- Em Carr
- Lizette Carrasco
- Lauryn Clark
- Maira Colin
- Emani Donaldson
- Denisha Dunston
- Araceli Efigenio
- Nancy Estrada
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- Cynthia Turrietta
- Tiffany Victory
- Kate Wilhite Brickell
- Dr. Meredith Williams
- Huaai Wu
- Hailing Xu
- Wenjun Ye
- Dianna Zaorski



PAID STUDY OPPORTUNITY

we need your help!

RECRUITING PARTNERS TO HELP TEST BSK'S NEW CULTURALLY-RESPONSIVE MEASUREMENT TOOL

community-based orgs

We need organizations to participate in a PAID validation process of a **Culturally Responsive Measurement Tool of Protective Factors** for families with young children in King County. We will be testing in four languages:

- **Simplified Chinese**
- **Spanish**
- **Somali**
- **Vietnamese**

paid study opportunity

Participating organizations will recruit families to participate in a **brief paid survey**, then submit data and feedback to The Capacity Collective on the experience of administering the survey.

interested?

Reach out to us to **learn more!**



em@thecapacitycollective.org



the **CAPACITY COLLECTIVE**

This work was made possible by the King County Best Starts for Kids Levy

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KIDS

CRMT-PF Validation Study

Culturally Responsive Measurement Tool: Protective Factors

ORGANIZATIONAL AGREEMENT – LANGUAGE (TEMPLATE) NAME OF ORGANIZATION

Purpose

The purpose of this project is to provide a **community validation** of the Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF) to ensure it is a meaningful tool for use in early learning programs serving non-English speaking communities in King County. This project is being conducted by The Capacity Collective (CC) on behalf of King County's Best Starts for Kids (BSK) initiative.

Project

We are requesting designated staff members from your organization to:

- Participate in a one-hour virtual training with CC staff prior to **August 31, 2023**;
- Implement the CRMT-PF survey with a total of 30 **client families** via interview;
- Submit the completed instruments, including feedback from family and the staff person implementing the tool, by **September 30, 2023**.
- Provide compensation of a **\$50 gift card** to each participating family.
- Participate in a Focus Group with The Capacity Collective in **Fall 2023**.

Benefits of Participating

- Provide input to BSK to inform their decision-making related to use of the CRMT-PF survey within their funded programs
- Begin using the CRMT-PF survey to collect meaningful client data on family protective factors for use in your organization
- Compensation opportunity for staff members and families. The compensation for the organization is **\$800 per 10 families surveyed, for a total of \$2400**, to be divided between participating staff.

Risks of Participating

- Participating in this project will ask for 10 to 12 hours of your staff member's time between August and December 2023. This may present a hardship for some staff.

Gift Cards

Participating families will receive **\$50 gift cards** in return for their time spent taking the CRMT-PF survey. The Capacity Collective will mail participating staff Visa gift cards. It is the responsibility of participating staff to track the dissemination of gift cards to families. If any gift cards are unused, the organization must mail these gift cards back to The Capacity Collective (an address will be provided).

CRMT-PF Validation Study

Culturally Responsive Measurement Tool: Protective Factors

ORGANIZATIONAL AGREEMENT – LANGUAGE (TEMPLATE)

NAME OF ORGANIZATION

Client Data & Confidentiality

The Capacity Collective will not require any identifiable client data for the purposes of this project. Participating families will receive a detailed consent form prior to participation in the survey, and staff will be responsible for sending de-identified responses to The Capacity Collective. Survey responses will be stored securely and used only for the purpose of this project.

Contact

Please feel free to reach out to us with any questions or concerns about this project:

- The Capacity Collective: Meredith Williams (meredith@thecapacitycollective.org)
- Best Starts for Kids/King County: Lizette Carrasco (lcarrasco@kingcounty.gov)

Participating Staff

I agree to allow the following members of our staff to participate in this CRMT-PF validation study with The Capacity Collective:

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Leadership Team Agreement

By signing below, you indicate that you have read and agree to the above information.

Signature _____ Role _____

Organization Name _____ Date _____

CRMT-PF Validation Study

Culturally Responsive Measurement Tool: Protective Factors

INDIVIDUAL AGREEMENT – LANGUAGE (TEMPLATE) NAME OF ORGANIZATION

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CRMT-PF Validation Study

Culturally Responsive Measurement Tool: Protective Factors

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Client Data & Confidentiality

The Capacity Collective will not require any identifiable client data for the purposes of this project. Participating families will receive a detailed consent form prior to participation in the survey, and staff will be responsible for sending de-identified responses to The Capacity Collective. Survey responses will be stored securely and used only for the purpose of this project.

Contact

Please feel free to reach out to us with any questions or concerns about this project:

- The Capacity Collective: Meredith Williams (meredith@thecapacitycollective.org)
- Best Starts for Kids/King County: Lizette Carrasco (lcarrasco@kingcounty.gov)

Individual Agreement

By signing below, you indicate that you have read and agree to the above information.

Name _____ Role _____

Organization Name _____ Date _____

Signature _____

COMMUNITY VALIDATION FOCUS GROUP QUESTIONS

- To start out, we are curious to hear about how your experience surveying families was overall.
 - *Prompt: Any challenges (anticipated or unanticipated)?*
 - *Prompt: Any surprises?*
 - *Prompt: Was it easy to use the survey and fill out the questions?*
- On the survey, were there any questions that you found challenging or difficult to ask to participants?
- Now, please consider the wording of the survey. What was the quality of the translation? Are there any words, phrases, or concepts that were unclear to you or your clients?
- Is there anything about the survey you would change to make it more appropriate for your families?
 - *Prompt: Were there any words/topics that seemed difficult for your families to understand?*
 - *Prompt: Any terms/words that should be updated/alterd to be more culturally responsive?*
- Thinking about your program(s), which questions did you find the most helpful on the survey?
 -
- Do you think this survey will be helpful to use in your program(s)? Why or why not?
 - *Prompt: If not, what would make it more helpful?*
 - *Prompt: Did any of the survey questions create good conversation with your families? Or, were any questions enjoyable for families to talk about/reflect on?*
 - *Prompt: If you think it would be helpful, in what ways?*
- When during a family's time in your program do you think this tool would be most helpful?
 - *Prompt: At the beginning of services? After receiving services for awhile? Both?*
- How frequently do you think it would be appropriate to administer the survey with families?
 - *Prompt: Every 6 months? Annually? Just once?*
- In general, how would implementing this survey impact your relationship with your clients
- Thinking now of training materials - what materials would you need to be able to administer this survey? What materials should be translated?
- Do you have any other thoughts or feedback to share about the survey itself or the data collection process?

IMPLEMENTATION SURVEY QUESTIONS

We are interested in understanding how the PFS-KC survey might work best in your organization and others. After administering the survey with some of your clients, we hope that you will let us know how you feel about the tool, what and when your organization would use it, and how the process went. We will use this information to create recommendations for Best Starts for Kids (BSK) as they make decisions about when and how their fundees will be asked to incorporate this survey.

First, we would like to ask how you feel the PFS-KC survey might fit into your organization or program's current assessments and how you/your organization might use the data collected from the PFS-KC.

1. About how many assessments does your program currently conduct with clients?
2. Do you think the PFS-KC could replace any of your program's assessments?
 - a. Yes
 - b. No
3. If yes, which one(s)?
4. I would want my program to use the PFS-KC even if it wasn't required by a funder.
 - *Strongly agree – Strongly disagree*
5. Why or why not? Please explain your answer to the previous question.
6. In your own words, how would you describe the purpose of the PFS-KC?
7. How would you/your program use the data collected from the PFS-KC? (Please check all that apply)
 - a. To improve relationships/connections with clients
 - b. To better understand what resources and referrals our clients need
 - c. To better understand why some clients may succeed in our program and others might not
 - d. To better understand family protective factors
 - e. To better advocate for our clients
 - f. My organization would not use the data collected from the PFS-KC
 - g. Other (please specify:_____)

Next, we would like to understand how you think the PFS-KC survey might affect your relationship with your clients, if at all.

8. In general, how would implementing this survey impact your relationship with your clients?
 - a. It would improve relationships
 - b. It would not change relationships
 - c. It would harm relationships

IMPLEMENTATION SURVEY QUESTIONS, CONT'D

9. Please explain your answer to the previous question.

Now, we have a couple of questions about scoring the PFS-KC survey.

10. Using the scale below, how easy or difficult was it to score the PFS-KC?

- 0 (very easy) - 10 (very difficult)

11. If you found the scoring of the survey difficult, what would make it easier for you?

These next questions will ask you about how you would prefer to administer the PFS-KC.

12. When would you want to administer the PFS-KC survey at your organization? (please check all that apply)

- a. During intake
- b. After the client has established and received services
- c. At exit from services
- d. Other (please specify: _____)

13. How often would you want to administer this survey?

- a. Just once per client
- b. Multiple times per client to see changes over time

14. How would you want to deliver the survey to families? (check all that apply)

- a. Electronically (online survey)
- b. In-person
- c. Video conference (Zoom, Facetime, etc.)
- d. Phone
- e. Other (Please specify: _____)

15. What format would you prefer to deliver the survey through?

- a. Interview style (staff member reads the survey questions to the client and the client provides answers)
- b. Client completes the survey on their own

These final questions will ask you about potential training and support needed for staff to successfully administer the PFS-KC.

16. Do you think other staff members at your organization would need training or support to use the PFS-KC survey?

- a. Yes
- b. No

IMPLEMENTATION SURVEY QUESTIONS, CONT'D

17. If yes, what type of training or support do you think other staff members at your organization would need to use the PFS-KC survey? (please check all that apply)

- a. A live training
- b. An implementation manual
- c. A video explaining how to implement the survey
- d. Quick "tip sheet" reference guides
- e. Other (Please explain: _____)

18. Do you have any additional feedback about the PFS-KC survey or how it would best be implemented in your program?

Information about You:

19. How many PFS-KC surveys did you implement before taking this survey?

20. Which of the following apply to any of the families you surveyed? (please check all that apply)

- a. Single parent family
- b. Multigenerational family
- c. Teen parent(s)
- d. Family with children with a disability
- e. Family experiencing houselessness

21. What is your organization's name?

22. What is your name?

Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF)

☐ Pre-Test ☐ Single
☐ Post-Test 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!***

Thinking about your life right now, select the extent to which you agree or disagree with the following statements.

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Our family traditions are important to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, my family works together to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In general, my family stays hopeful even in difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My family is able to find time for things that matter to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel like I'm always telling my child(ren) "no" or "stop."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How I respond to my child(ren) depends on how I'm feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Parents/caregivers have a big impact on how their child(ren) turn out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions help us understand your current support system. Thinking about your life right now...

10. I have someone in my life who encourages me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have someone in my life who is honest with me about difficult topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I'm trying to work on achieving a goal, I have someone in my life who will support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When I need someone to look after my child(ren) on short notice, I can find someone I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have people I trust to ask for advice about: <i>(select all that apply)</i>	<div> <input type="checkbox"/> Money / Bills / Budgeting <input type="checkbox"/> Food / Nutrition <input type="checkbox"/> Caring for my Child / My Children <input type="checkbox"/> Relationships <input type="checkbox"/> Stress / Worries <input type="checkbox"/> None of the above </div>					

Sometimes it is hard for families to pay for things they need. This is not a judgement or a promise of services, but will help us understand what families need to thrive. Answer based on your life right now, even if some of your expenses are paid through social benefits (such as rental assistance or food stamps). We appreciate your honest responses.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree Prefer Not to Answer

15. I have trouble affording what I need each month.

☐ ☐ ☐ ☐ ☐ ☐

16. I am able to afford the food I want to feed my family.

☐ ☐ ☐ ☐ ☐ ☐

17. In the past **month**, were you unable to pay for: (select all that apply)

☐ Rent or Mortgage

☐ Utilities or bills (electricity/gas/heat/ phone/internet, etc.)

☐ Transportation (including gas, bus passes, shared rides)

☐ Childcare / daycare

☐ Medicine, medical expenses, mental health services, co-pays

☐ Other (specify):

☐ Groceries/food (including baby formula/diapers)

☐ Basic household or personal hygiene items (including clothes/shoes)

☐ I was able to pay for all of these

18. In the past **year**, have you: (select all that apply)

☐ Delayed or not gotten medical or dental care for you or your family

☐ Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills

☐ None of these apply to me

☐ Been evicted from your home or apartment

☐ Lost access to your regular transportation (e.g., vehicle totaled or repossessed)

☐ Lived at a shelter, in a hotel/motel, or in an abandoned building or vehicle

☐ Been unemployed when you really needed and wanted a job

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)

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.

☐ ☐ ☐ ☐ ☐ ☐

20. The staff from this program genuinely care about me.

☐ ☐ ☐ ☐ ☐ ☐

21. The staff from this program have respect for me.

☐ ☐ ☐ ☐ ☐ ☐

22. The staff from this program help me when I need it.

☐ ☐ ☐ ☐ ☐ ☐

Participant Information

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 this survey are confidential.

23. Gender Identity	<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):
24. Age in years	<input type="checkbox"/> Prefer not to answer	25. Primary Language(s) spoken at home:	<input type="checkbox"/> Prefer not to answer
26. Family Structure <i>Select all that apply</i>	<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
<small>*Living with extended family; grandparents, aunts & uncles, cousins, etc</small>			
27. Is there a child with a disability in your care? <small>(physical, developmental or emotional)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to answer	28. Age(s) of Children <i>Select all that apply</i>
		<input type="checkbox"/> 5 and Under <input type="checkbox"/> 6 to 12	<input type="checkbox"/> 13 to 17 <input type="checkbox"/> 18 and Over
29. How do you self-identify your race or ethnicity?			<input type="checkbox"/> Prefer not to answer
30. Race/ethnicity details: <i>(please select as many as apply)</i> <input type="checkbox"/> Prefer not to answer			
<input type="checkbox"/> American Indian/Alaska Native		Tribal Affiliation/Indigenous Identity (fill in):	
<input type="checkbox"/> Asian <i>(select details if applicable)</i>			
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Indonesian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Malay	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Indigenous Identity (fill in):	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black, African or African American <i>(select details if applicable)</i>		<input type="checkbox"/> Other (fill in):	
<input type="checkbox"/> Batswana	<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Algerian	<input type="checkbox"/> Angolan
<input type="checkbox"/> Gambian	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Ethiopian
<input type="checkbox"/> Liberian	<input type="checkbox"/> Mali	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Kenyan
<input type="checkbox"/> Somali	<input type="checkbox"/> South African	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Indigenous Identity (fill in):	<input type="checkbox"/> Sudanese	<input type="checkbox"/> Tanzanian	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Hispanic, Latinx, or Spanish <i>(select details if applicable)</i>		<input type="checkbox"/> Other (fill in):	
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Argentinian	<input type="checkbox"/> Belizean
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Colombian	<input type="checkbox"/> Costa Rican
<input type="checkbox"/> Peruvian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Indigenous Identity (fill in):	<input type="checkbox"/> Salvadorian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Middle Eastern or North African <i>(select details if applicable)</i>		<input type="checkbox"/> Other (fill in):	
<input type="checkbox"/> Armenian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Afghan	<input type="checkbox"/> Algerian
<input type="checkbox"/> Kuwaiti	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli
<input type="checkbox"/> Saudi Arabian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Indigenous Identity (fill in):	<input type="checkbox"/> Tunisian	<input type="checkbox"/> Turkish	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>(select details if applicable)</i>		<input type="checkbox"/> Other (fill in):	
<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Fijian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Solomon Islander	<input type="checkbox"/> Palauan	<input type="checkbox"/> Saipanese
<input type="checkbox"/> Indigenous Identity (fill in):	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan
<input type="checkbox"/> White <i>(select details if applicable)</i>		<input type="checkbox"/> Other (fill in):	
<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> Belgian	<input type="checkbox"/> Bosnian
<input type="checkbox"/> Greek	<input type="checkbox"/> Icelandic	<input type="checkbox"/> Finnish	<input type="checkbox"/> French
<input type="checkbox"/> Polish	<input type="checkbox"/> Russian	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian
<input type="checkbox"/> Indigenous Identity (fill in):	<input type="checkbox"/> Swedish	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Portuguese
		<input type="checkbox"/> Other (fill in):	<input type="checkbox"/> Welsh

Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF)

Program Information Form

*This form is for staff use only and should be completed by a staff member who is familiar with the program participant.
Please remove this form prior to giving the survey to the participant to complete.*

Interviewer Name:	Type of Interview:	<input type="checkbox"/> Virtual (online) <input type="checkbox"/> In-person	Level of Support Given:	<input type="checkbox"/> A. Fully Supported <input type="checkbox"/> B. Partially Supported <input type="checkbox"/> C. Self-Administered
Date Client Started Services:	Date Client Stopped Services (if applicable):		Estimated Service Hours in Program*:	
Date Survey Completed:	Survey Start Time:		Survey End Time:	
Is English the participant's first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what is the participant's first language?	

**Est. Hours (Post-Test or Single Assessment) Calculation: # of hours per contact x # of times per week/month of contacts x # of weeks/month in program*

Thank you for your support!

CHANGES TO THE ENGLISH INSTRUMENT

SECTION	ORIGINAL TEXT	NEW TEXT	NOTES
Concrete Supports	Sometimes it is hard for families to pay for things they need. This is not a judgement or a promise of services, but will help us understand what families need to thrive. We appreciate your honest responses.	<i>Add:</i> The following questions ask about your family's concrete supports, including your financial situation. If you receive any benefits, such as TANF, food stamps/EBT, SSI, etc, please include these in your response.	Additional clarification was added to the help text before the Concrete Supports section (Questions 15-18), to ensure that families understood how to respond to the questions.
Demographics	25. Family Structure	25. Primary Language(s) spoken at home	Questions 25 (originally Family Structure) and 26 (originally Language(s)) in the demographics were switched to allow more room for help text for Family Structure
Demographics	Multigeneration	Multigeneration* *Living with extended family; grandparents, aunts & uncles, cousins, etc	Help text was added on to the Family Structure question (now Question 26, see above) to clarify the meaning of "multigeneration"
Demographics	27. Is there a child with a disability in your care?	27. Is there a child with a disability in your care? (physical, developmental, or emotional)	Additional help text was added to Question 27 to clarify the meaning of "disability".

关注文化特性的衡量工具：保护因素（CRMT-PF）

☐ 测试前
☐ 测试后
☐ 单一
评估

我们进行这项调查有两个原因：了解您家庭的优势和需求，以及更广泛地了解金县哪些家庭（所有类型）更需要帮助。在本次调查中，我们会问您一些与您参与我们计划所得服务相关的问题，但也会有一些看似无关的问题。例如，我们会问及家庭在当前的财务状况下可以负担和不能负担的费用。这既不是评判性的，也不是提供服务的承诺。

您的回答将被保密，也不会被用于对您不利的任何方面。如果有您不愿意回答的问题，请随意选择“不想回答”。您的回答将帮助我们了解将来我们可能需要为家庭提供/连接哪些服务资源。**感谢您的诚实反馈！**

想想您现在的生活，选择您对以下陈述同意或不同意的程度。

	非常同意	同意	既不同意也不反对	不同意	强烈反对	不想回答
1. 总的来说，我的家人认为我们自己有足够的能力解决生活中的问题。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 我们的家庭传统对我们很重要。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 一般来说，我的家人可以共同解决问题。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 总的来说，即使在困难时期，我的家人仍然充满希望。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 我的家人能够抽出时间来对我们重要的事情。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 我觉得我总是要对我的孩子说“不”或“停止”。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 我对孩子的回应取决于我当下的感受。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 当孩子行为不当时，对孩子表明您理解孩子的感受很重要。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 父母/看护人对他们孩子的成长有很大的影响。☐ 非常同意 ☐ 同意 ☐ 既不同意也不反对 ☐ 不同意 ☐ 强烈反对 ☐ 不想回答

这些问题有助于我们了解您当前的支持系统。想想您现在的生活……

10. 在我的生活中有人鼓励我。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 在我的生活中有人对于困难的话题愿意对我坦诚。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 当我为实现目标努力时，在我的生活中有人支持我。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. 当我临时需要别人照顾我的孩子时，我可以找到我信任的人。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 我有信任的人征求以下方面的意见：（选择所有适用项）	<input type="checkbox"/> 金钱/账单/预算	<input type="checkbox"/> 食物/营养	<input type="checkbox"/> 照顾我的孩子			
	<input type="checkbox"/> 人际关系	<input type="checkbox"/> 压力/忧虑	<input type="checkbox"/> 以上都没有			

有时候家庭会有困难支付他们所需要的东西。以下这些问题既不是评判性的，也不是提供服务的承诺，而是帮助我们了解家庭需要什么才能兴旺蓬勃。感谢您的诚实反馈。

非常同意 同意 既不同意也不反对 不同意 强烈反对 不想回答

15. 我很难支付得起每个月所需的東西。

☐ ☐ ☐ ☐ ☐ ☐

16. 我有能力支付家人所需的一日三餐。

☐ ☐ ☐ ☐ ☐ ☐

17. 在过去的**一个月**里，您是否无法支付：（选择所有适用项）

☐ 租金或房贷

☐ 水电杂费单（电/煤气/暖气/电话费/互联网等）

☐ 交通（包括汽油、公交车票、拼车）

☐ 托儿服务/日托

☐ 药物、医疗费用、心理健康服务、保险的定额共付费

☐ 其他（请注明）：

☐ 杂货/食品（包括婴儿配方奶粉/尿布）

☐ 基本的家庭或个人卫生用品（包括衣服/鞋子）

☐ 我有能力支付所有这些费用

18. 在过去的**一年**里，您是否：（选择所有适用项）

☐ 延迟或未为您或您的家人提供医疗或牙科护理

☐ 与其他人同住，即使是暂时的，因为您无力支付房租、房贷或账单

☐ 这些都不适用于我

☐ 被逐出您的家或公寓

☐ 无法使用您的常规交通工具（例如，车辆被报废或收回）

☐ 住在避难所、旅馆/汽车旅馆或废弃的建筑物或车辆中

☐ 在您真正需要并想要一份工作时失业

以下部分主要让您陈述迄今在接受我们机构服务的经历。您对这些问题的回答有助于工作人员改善为您和其他类似您的人提供的服务，因此我们非常感谢您的诚实反馈。

注意：如果您填写的是测试前的部分，请跳过此部分（请参阅第 1 页顶部）

非常同意 同意 既不同意也不反对 不同意 强烈反对 不想回答

19. 当我与这个计划的工作人员谈论我的问题时，他们似乎能理解。

☐ ☐ ☐ ☐ ☐ ☐

20. 这个计划的工作人员真的很关心我。

☐ ☐ ☐ ☐ ☐ ☐

21. 这个计划的工作人员很尊重我。

☐ ☐ ☐ ☐ ☐ ☐

22. 这个计划的工作人员在我需要时会帮助我。

☐ ☐ ☐ ☐ ☐ ☐

受访者信息

最后几个问题是关于您的，用于帮助我们了解我们所服务的个人和家庭的需求。请记住，您对本次调查的回答是保密的。

23. 性别认同	<input type="checkbox"/> 女性 <input type="checkbox"/> 男性	<input type="checkbox"/> 非二元性别 <input type="checkbox"/> 即是男性又是女性	<input type="checkbox"/> 宁愿自我描述为 (请填写) :	<input type="checkbox"/> 不想回答
24. 年龄 岁数	<input type="checkbox"/> 不想回答	25. 家庭结构 选择所有适用项	<input type="checkbox"/> 单亲 <input type="checkbox"/> 双亲	<input type="checkbox"/> 亲属照顾 <input type="checkbox"/> 寄养 <input type="checkbox"/> 多代同堂 <input type="checkbox"/> 青少年父母
26. 在家使用的主要语言:	<input type="checkbox"/> 不想回答			
27. 在您照顾的孩子中是否有残疾儿童?	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 不确定 <input type="checkbox"/> 不想回答	28. 儿童年龄 选择所有适用项	<input type="checkbox"/> 5 岁及以下 <input type="checkbox"/> 6 至 12 岁 <input type="checkbox"/> 13 至 17 岁 <input type="checkbox"/> 18 岁及以上
29. 您认为自己是什​​么种族或族裔?	<input type="checkbox"/> 不想回答			
30. 种族/族裔详细信息: (请尽量选择所有适用项) <input type="checkbox"/> 不想回答				
<input type="checkbox"/> 美洲印第安人/阿拉斯加原住民		部落归属/原住民身份 (请填写) :		
<input type="checkbox"/> 亚洲人 (如勾选, 请在下方作具体选择)		<input type="checkbox"/> 印度人		
<input type="checkbox"/> 柬埔寨人	<input type="checkbox"/> 中国人	<input type="checkbox"/> 菲律宾人	<input type="checkbox"/> 孟加拉人	<input type="checkbox"/> 缅甸人
<input type="checkbox"/> 韩国人	<input type="checkbox"/> 老挝人	<input type="checkbox"/> 马来人	<input type="checkbox"/> 印尼人	<input type="checkbox"/> 日本人
<input type="checkbox"/> 巴基斯坦人	<input type="checkbox"/> 斯里兰卡人	<input type="checkbox"/> 台湾人	<input type="checkbox"/> 蒙古人	<input type="checkbox"/> 尼泊尔人
<input type="checkbox"/> 原住民身份 (请填写) :		<input type="checkbox"/> 泰国人		
		<input type="checkbox"/> 越南人		
		<input type="checkbox"/> 其他 (填写) :		
<input type="checkbox"/> 黑人、非洲人或非裔美国人 (如勾选, 请在下方作具体选择)		<input type="checkbox"/> 阿尔及利亚人		
<input type="checkbox"/> 博茨瓦纳人	<input type="checkbox"/> 喀麦隆人	<input type="checkbox"/> 刚果人	<input type="checkbox"/> 厄立特里亚人	<input type="checkbox"/> 安哥拉人
<input type="checkbox"/> 冈比亚人	<input type="checkbox"/> 加纳人	<input type="checkbox"/> 海地人	<input type="checkbox"/> 牙买加人	<input type="checkbox"/> 埃塞俄比亚人
<input type="checkbox"/> 利比里亚人	<input type="checkbox"/> 马里人	<input type="checkbox"/> 尼日利亚人	<input type="checkbox"/> 卢旺达人	<input type="checkbox"/> 肯尼亚人
<input type="checkbox"/> 索马里人	<input type="checkbox"/> 南非人	<input type="checkbox"/> 苏丹人	<input type="checkbox"/> 坦桑尼亚人	<input type="checkbox"/> 塞内加尔人
<input type="checkbox"/> 原住民身份 (请填写) :		<input type="checkbox"/> 乌干达人		
		<input type="checkbox"/> 其他 (填写) :		
<input type="checkbox"/> 西班牙裔、拉丁裔或西班牙人 (如勾选, 请在下方作具体选择)		<input type="checkbox"/> 阿根廷人		
<input type="checkbox"/> 玻利维亚人	<input type="checkbox"/> 巴西人	<input type="checkbox"/> 智利人	<input type="checkbox"/> 哥伦比亚人	<input type="checkbox"/> 伯利兹人
<input type="checkbox"/> 古巴人	<input type="checkbox"/> 多米尼加人	<input type="checkbox"/> 危地马拉人	<input type="checkbox"/> 墨西哥人	<input type="checkbox"/> 哥斯达黎加人
<input type="checkbox"/> 秘鲁人	<input type="checkbox"/> 波多黎各人	<input type="checkbox"/> 萨尔瓦多人	<input type="checkbox"/> 西班牙人	<input type="checkbox"/> 巴拿马人
<input type="checkbox"/> 原住民身份 (请填写) :		<input type="checkbox"/> 委内瑞拉人		
		<input type="checkbox"/> 其他 (填写) :		
<input type="checkbox"/> 中东或北非人 (如勾选, 请在下方作具体选择)		<input type="checkbox"/> 阿富汗人		
<input type="checkbox"/> 亚美尼亚人	<input type="checkbox"/> 埃及人	<input type="checkbox"/> 伊朗人	<input type="checkbox"/> 伊拉克人	<input type="checkbox"/> 阿尔及利亚人
<input type="checkbox"/> 科威特人	<input type="checkbox"/> 黎巴嫩人	<input type="checkbox"/> 利比亚人	<input type="checkbox"/> 摩洛哥人	<input type="checkbox"/> 以色列人
<input type="checkbox"/> 沙特阿拉伯人	<input type="checkbox"/> 叙利亚人	<input type="checkbox"/> 突尼斯人	<input type="checkbox"/> 土耳其人	<input type="checkbox"/> 巴勒斯坦人
<input type="checkbox"/> 原住民身份 (请填写) :		<input type="checkbox"/> 也门人		
		<input type="checkbox"/> 其他 (填写) :		
<input type="checkbox"/> 夏威夷原住民或其他太平洋岛民 (如勾选, 请在下方作具体选择)		<input type="checkbox"/> 查莫罗人		
<input type="checkbox"/> 马利亚纳岛民	<input type="checkbox"/> 马绍尔人	<input type="checkbox"/> 夏威夷原住民	<input type="checkbox"/> 帕劳人	<input type="checkbox"/> 斐济人
<input type="checkbox"/> 萨摩亚人	<input type="checkbox"/> 所罗门群岛人	<input type="checkbox"/> 大溪地人	<input type="checkbox"/> 托克劳人	<input type="checkbox"/> 塞班人
<input type="checkbox"/> 原住民身份 (请填写) :		<input type="checkbox"/> 汤加人		
		<input type="checkbox"/> 其他 (填写) :		
<input type="checkbox"/> 白人 (如勾选, 请在下方作具体选择)		<input type="checkbox"/> 比利时人		
<input type="checkbox"/> 荷兰人	<input type="checkbox"/> 英国人	<input type="checkbox"/> 芬兰人	<input type="checkbox"/> 波斯尼亚人	<input type="checkbox"/> 克罗地亚人
<input type="checkbox"/> 希腊人	<input type="checkbox"/> 冰岛人	<input type="checkbox"/> 爱尔兰人	<input type="checkbox"/> 法国人	<input type="checkbox"/> 德国人
<input type="checkbox"/> 波兰人	<input type="checkbox"/> 俄国人	<input type="checkbox"/> 瑞典人	<input type="checkbox"/> 意大利人	<input type="checkbox"/> 葡萄牙人
<input type="checkbox"/> 原住民身份 (请填写) :		<input type="checkbox"/> 乌克兰人		
		<input type="checkbox"/> 威尔士人		
		<input type="checkbox"/> 其他 (请填写) :		

保护性因素调查 – 金县 (PFS-KC)

计划信息表

此表格仅供工作人员使用。应由熟悉计划参与者的工作人员填写。请在把调查表发给参与者前，先移除此部分表格。

问卷调查员 姓名:	调查 方式:	<input type="checkbox"/> 虚拟 (在线) <input type="checkbox"/> 面对面	给予的 协助程度: <input type="checkbox"/> A. 完全协助 <input type="checkbox"/> B. 部分协助 <input type="checkbox"/> C. 自行完成
受助者 服务开始日期:	受助者 服务停止日期 (如果适用):	接受此计划服务的 估计总时数*:	
问卷完成日期:	问卷开始时间:	问卷结束时间:	
英语是参与者的第一语言 吗? <input type="checkbox"/> 是 <input type="checkbox"/> 否	如果不是, 参与者的 第一语言是什么?		
*估计小时数 (测试后或单一样本) 计算方法: 每次联系的小时数 x 每周/每月的联系次数 x 参加计划的周/月数			

Qalabka Cabbiraada Dhaqan ahaan ka Jawaabaya: Arimaha Ilaalinta (CRMT-PF)

☐ Qiimeynta Ka Hor ☐ Hal
☐ Qiimeynta kadib ☐ Qiimeyn

Sahankan waxa loo qaadayaa laba sababood: si loo fahmo meelaha aad ku fiican tihiin iyo baahiyihiina ka qays ahaan, iyo -- si balaadhan - si loo fahmo waxa qaysaska King County (dhammaan qaybaha) ay u baahan yihiin si ay u guuleystaan. Sahankan waxa aanu kugu waydiin doonaa su'aalo la xidhiidha shaqada aad ku qabato barnaamijkaaga, laakiin waxa kale oo jiri doona su'aalo u muuqda in aanay xidhiidh la lahayn. Tusaale ahaan, waxaan weydiinaa su'aalo si aan u fahanno waxa ay qaysasku awoodaan in ay iibsadaan iyo waxa aysan awoodin marka la eego xaaladaha dhaqaale ee hadda. Tani ma aha xukun, mana aha ballanqaad adeegyo.

Jawaabahaagu way qarsoon yihiin oo sinaba si adiga lid kugu ah looguma isticmaali doono. Haddii ay jiraan su'aalo aanad ku qanacsanayn inaad ka jawaabto, waxaad xor u tahay inaad doorato "Waxaan Doorbidi Inaan ka Jawaabin" marka ay suurtagal tahay. Jawaabahaagu waxay naga caawin doonaan inaan fahanno halka aan uga baahan karno inaan siino/ku xirno caawimaada qaysaska mustaqbalka.

Waad ku mahadsan tahay jawaabahaaga daacadda ah!

Adigoo ka fikiraya noloshaada hadda, dooro ilaa inta aad ku raacsan tahay ama ku khilaafsan tahay arrimahan soo socda.

	Aad baan ugu Raacsanahay	Waan ku Raacsanahay	Kuma Raacsani Mana Diidni	Kuma Raacsani	Aad baan uga soo Horjeedaa	Waxaan Doorbidi Inaan ka Jawaabin
1. Guud ahaan, qoyskaygu way ogyihiin inaan nahay kuwo ku filan xallinta dhibaatooyinka nolosheena.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dhaqanka qoyskeena muhiim ayuu noo yahay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Guud ahaan, qoyskaygu way wada shaqeeyaan si ay u xaliyaan dhibaatooyinka.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Guud ahaan, qoyskaygu wuxuu ahaadaa mid rajo leh xitaa xilliyada dhibaatooyinka.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Qoyskaygu waxa ay awoodaan in ay wakhti u helaan waxyaalaha ina khuseeya.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waxaan dareemayaa inaan had iyo jeer ku dhoho ilmahayga "maya" ama "joojiya waxaas."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sida aan ugu jawaab-celiyo ilmahayga waxay ku xidhan tahay sida aan dareemayo markaas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Waa muhiim inaad muujiso inaad fahamsan tahay dareenka ilmahaaga marka ay si xun u dhaqmaan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Waalidiinta/daryeelayaasha ayaa saameyn weyn ku leh sida ilmahoodu noqdaan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Su'aalahaani waxay naga caawinayaan inaan fahanno nidaamka taageeradaada hadda. Adigoo ka fikiraayo noloshaada hadda...

10. Waxaan noloshayda ku haystaa qof i dhiirigeliya.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Waxaan noloshayda ku haystaa qof si daacad ah mowduucyada adag igala hadla.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Marka aan isku dayayo inaan ka shaqeeyo gaaritaanka hadaf, waxaan noloshayda ku haystaa qof i taageeri doona.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Marka aan u baahdo qof ii sii dhowra ilmahayga si degdeg ah, waxaan heli karaa qof aan ku kalsoonahay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Waxaan haystaa dad aan ku kalsoonahay inaan talo ka weydiyo: (dooro dhammaan kuwa saxda ah)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lacag/ Biilka/Miisaaniyadda	<input type="checkbox"/> Cuntada / Nafaqada	<input type="checkbox"/> Daryeelka Ilmahayga				
<input type="checkbox"/> Xiriirada	<input type="checkbox"/> Cadaadiska / Walaaca	<input type="checkbox"/> Maaha midna				

Mararka qaarkood way ku adag tahay qoysasku inay iska bixiyaan waxyaabaha ay u baahan yihiin. Tani maaha xukun ama ballanqaad adeegyo,

laakiin waxay naga caawin doontaa inaan fahanno waxa qoysasku u baahan yihiin si ay u guuleystaan. Waanu ka mahadcelinaynaa jawaabahaaga daacadda ah.

	Aad baan ugu Raacsanahay	Waan ku Raacsanahay	Kuma Raacsani Mana Diidni	Kuma Raacsani	Aad baan uga soo Horjeedaa	Waxaan Doorbidi Inaan ka Jawaabin
15. Dhibaato ayaa iga haysata bixinta waxa aan u baahdo bil kasta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Waxaan awoodaa inaan iibsado cuntada aan rabo inaan ku quudiyo qoyskayga.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. **Bishii** la soo dhaafay, ma awoodi weysay inaad iska bixiso: (dooro dhammaan kuwa ku khuseeya)

- | | | |
|---|---|--|
| <input type="checkbox"/> Ijaarka ama Amaahda guriga | <input type="checkbox"/> Biilasha (korontada/gaaska/kuleyllyaha/taleefanka/internetka, iwm.) | <input type="checkbox"/> Gaadiidka (ay ku jiraan shidaalka, kaadhka baska, gaadiidka la wadaago) |
| <input type="checkbox"/> Xarunta Xannaanada carruurta | <input type="checkbox"/> Daawooyinka, kharashyada caafimaadka, adeegyada caafimaadka dhimirka, ceymiska | <input type="checkbox"/> Waxyaaba kale (sheeg): |
| <input type="checkbox"/> Raashinka/cuntada (ay ku jiraan caanaha ilmaha/xafaayadda) | <input type="checkbox"/> Alaabooyinka nadaafadda aasaasiga ah ee qoyska ama shakhsi ahaaneed (ay ku jiraan dharka/kabaha) | <input type="checkbox"/> Waxaan awooday inaan iska bixiyo dhammaan waxyaabahan |

18. **Sanadkii** la soo dhaafay, ma waxaa: (dooro dhammaan kuwa ku khuseeya)

- | | | |
|--|--|---|
| <input type="checkbox"/> Dib u dhac ku yimid ama weysay daryeelka caafimaadka ama ilkaha adiga iyo qoyskaaga | <input type="checkbox"/> La dagtay dad kale, xataa si ku meel gaar ah, sababtoo ah waxaad awoodi weysey inaad bixiso kirada, amaahda guryaha, ama biilasha | <input type="checkbox"/> Midkoodna aniga ima khuseeyaan |
| <input type="checkbox"/> Lagaa saaray gurigaaga ama aqalkaaga | <input type="checkbox"/> Lumisay marin u helidda gaadiidkaagii caadiga ahaa (tusaale, gaadhiga jajabay ama dib loo ceshtay) | |
| <input type="checkbox"/> Ku nooleydhoy ku meel gaar ah, huteel, ama dhismo cidla ah ama baabuur | <input type="checkbox"/> Waxaad ahayd shaqo la'aan mar aad ugu baahnayd ood rabtay shaqo | |

Qaybta soo socota waxay diiradda saaraysaa waxa aad kala kulantay ilaa hadda ururkayaga.

Jawaabahaaga su'aalahan waxay ka caawin karaan shaqaalaha inay horumariyaan adeegyada adiga iyo kuwa adiga oo kale ah la siliyo, sidaa awgeed jawaab celintaada daacadda ah waan qadarinaynaa.

OGEYSIIS: KA BOOD QAYBTAN HADDII AAD QIIMEYNTA KA HOR QAADANEYSO (fiiri qeybta sare ee bogga 1aad)

	Aad baan ugu Raacsanahay	Waan ku Raacsanahay	Kuma Raacsani Mana Diidni	Kuma Raacsani	Aad baan uga soo Horjeedaa	Waxaan Doorbidi Inaan ka Jawaabin
19. Marka aan kala hadlo shaqaalaha barnaamijkan dhibaatooyinkayga, waxay u muuqdaan inay ila fahmaan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Shaqaalaha barnaamijkan si dhab ah ayay ii daneeyaan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Shaqaalaha barnaamijkan ixtiraam ayey ii hayaan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Shaqaalaha barnaamijkan way i caawiyaan markaan u baahdo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Macluumaadka ka Qaybqaataha

Su'aalahan ugu dambeeya adiga ayay kugu saabsan yihiin. Waxay naga caawin doonaan fahamka baahiyaha dadka iyo qoysaska aan u adeegno. Xusuusnow, jawaabaha aad sahankani ku bixiso weey qarsoonaan doonaan.

23. Aqoonsiga Jinsiga ☐ Haween ☐ Lab&dhedig aan ahayn ☐ Waxaan doorbidayaa is-aqoonsiga (buuxi): ☐ Waxaan doorbidayaa inaan ka jawaabin
- ☐ Rag ☐ Laba-naf

24. Da'da sanad ahaan ☐ Waxaan doorbidayaa inaan ka jawaabin
25. Qaab-dhismedka qoyska dooro dhammaan kuwa saxda ah ☐ Hal Waalid ☐ Daryeelka ehelka ☐ Jiilal badan ☐ Laba Waalid ☐ Daryeelka korsashada ☐ Waalid Da' Yar

26. Luuqadaha aasaasiga ee guriga lagaga hadlo: ☐ Waxaan doorbidayaa inaan ka jawaabin

27. Ma jiraa ilmo naafo ah oo daryeelkaaga ku jira? ☐ Haa ☐ Ma hubi ☐ Ma hubi ☐ Waxaan doorbidayaa inaan ka jawaabin
28. Da'da caruurta dooro dhammaan kuwa khuseeya ☐ 5 iyo ka yar ☐ 13 ilaa 17 ☐ 6 ilaa 12 ☐ 18 iyo ka badan

29. Sideed isu aqoonsan kartaa isirkaaga ama qowmiyadaada? ☐ Waxaan doorbidayaa inaan ka jawaabin

30. Macluumaadka Isirka/qowmiyada: (fadlan dooro into ku khuseeya) ☐ Waxaan doorbidayaa inaan ka jawaabin

☐ Hindi Mareykan/ Dhaladka Alaska

Xidhiidhka Qabiileed/Aqoonsiga asaliga ah (buuxi):

☐ Aasiyan (dooro macluudka hadii ay ku khuseyan)

☐ Hindi Asiyaan

☐ Bangladeshi

☐ Burmese

☐ Kamdodiyaa

☐ Shinees

☐ Filibiin

☐ Indonesiyaan

☐ Japanese

☐ Kuuriyaan

☐ Laotiyaan

☐ Malay

☐ Mongoliyaan

☐ Nepalese

☐ Bakistani

☐ Sri Lankan

☐ Taiwaniiis

☐ Thai

☐ Vietnamese

☐ Aqoonsiga asaliga ah (buuxi):

☐ Mid kale (buuxi):

☐ Madow, Afrikaan ama Afrikaan Mareykan ah (dooro macluudka hadii ay ku khuseyan)

☐ Botswana

☐ Camerooniyaa

☐ Kongoliis

☐ Algeriyaan

☐ Angolan

☐ Gambiyaan

☐ Ghanaiaan

☐ Haitiyaan

☐ Eriteriyaan

☐ Etoobiyaan

☐ Liberiyaan

☐ Mali

☐ Nigeriyaan

☐ Jamaikan

☐ Kiiniyaan

☐ Somali

☐ Konfur Afrikaan

☐ Sudaniiis

☐ Rwandan

☐ Senegaliis

☐ Aqoonsiga asaliga ah (buuxi):

☐ Mid kale (buuxi):

☐ Hisbaanik, Latin, ama Isbaanish (dooro macluudka hadii ay ku khuseyan)

☐ Boliviyaan

☐ Braziliyaan

☐ Jiliyaan

☐ Argentiiniyaan

☐ Beliziyaan

☐ Kuba

☐ Dominikan

☐ Guatemalan

☐ Kolombiyaan

☐ Kosta Rikan

☐ Peruviyaan

☐ Buerto Rikan

☐ Salvadoriyaan

☐ Meksikan

☐ Banamaniyaan

☐ Aqoonsiga asaliga ah (buuxi):

☐ Mid kale (buuxi):

☐ Bariga Dhexe ama Waqooyiga Afrika (dooro macluudka hadii ay ku khuseyan)

☐ Armeniyaan

☐ Masaari

☐ Iraniyaan

☐ Afghan

☐ Algeriuaan

☐ Kuwaiti

☐ Lubnaaniyaan

☐ Libiyaan

☐ Iraqi

☐ Israilli

☐ Sucudi Carabiyaan

☐ Suuriyaan

☐ Tunisiyaan

☐ Morokan

☐ Falastiiniyaan

☐ Aqoonsiga asaliga ah (buuxi):

☐ Mid kale (buuxi):

☐ Dhaladka Hawaai ama Jasiiradaha kale ee Baasifigga (dooro macluudka hadii ay ku khuseyan)

☐ Dhaladka Jasiiradaha Mariana

☐ Marshaliis

☐ Dhaladka Hawaai

☐ Jamorro

☐ Fijiyaan

☐ Samoan

☐ Dhaladka Jasiiradaha Solomon

☐ Tahitiyaan

☐ Balauan

☐ Saibaniis

☐ Tokelauan

☐ Tongan

☐ Aqoonsiga asaliga ah (buuxi):

☐ Mid kale (buuxi):

☐ Caddaan (dooro macluudka hadii ay ku khuseyan)

☐ Dhaaj

☐ Ingiriis

☐ Finish

☐ Belgiyaan

☐ Bosnian

☐ Giriig

☐ Islandig

☐ Irish

☐ Faransiis

☐ Kroatiyaan

☐ Bolish

☐ Rush

☐ Swidish

☐ Talyaani

☐ Jarmal

☐ Ukrainiyaan

☐ Burtuqiis

☐ Aqoonsiga asaliga ah (buuxi):

☐ Mid kale (buuxi):

Sahankaan waxaa laga soo qaatay Protective Factors Survey, 2nd edition (PFS-2) ee the FRIENDS National Center oo loogu talagalay Kahortagga Xadgudubka Ilmaha ee Bulshada ku-saleysan. Shaqadaan waxaa suurto geliyay King County's Best Starts, canshuurta Ciyaalka iyo Golaha La-talinta Qoysaska Adkeysiga Badan.

Sahanka Qodobada Badbaadada – King County (PFS-KC)

Foomka Macluumaadka Barnaamijka

Foomkan waxaa loogu talagalay isticmaalka shaqaalaha oo keliya waana inuu buuxiyaa shaqaale yaqaana ka qaybgalaha barnaamijka. Fadlan ka saar foomkan ka hor inta aanad siin ka qaybqaataha sahanka si uu u buuxiyo.

Magaca wareystaha:	Nooca Wareysiga:	<input type="checkbox"/> Khadka <input type="checkbox"/> Si shakhsiyeed	Heerka Taageerada la bixiyey: <input type="checkbox"/> A. Taageero Buuxda <input type="checkbox"/> B. Taageero Qayb ah <input type="checkbox"/> C. Dadaal Shakhsiyeed
Taariikhda Macmiilka uu Bilaabay Adeegyada:	Taariikhda Macmiilka uu Joojiyay Adeegyada: (hadii ay jirto):	Qiyaasta Saacadaha Adeega ee Barnaamijka*:	
Taariikhda Dhameystirka Sahanka:	Xilliga Billowga Sahanka:	Xilliga Dhamaadka Sahanka:	
Ingiriisku ma yahay luqadda koowaad ee ka qaybqaataha? <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Hadday maya tahay, waa maxay luqadda koowaad ee ka qaybqaataha?		
<i>*Xisaabta Qiyaasta Saacadaha (Qiimeynta kadib ama Hal Qiimeyn): tirada saacadaha xiriir walba x tirada inta jeer ee xiriir usbuuc/bil walba x tirada usbuucyada/bilaha barnaamijka gudhiisa</i>			

Herramienta de medición culturalmente sensible: factores de protección (CRMT-PF)

☐ Evaluación Previa
☐ Evaluación Posterior ☐ Evaluación única

Se realiza esta encuesta por dos motivos: para entender sus fortalezas y necesidades como familia, y -más ampliamente- para entender lo que las familias (de todas las estructuras) del condado de King necesitan para prosperar. En esta encuesta le haremos algunas preguntas relacionadas al trabajo que usted hace con nuestro programa, pero también habrá preguntas que pueden no parecer relacionadas. Por ejemplo, hacemos preguntas para entender lo que las familias pueden y no pueden pagar con su situación financiera actual. No se trata de un juicio ni de una promesa de servicios.

Sus respuestas son confidenciales y no se utilizarán en su contra de ninguna manera. Si hay preguntas que no se siente cómodo/a contestando, no dude en seleccionar "prefiero no contestar" cuando corresponda. Sus respuestas nos ayudarán a comprender dónde será necesario proporcionar o conectar a las familias con recursos en el futuro. ¡Gracias por sus respuestas sinceras!

Pensando en su vida en este momento, seleccione en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones.

	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo	Prefiero no responder
1. En general, mi familia sabe que somos lo bastante fuertes para resolver los problemas de nuestras vidas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Las tradiciones de nuestra familia son importantes para nosotros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. En general, mi familia colabora en conjunto para resolver los problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. En general, mi familia mantiene la esperanza, incluso en momentos difíciles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mi familia puede encontrar tiempo para las cosas que nos importan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Siento que siempre le estoy diciendo a mi(s) hijo(s) "no" o "basta".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. La forma en que respondo a mi(s) hijo(s) depende de cómo me siento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Es importante mostrar que entiende los sentimientos de su hijo cuando se comporta mal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Los padres/cuidadores tienen un gran impacto sobre cómo su(s) hijo(s) crecen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estas preguntas nos ayudan a entender su sistema de apoyo actual. Pensando en su vida en este momento...

10. Tengo a alguien en mi vida que me alienta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tengo a alguien en mi vida que es honesto conmigo sobre los temas difíciles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cuando estoy tratando de lograr un objetivo, tengo a alguien en mi vida que me apoya.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cuando necesito que alguien cuide a mi(s) hijo(s) sin tener mucho aviso previo, puedo encontrar a alguien de confianza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tengo gente en la que confío para pedirles consejo acerca de: (marque todas las opciones que se apliquen)	<div> <input type="checkbox"/> Dinero/facturas/presupuesto <input type="checkbox"/> Alimentos/nutrición <input type="checkbox"/> Cuidado de mi(s) hijo(s) </div> <div> <input type="checkbox"/> Relaciones <input type="checkbox"/> Estrés/preocupaciones <input type="checkbox"/> Ninguno de los anteriores </div>					

A veces es difícil para las familias pagar por cosas que necesitan. Esto no es un juicio ni una promesa de servicios, pero nos ayudará a entender qué necesitan las familias para prosperar. Apreciamos sus respuestas honestas.

	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo	Prefiero no responder
15. Tengo problemas para pagar lo que necesito cada mes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Puedo permitirme la comida que quiero para alimentar a mi familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. En el último mes, no estaba en condiciones de pagar: (marque todas las opciones que se apliquen)

- | | | |
|---|---|--|
| <input type="checkbox"/> Alquiler o hipoteca | <input type="checkbox"/> Servicios públicos o facturas (luz/gas/calefacción/ teléfono/internet, etc.) | <input type="checkbox"/> Transporte (gasolina, pases de autobús, viajes compartidos) |
| <input type="checkbox"/> Cuidado infantil / cuidado diario | <input type="checkbox"/> Medicamentos, gastos médicos, servicios de salud mental, copagos | <input type="checkbox"/> Otro (especifique): |
| <input type="checkbox"/> Alimentos (incluida la leche de fórmula/pañales) | <input type="checkbox"/> Artículos básicos del hogar o de higiene personal (incluida ropa/calzado) | <input type="checkbox"/> Pude pagar todos estos |

18. En el último año, le ha pasado alguno de los siguientes: (marque todas las opciones que se apliquen)

- | | | |
|---|---|---|
| <input type="checkbox"/> Se ha retrasado o no ha recibido atención médica o dental para usted o para su familia | <input type="checkbox"/> Se ha mudado con otras personas, aunque haya sido temporal, porque no pudo pagar el alquiler, la hipoteca o las facturas | <input type="checkbox"/> Ninguno de estos se refiere a mí |
| <input type="checkbox"/> Ha sido desahuciado de su casa o apartamento | <input type="checkbox"/> Ha perdido acceso al transporte regular (por ejemplo, vehículo siniestrado o embargado) | |
| <input type="checkbox"/> Ha vivido en un centro de acogida, en un hotel/motel, en un edificio o vehículo abandonado | <input type="checkbox"/> Se ha quedado desempleado cuando en realidad necesitaba o quería tener un trabajo | |

La siguiente sección se centra en sus experiencias hasta el momento con nuestra organización. Sus respuestas pueden ayudar al personal a mejorar los servicios prestados a usted y a otras personas como usted, por lo que agradecemos sus sinceros comentarios. NOTA: OMITA ESTA SECCIÓN SI LA REALIZA COMO EVALUACIÓN PREVIA (consulte la parte superior de la página 1).

	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo	Prefiero no responder
19. Cuando hablo con el personal de este programa sobre mis problemas, parecen entenderme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. El personal de este programa se preocupa de verdad por mí.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. El personal de este programa me respeta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. El personal de este programa me ayuda cuando lo necesito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Herramienta de medición culturalmente sensible: factores de protección (CRMT-PF)

☐ Evaluación Previa
☐ Evaluación Posterior
☐ Evaluación única

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Pensando en su vida en este momento, seleccione en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones.

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4. En general, mi familia mantiene la esperanza, incluso en momentos difíciles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mi familia puede encontrar tiempo para las cosas que nos importan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Siento que siempre le estoy diciendo a mi(s) hijo(s) "no" o "basta".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. La forma en que respondo a mi(s) hijo(s) depende de cómo me siento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Es importante mostrar que entiende los sentimientos de su hijo cuando se comporta mal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Los padres/cuidadores tienen un gran impacto sobre cómo su(s) hijo(s) crecen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estas preguntas nos ayudan a entender su sistema de apoyo actual. Pensando en su vida en este momento...

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11. Tengo a alguien en mi vida que es honesto conmigo sobre los temas difíciles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. Cuando necesito que alguien cuide a mi(s) hijo(s) sin tener mucho aviso previo, puedo encontrar a alguien de confianza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tengo gente en la que confío para pedirles consejo acerca de: (marque todas las opciones que se apliquen)	<input type="checkbox"/> Dinero/facturas/presupuesto	<input type="checkbox"/> Alimentos/nutrición	<input type="checkbox"/> Cuidado de mi(s) hijo(s)			
	<input type="checkbox"/> Relaciones	<input type="checkbox"/> Estrés/preocupaciones	<input type="checkbox"/> Ninguno de los anteriores			

Encuesta de Factores Protectores – King County (PFS-KC)

Formulario de información sobre el programa

Este formulario es para el uso exclusivo del personal y debe ser completado por un miembro del personal que esté familiarizado con el/la participante en el programa. Retire este formulario antes de entregar la encuesta al participante para que la complete.

Nombre del entrevistador/a:	Tipo de entrevista: <input type="checkbox"/> Virtual (online) <input type="checkbox"/> Presencial	Nivel de apoyo prestado: <input type="checkbox"/> A. Apoyo total <input type="checkbox"/> B. Apoyo parcial <input type="checkbox"/> C. Autoadministrado
Fecha de inicio de los servicios:	Fecha de finalización de los servicios (si aplica):	Horas de servicio estimadas en el programa*:
Fecha de la encuesta:	Hora de inicio de la encuesta:	Hora de finalización de la encuesta:
¿Es el inglés el primer idioma del participante? <input type="checkbox"/> Sí <input type="checkbox"/> No	En caso negativo, ¿cuál es el primer idioma?	
*Cálculo de horas estimadas (evaluación posterior o evaluación única): número de horas por contacto x número de contactos por semana/mes x número de semanas/meses en el programa		

Hóa: Các Yếu Tố Bảo Vệ (CRMT-PF)

☐ Bài Kiểm Tra Trước ☐ Bài Kiểm Tra Một Lần
☐ Bài Kiểm Tra Sau

Cuộc khảo sát này được thực hiện vì hai lý do: để hiểu điểm tiêu biểu và nhu cầu của gia đình quý vị, và - rộng hơn - để hiểu các gia đình ở Quận King (trong tất cả các cấu trúc) cần điều gì để phát triển. Trong khảo sát này, chúng tôi sẽ hỏi quý vị một số câu hỏi liên quan đến công việc quý vị thực hiện với chương trình của chúng tôi, nhưng cũng sẽ có những câu hỏi dường như không liên quan. Ví dụ, chúng tôi có các câu hỏi để hiểu những gì gia đình có thể và không thể chỉ trả với tình hình tài chính hiện tại của họ. Đây không phải là một sự phán xét, cũng không phải là một lời hứa cung cấp các dịch vụ. Câu trả lời của quý vị hoàn toàn bảo mật và sẽ không được sử dụng để chống lại quý vị dưới bất kỳ hình thức nào. Nếu có những câu hỏi quý vị không cảm thấy thoải mái khi trả lời, vui lòng chọn "Không muốn trả lời" nếu phù hợp. Câu trả lời của quý vị sẽ giúp chúng tôi hiểu nơi chúng tôi có thể cần cung cấp / kết nối các nguồn hỗ trợ cho các gia đình trong tương lai. **Cảm ơn quý vị đã cung cấp các phản hồi trung thực của mình!**

Nghĩ về cuộc sống của quý vị ngay lúc này, vui lòng chọn mức độ mà quý vị đồng ý hoặc không đồng ý với các tuyên bố sau đây.

Rất đồng ý Đồng ý Không đồng ý cũng không phản đối Không đồng ý Hoàn toàn không đồng ý Không muốn trả lời

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Nhìn chung, gia đình tôi biết rằng chúng tôi đủ mạnh mẽ để giải quyết các vấn đề xảy ra trong cuộc sống của mình. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Truyền thống gia đình của chúng tôi rất quan trọng đối với chúng tôi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nhìn chung, gia đình tôi góp sức cùng nhau để giải quyết các vấn đề khó khăn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nhìn chung, gia đình tôi vẫn giữ niềm hy vọng ngay cả trong những thời điểm khó khăn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Gia đình tôi có thể dành thời gian cho những việc quan trọng đối với chúng tôi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Tôi cảm thấy như tôi luôn nói với (các) con tôi rằng "không" hoặc "dừng lại". | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Cách tôi phản ứng với (các) con tôi tùy thuộc vào cảm xúc của tôi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Điều quan trọng là phải cho thấy rằng quý vị hiểu cảm xúc của con mình khi trẻ cư xử không đúng mực. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Cha mẹ / người chăm sóc có tác động lớn đến cách (các) con của họ trở thành người như thế nào. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Các câu hỏi này giúp chúng tôi hiểu về hệ thống hỗ trợ hiện tại của quý vị. Nghĩ về cuộc sống của quý vị ngay lúc này...

- | | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Trong cuộc sống của mình, tôi có một người luôn khuyến khích tôi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Trong cuộc sống của mình, tôi có một người trung thực với tôi khi thảo luận về các chủ đề khó khăn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Khi tôi đang cố gắng làm việc để đạt được mục tiêu, tôi có một người sẽ hỗ trợ tôi trong cuộc sống của mình. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Khi tôi cần ai đó chăm sóc (các) con tôi trong thời gian gấp gáp, tôi có thể tìm thấy người mà tôi tin tưởng. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Tôi có những người mà tôi tin tưởng để xin lời khuyên về: (Chọn tất cả các câu phù hợp) | <div> <input type="checkbox"/> Tiền bạc / Hóa đơn / Lập ngân sách <input type="checkbox"/> Thực phẩm / Dinh dưỡng <input type="checkbox"/> Chăm sóc (các) con tôi </div> <div> <input type="checkbox"/> Các mối quan hệ <input type="checkbox"/> Căng thẳng / Sự lo lắng <input type="checkbox"/> Không có điều nào ở trên </div> | | | | | |

Đôi khi các gia đình gặp khó khăn chi trả cho những thứ họ cần. Đây không phải là một sự phán xét hay một lời hứa cung cấp các dịch vụ, nhưng sẽ giúp chúng tôi hiểu các gia đình cần điều gì để phát triển. Chúng tôi biết ơn phản hồi trung thực của quý vị.

	Rất đồng ý	Đồng ý	Không đồng ý cũng không phản đối	Không đồng ý	Hoàn toàn không đồng ý	Không muốn trả lời
15. Tôi gặp khó khăn tài chính để chi trả cho những gì tôi cần mỗi tháng.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Tôi có khả năng chi trả cho loại thực phẩm mà tôi muốn gia đình tôi sử dụng.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Trong **tháng** qua, quý vị không thể chi trả cho: (chọn tất cả những câu phù hợp)

☐ Tiền thuê nhà hoặc tiền trả góp nhà

☐ Dịch vụ tiện ích hoặc các hóa đơn (điện / gas / nhiệt / điện thoại / internet, v.v.)

☐ Phương tiện di chuyển (bao gồm xăng, thẻ xe buýt, chuyển đi chung xe)

☐ Nhà giữ trẻ / chăm sóc trẻ em

☐ Thuốc men, chi phí y tế, dịch vụ sức khỏe tâm thần, khoản đồng thanh toán (co-pay)

☐ Chi phí khác (nếu cụ thể):

☐ Cửa hàng tạp hóa / thực phẩm (bao gồm sữa bột trẻ em / tã lót)

☐ Các vật dụng cơ bản trong gia đình hoặc vệ sinh cá nhân (bao gồm quần áo / giày dép)

☐ Tôi đã có thể chi trả cho tất cả những điều này

18. Trong **năm** qua, quý vị có từng: (chọn tất cả những câu phù hợp)

☐ Bị trì hoãn hoặc không nhận được dịch vụ chăm sóc y tế hoặc nha khoa cho bản thân hoặc gia đình mình

☐ Chuyển đến sống với những người khác, cho dù là tạm thời, bởi vì quý vị không đủ khả năng trả tiền thuê nhà, trả tiền góp nhà, hoặc các hóa đơn

☐ Không có điều nào trong số này áp dụng cho tôi

☐ Bị trục xuất khỏi nhà hoặc căn hộ của quý vị

☐ Mất khả năng sử dụng phương tiện di chuyển thông thường của quý vị (ví dụ: xe bị hư hỏng hoàn toàn hoặc bị thu hồi)

☐ Sống tại một nhà tạm trú, trong khách sạn / nhà nghỉ, hoặc trong một tòa nhà hoặc phương tiện bỏ hoang

☐ Thất nghiệp khi quý vị thực sự cần và muốn có một công việc

Phần sau đây tập trung vào trải nghiệm của quý vị cho đến nay với tổ chức của chúng tôi. Câu trả lời của quý vị cho những câu hỏi này có thể giúp nhân viên cải thiện dịch vụ cho quý vị và những người khác tương tự quý vị, vì vậy chúng tôi biết ơn phản hồi trung thực của quý vị.

LƯU Ý: BỎ QUA PHẦN NÀY NẾU QUÝ VỊ ĐANG LÀM BÀI KIỂM TRA TRƯỚC (xem đầu Trang 1)

	Rất đồng ý	Đồng ý	Không đồng ý cũng không phản đối	Không đồng ý	Hoàn toàn không đồng ý	Không muốn trả lời
19. Khi tôi nói chuyện với nhân viên từ chương trình này về các vấn đề của tôi, họ dường như hiểu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Các nhân viên từ chương trình này thực sự quan tâm đến tôi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Các nhân viên từ chương trình này có sự tôn trọng dành cho tôi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Các nhân viên từ chương trình này giúp đỡ tôi khi tôi cần.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thông Tin Người Tham Gia

Vài câu hỏi cuối cùng này là về quý vị. Các câu này sẽ được sử dụng để giúp chúng tôi hiểu nhu cầu của mọi người và các gia đình mà chúng tôi phục vụ. Hãy nhớ rằng, câu trả lời của quý vị cho cuộc khảo sát này được bảo mật.

23. Nhận dạng giới tính	<input type="checkbox"/> Nữ <input type="checkbox"/> Nam	<input type="checkbox"/> Phi nhị nguyên giới <input type="checkbox"/> 2 tinh thần	<input type="checkbox"/> Muốn tự nhận định (điền vào):	<input type="checkbox"/> Không muốn trả lời
24. Tuổi theo năm	<input type="checkbox"/> Không muốn trả lời	25. Cấu trúc gia đình Chọn tất cả cấu phù hợp	<input type="checkbox"/> Cha/mẹ đơn thân <input type="checkbox"/> Hai phụ huynh	<input type="checkbox"/> Họ hàng chăm sóc <input type="checkbox"/> Chăm sóc thay
26. (Các) ngôn ngữ chính ở nhà:	<input type="checkbox"/> Không muốn trả lời			
27. Có trẻ khuyết tật nào đang được quý vị chăm sóc không?	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Không chắc <input type="checkbox"/> Không muốn trả lời	28. Tuổi của trẻ Chọn tất cả cấu phù hợp	<input type="checkbox"/> 5 tuổi trở xuống <input type="checkbox"/> 6 tới 12 <input type="checkbox"/> 13 tới 17 <input type="checkbox"/> 18 tuổi trở lên
29. Quý vị nhận định chủng tộc hoặc dân tộc của mình là gì?	<input type="checkbox"/> Không muốn trả lời			
30. Chi tiết về chủng tộc / dân tộc: (vui lòng chọn tất cả cấu phù hợp) <input type="checkbox"/> Không muốn trả lời				
<input type="checkbox"/> Người Mỹ Bản Xứ/Người Alaska Bản Xứ				
Nhận Dạng Liên Kết Bộ Lạc/ Bản Xứ (điền vào):				
<input type="checkbox"/> Người Châu Á (chọn các chi tiết nếu phù hợp)				
<input type="checkbox"/> Người Campuchia <input type="checkbox"/> Người Trung Quốc <input type="checkbox"/> Người Hàn Quốc <input type="checkbox"/> Người Lào <input type="checkbox"/> Người Pakistan <input type="checkbox"/> Người Sri Lanka <input type="checkbox"/> Nhận dạng là Người Bản Xứ (điền vào):				
<input type="checkbox"/> Người Ấn Độ <input type="checkbox"/> Người Philippines <input type="checkbox"/> Người Mã lai <input type="checkbox"/> Người Đài Loan				
<input type="checkbox"/> Người Bangladesh <input type="checkbox"/> Người In-đô-nê-xi-a <input type="checkbox"/> Người Mông Cổ <input type="checkbox"/> Người Thái <input type="checkbox"/> Khác (điền vào):				
<input type="checkbox"/> Người Miến Điện <input type="checkbox"/> Người Nhật <input type="checkbox"/> Người Nê-Pan <input type="checkbox"/> Người Việt				
<input type="checkbox"/> Người Mỹ Da Đen, Người Châu Phi, hoặc Người Mỹ Gốc Phi (chọn các chi tiết nếu phù hợp)				
<input type="checkbox"/> Người Botswana <input type="checkbox"/> Người Cameroon <input type="checkbox"/> Người Gambia <input type="checkbox"/> Người Ghana <input type="checkbox"/> Người Liberia <input type="checkbox"/> Người Mali <input type="checkbox"/> Người Somali <input type="checkbox"/> Người Nam Phi <input type="checkbox"/> Nhận dạng là Người Bản Xứ (điền vào):				
<input type="checkbox"/> Người Congo <input type="checkbox"/> Người Haiti <input type="checkbox"/> Người Nigeria <input type="checkbox"/> Người Sudan				
<input type="checkbox"/> Người An-giê-ri <input type="checkbox"/> Người Eritrea <input type="checkbox"/> Người Jamaica <input type="checkbox"/> Người Rwanda <input type="checkbox"/> Người Tanzania <input type="checkbox"/> Khác (điền vào):				
<input type="checkbox"/> Người Angola <input type="checkbox"/> Người Ethiopia <input type="checkbox"/> Người Kenya <input type="checkbox"/> Người Senegal <input type="checkbox"/> Người Uganda				
<input type="checkbox"/> Người Gốc Tây Ban Nha hoặc Latinh (chọn các chi tiết nếu phù hợp)				
<input type="checkbox"/> Người Bolivia <input type="checkbox"/> Người Brazil <input type="checkbox"/> Người Cuba <input type="checkbox"/> Người Dominican <input type="checkbox"/> Người Peru <input type="checkbox"/> Người Puerto Rico <input type="checkbox"/> Nhận dạng là Người Bản Xứ (điền vào):				
<input type="checkbox"/> Người Chile <input type="checkbox"/> Người Guatemala <input type="checkbox"/> Người Salvador				
<input type="checkbox"/> Người Argentina <input type="checkbox"/> Người Colombia <input type="checkbox"/> Người Mexico <input type="checkbox"/> Người Tây Ban Nha <input type="checkbox"/> Khác (điền vào):				
<input type="checkbox"/> Người Belize <input type="checkbox"/> Người Costa Rica <input type="checkbox"/> Người Panama <input type="checkbox"/> Người Venezuela				
<input type="checkbox"/> Người Trung Đông hoặc Người Bắc Phi (chọn các chi tiết nếu phù hợp)				
<input type="checkbox"/> Người Armenia <input type="checkbox"/> Người Ai Cập <input type="checkbox"/> Người Kuwait <input type="checkbox"/> Người Liban <input type="checkbox"/> Người Ả Rập Xê Út <input type="checkbox"/> Người Syria <input type="checkbox"/> Nhận dạng là Người Bản Xứ (điền vào):				
<input type="checkbox"/> Người I-ran <input type="checkbox"/> Người Libya <input type="checkbox"/> Người Tuy-ni-di				
<input type="checkbox"/> Người Afghanistan <input type="checkbox"/> Người Iraq <input type="checkbox"/> Người Ma-rốc <input type="checkbox"/> Người Thổ Nhĩ Kỳ <input type="checkbox"/> Khác (điền vào):				
<input type="checkbox"/> Người An-giê-ri <input type="checkbox"/> Người Israel <input type="checkbox"/> Người Pa-le-xtin <input type="checkbox"/> Người Yemen				
<input type="checkbox"/> Người Hawaii Bản Xứ hoặc Người Dân Đảo Thái Bình Dương khác (chọn các chi tiết nếu phù hợp)				
<input type="checkbox"/> Người dân đảo Mariana <input type="checkbox"/> Người Marshall <input type="checkbox"/> Người Samoa <input type="checkbox"/> Người dân đảo Solomon <input type="checkbox"/> Nhận dạng là Người Bản Xứ (điền vào):				
<input type="checkbox"/> Người Hawaii Bản Xứ <input type="checkbox"/> Người Tahiti				
<input type="checkbox"/> Người Chamorro <input type="checkbox"/> Người Palau <input type="checkbox"/> Người Tokelau <input type="checkbox"/> Khác (điền vào):				
<input type="checkbox"/> Người Fiji <input type="checkbox"/> Người Saipan <input type="checkbox"/> Người Tonga				
<input type="checkbox"/> Người Da Trắng (chọn các chi tiết nếu phù hợp)				
<input type="checkbox"/> Người Hà-Lan <input type="checkbox"/> Người Anh <input type="checkbox"/> Người Hy Lạp <input type="checkbox"/> Người Iceland <input type="checkbox"/> Người Ba-lan <input type="checkbox"/> Người Nga <input type="checkbox"/> Nhận dạng là Người Bản Xứ (điền vào):				
<input type="checkbox"/> Người Bỉ <input type="checkbox"/> Người Phần-lan <input type="checkbox"/> Người Ai-len <input type="checkbox"/> Người Thụy Điển				
<input type="checkbox"/> Người Bosnia <input type="checkbox"/> Người Pháp <input type="checkbox"/> Người Ý <input type="checkbox"/> Người Ukraina <input type="checkbox"/> Khác (điền vào):				
<input type="checkbox"/> Người Croatia <input type="checkbox"/> Người Đức <input type="checkbox"/> Người Bồ Đào Nha <input type="checkbox"/> Người Xứ Wales				

Khảo Sát về Các Nhân Tố Bảo Vệ – Quận King (PFS-KC)

Mẫu Đơn Thông Tin Chương Trình

Mẫu đơn này chỉ dành cho nhân viên sử dụng và phải được hoàn thành bởi một nhân viên quen thuộc với người tham gia chương trình. Vui lòng lấy mẫu đơn này ra trước khi đưa khảo sát cho người tham gia để hoàn thành.

Tên của Người Phỏng Vấn:	Hình Thức Phỏng Vấn: <div><input type="checkbox"/> Trực tuyến <input type="checkbox"/> Trực tiếp gặp mặt</div>	Mức Độ Hỗ Trợ Cung Cấp: <div><input type="checkbox"/> A. Được Hỗ Trợ Hoàn Toàn <input type="checkbox"/> B. Được Hỗ Trợ Một Phần <input type="checkbox"/> C. Tự Thực Hiện</div>
Ngày Khách Hàng Bắt Đầu Dịch Vụ:	Ngày Khách Hàng Ngưng Dịch Vụ (nếu phù hợp):	Số Giờ Phục Vụ Ước Tính Trong Chương Trình*:
Ngày Hoàn Thành Khảo Sát:	Thời Gian Bắt Đầu Khảo Sát:	Thời Gian Kết Thúc Khảo Sát:
Tiếng Anh có phải là ngôn ngữ mẹ đẻ của người tham gia không? <div><input type="checkbox"/> Đúng <input type="checkbox"/> Không</div>		
Nếu không, ngôn ngữ mẹ đẻ của người tham gia là gì?		
*Phép Tính để Ước Tính Số Giờ (Bài Kiểm Tra Sau hoặc Bài Kiểm Tra Một Lần): số giờ mỗi lần liên hệ x số lần liên hệ mỗi tuần/tháng x số tuần/tháng trong chương trình		

Protective Factors

WHAT ARE THEY? WHY MEASURE THEM?



ALL FAMILIES DESERVE THE OPPORTUNITY TO THRIVE

No matter what a family looks like, or who is a part of it, families are an important part of our community. And yet, families do not all thrive equally. Not all families have the same access to resources, and not all families have the same life experiences. All of our families are part of neighborhoods, communities, cultures and the broader society, all of which contribute, in positive in negative ways, to our opportunities to thrive.

HOW SHOULD WE UNDERSTAND THESE OPPORTUNITIES?

Many agencies and organizations dedicated to supporting families have traditionally asked families to report their **RISK FACTORS**. These are the attributes and circumstances of a family, like trauma, that are more likely to be associated with negative life outcomes. While this can be beneficial for understanding what resources a family needs, it focuses on the negative aspects of families' lives, rather than celebrating the many positives and strengths of a family.

PROTECTIVE FACTORS are attributes and circumstances of a family that are associated with positive outcomes. Not only does it help us focus on the positives of families, but ideally it starts to undo the harms of focusing so much time and energy on negatives.

BSK'S CULTURALLY-RESPONSIVE MEASUREMENT TOOL: PROTECTIVE FACTORS

The CRMT-PF is a **COMMUNITY VALIDATED** tool, tested with hundreds of diverse King County families between 2020 and 2023. It is a survey with 25 questions measuring five Protective Factors (see reverse). Organizations can use the CRMT-PF to take a snapshot of a family's protective factors at one time, or to monitor changes in protective factors over time in a program/intervention.

The CRMT-PF is currently available in English, Simplified Chinese, and Spanish. Somali and Vietnamese are currently being validated!



Best Starts for
KIDS

*This work was made possible by the
King County Best Starts for Kids Levy*

*More Information and resources
for using the CRMT-PF:*



Protective Factors

FROM THE STRENGTHENING FAMILIES FRAMEWORK
CENTER FOR THE STUDY OF SOCIAL POLICY

FAMILY RESILIENCE

Having adaptive skills and strategies to persevere when faced with challenges, crisis and trauma.

QUESTIONS 1 - 5

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT

Parents/caregivers have age-appropriate expectations for children's abilities and understand and use consistent, effective child-care techniques.

QUESTIONS 6 - 9

SOCIAL SUPPORTS

Having support from family, friends, or neighbors that helps provide for emotional needs.

QUESTIONS 10 - 14

CONCRETE SUPPORTS

Access to tangible supports and services that help families cope with stress.

QUESTIONS 15 - 18

CAREGIVER/PRACTITIONER RELATIONSHIP

The supportive, understanding relationship between caregivers and practitioners that positively affects parents' success in participating in services.

QUESTIONS 19 - 22

Get to Know the CRMT-PF

What is the CRMT-PF?

- The Culturally Responsive Measurement Tool - PF (CRMT-PF) is an instrument designed to measure **protective factors** in families (see the *"What are Protective Factors"* handout)..
- The tool was adapted from the **Protective Factors Survey Version 2** from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention.
- The CRMT-PF was updated with the support of the Resilient Families Advisory Council between 2020 and 2023 to ensure the instrument was **culturally responsive for diverse families in King County**,
- It has been **community validated** in English, Simplified Chinese, and Spanish to support the work of early learning programs serving families with children under the age of five living in King County. Somali and Vietnamese are in progress.

Why should we use the CRMT-PF?

- 1** The CRMT-PF gives programs (and the county) a snapshot of how families are doing, and where more supports may be needed.
- 2** The CRMT-PF helps programs measure their impacts on protective factors to see if they are building resilience in families they serve.

How do we use the CRMT-PF?

The CRMT-PF is a great **conversation starter**. Use it as part of your program's intake process to establish a baseline on the family's strengths, and get a picture of their current resource needs.

The CRMT-PF can show you **change over time**. Giving the survey every 6 months or year (depending on program length) will allow you to see if a family's protective factors are improving.

The CRMT-PF asks questions to give you a score for each of the **Protective Factor Domains**. You can use those scores to monitor each family, and your program overall.

Learn more at thecapacitycollective.org/CRMT



*This work was made possible by the
King County Best Starts for Kids Levy*

the **CAPACITY COLLECTIVE**

CRMT-PF

CULTURALLY RESPONSIVE
MEASUREMENT TOOL:
PROTECTIVE FACTORS

IMPLEMENTATION QUICK GUIDE

PREPARED BY:

the **CAPACITY COLLECTIVE**

WWW.CAPACITYCOLLECTIVE.ORG

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- 3 Implementation
- 4 FAQ
- 5 Scoring & Analysis

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 King County

Best Starts for
KIDS

PROTECTIVE FACTORS

Conditions or attributes in individuals, families, and communities that promote the health, well-being, and resilience of children and families.

Overview

WHAT IS THE CRMT-PF?

The Culturally Responsive Measurement Tool - Protective Factors (CRMT-PF) is an instrument designed to measure **protective factors** in families. The tool was adapted from the Protective Factors Survey Version 2 from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention. It was updated with the support of the Resilient Families Advisory Council and dozens of community-based organizations between 2020 and 2023 to ensure the instrument was culturally responsive for diverse families in King County. It has been **community validated** in English, Spanish and Simplified Chinese to support the work of early learning programs serving King County families with children under the age of five.

WHY SHOULD WE USE THE CRMT-PF?

- 1** The CRMT-PF gives programs (and the county) a snapshot of how families are doing, and where more supports may be needed.
- 2** The CRMT-PF helps programs measure impacts on protective factors to see if they are building resilience in families they serve.

COMMUNITY VALIDATION

The CRMT-PF was community validated between 2020 and 2023 with key communities identified by King County:

- Black & African American
- Indigenous/American Indian/Alaska Native
- Hispanic or Latino/a/x
- Asian (Chinese, Vietnamese)
- African (Somali, Ethiopian)
- Middle Eastern or North African
- Pacific Islander
- Families of children with special needs

Protective Factors

FROM THE STRENGTHENING FAMILIES FRAMEWORK
CENTER FOR THE STUDY OF SOCIAL POLICY

FAMILY RESILIENCE

Having adaptive skills and strategies to persevere when faced with challenges, crisis and trauma.

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QUESTIONS 19 - 22

Implementation

WHO

Who should use this tool?
What types of programs?

- Programs supporting **families with children**
- Programs that want to promote **family resilience** rather than focusing on risk factors
- Programs looking for a **new type** of assessment for working with families

HOW

How should we use it?
How does it support families?
How can it support programs?

- As an **introduction** to a new client
- To inform a **goal or action plan**
- As a **needs assessment** for the family
- To measure **change over time**
- To measure **impact** of your program
- Can be given **anonymously** or not

WHAT

What format should we use?

- **Interview** (In Person or Virtual)
 - **Pros:** Build rapport, assessing needs
 - **Cons:** Pressure to answer a certain way
- **Self-Administered** (In Person or Virtual)
 - **Pros:** Less pressure to answer a certain way
 - **Cons:** Clients may have questions

WHEN

When should we use it?

- At intake as a **pre-test**
- At exit as a **post-test**
- At intake as a **one-time screening**
- At **regular intervals** or **midway** through programming for multi-year programs

HOW OFTEN

How often should we use it?

- Depends on the **length of your program**
 - **Under 6 months:** Intake
 - **6 months to 1 year:** Intake + exit
 - **1 year or longer:** Intake + annually + exit
- Depends **what you want to do** with the data
 - **Take a snapshot:** 1 time
 - **Measure change:** 2 or more times

FAQ

WHAT IS THE COST OF THIS SURVEY?

This survey and associated materials are free.

HOW LONG SHOULD THERE BE BETWEEN PRE- AND POST-TESTS?

Participant families should take the pre-test as close to the entry date of the participant as possible. The pre-test is recommended at least after the first visit and after trust has been built with the family. The post-test is recommended to be administered after a minimum of 12 service hours and/or at the end of services for the family. This depends on the number of data points the program is looking for and the average attrition rates of the families in the program.

WHAT IS CONSIDERED A "FAMILY"?

Family should be interpreted by each participant, and definitions can vary widely. There are many different examples of family including: a nuclear family (mother, father, son, daughter), a chosen family where individuals who are not biologically related treat each other as family members do, a single mother/father/non-binary person caring for one child, or a grandparent caring for their grandchild. If needed, the participant can be provided with the definition of family as at least two people who care for one another.

WHY DON'T WE CALCULATE A SCORE FOR THE KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT SECTION?

The Knowledge of Parenting and Child Development is a complex concept with items that do not necessarily correlate. Due to this, calculation of a subscale score is not recommended. It is best to view this section as a conversation starter and as an item-by-item exploration of parenting beliefs and attitudes that can foster dialogue between staff and families.

Scoring & Analysis

CALCULATING INDIVIDUAL FAMILY SCORES

Note: Each Protective Factor must have 3+ answers to be calculated. Do not score "Prefer not to answer."

Example: Family Resilience Protective Factor	Scoring					
Family Resilience Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0	3
2. Our family traditions are important to us	4	3	2	1	0	4
3. In general, my family works together to solve problems.	4	3	2	1	0	2
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	3
5. My family is able to find time for things that matter to us.	4	3	2	1	0	3
Protective Factor Total						15
Average Protective Factor Score (Protective Factor Total divided by 5 [minimum 3]).				[15 / 5] =		3

1. Write the family's response to each item in the **Item Score** column.
2. Add all item scores together to get the **Protective Factor Total**.
3. Divide the **Protective Factor Total** / number of questions completed = **Average Score**.

CALCULATING CHANGES IN INDIVIDUAL FAMILY SCORES

Observing change in family-level protective factors can help reveal the impact of your program and where additional supports may still be needed. Programs can consider change over time by analyzing change in the average scores for each protective factor.

	Average Pre (Pre- or "Before")	Mean Post (Post- or "Now")	Raw Difference	Change	Percent Change
Family A	4.13	4.61	0.48	0.12	+ 12%
Family B	2.94	3.47	0.53	0.18	+ 18%

1. **Mean Post-Score** – **Average Pre-Score** = **Raw Difference**
2. **Raw Difference** / **Average Pre-Score** = **Change**
3. **Change** x 100 = **Percent Change**
4. Note if the change is an **increase (+)** or **decrease (-)**

CALCULATING GROUP/PROGRAM-WIDE SCORES

Family Resilience	Item Scores					Protective Factor Total	Average Protective Factor Score
Family Resilience Items	Item 1	Item 2	Item 3	Item 4	Item 5		
Family A	4	5	4	4	3	= 20	$(20 \div 5) = 4$
Family B	2	2	1	3	2	= 10	$(10 \div 5) = 2$
Family C	3	3	0	-	3	= 9	$(9 \div 4) = 2.3$
Family D	5	4	4	4	4	= 21	$(21 \div 5) = 4.2$
Family E	3	4	3	3	0	= 13	$(13 \div 5) = 2.6$
Total Group Score							15.1
							$(15.1 \div 5) = 3.02$
Average Group Score							3.0

1. Sum each family's score to calculate their individual **Protective Factor Total**.
2. Each **Protective Factor Total** / **number of items** answered = **Average Protective Factor Score**
3. Sum of **Average Protective Factor Scores** = the **Total Group Score**
4. **Total Group Score** / **number of families** included = **Average Group Score**

CALCULATING CHANGES IN GROUP/PROGRAM SCORES

Observing change in group/program-level protective factors can help reveal the impact of your program and where program changes may be useful. Programs can consider change over time by analyzing change in the average scores for each family by protective factor, or a mean score for all of the protective factors together.

How to Score the CRMT-PF

Culturally Responsive Measurement Tool – Protective Factors

PROTECTIVE FACTORS MEASURED

- + Family Resilience
- + Knowledge of Parenting & Child Development
- + Social Supports
- + Concrete Supports
- + Caregiver/Practitioner Relationship

CALCULATING INDIVIDUAL FAMILY SCORES

Note: Each Protective Factor must have 3+ answers to be calculated. Do not score “Prefer not to answer.”

Example: Family Resilience Protective Factor	Scoring					
Family Resilience Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
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3. In general, my family works together to solve problems.	4	3	2	1	0	2
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	3
5. My family is able to find time for things that matter to us.	4	3	2	1	0	3
Protective Factor Total						15
Average Protective Factor Score (Protective Factor Total divided by 5 [minimum 3]).					[15 / 5] =	3

1. Write the family's response to each item in the **Item Score** column.
2. Add all item scores together to get the **Protective Factor Total**.
3. Divide the **Protective Factor Total** / number of questions completed = **Average Score**.

CALCULATING CHANGES IN INDIVIDUAL FAMILY SCORES

Observing change in family-level protective factors can help reveal the impact of your program and where additional supports may still be needed. Programs can consider change over time by analyzing change in the average scores for each protective factor.

	Average Pre (Pre- or “Before”)	Mean Post (Post- or “Now”)	Raw Difference	Change	Percent Change
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2. **Raw Difference** / **Average Pre-Score** = **Change**
3. **Change** x 100 = **Percent Change**
4. Note if the change is an **increase (+)** or **decrease (-)**

CALCULATING GROUP/PROGRAM SCORES

Along with looking at individual family scores, you can look at all of your families' scores together as another way of understanding your participants as a whole. You can enter scores for each of the families in rows, then calculate an average group score by dividing the total group score by the number of families.

Family Resilience	Item Scores					Protective Factor Total	Average Protective Factor Score
Family Resilience Items	Item 1	Item 2	Item 3	Item 4	Item 5		
Family A	4	5	4	4	3	= 20	$(20 \div 5) = 4$
Family B	2	2	1	3	2	= 10	$(10 \div 5) = 2$
Family C	3	3	0	-	3	= 9	$(9 \div 5) = 1.8$
Family D	5	4	4	4	4	= 21	$(21 \div 5) = 4.2$
Family E	3	4	3	3	0	= 13	$(13 \div 5) = 2.6$
Total Group Score							15.1
							$(15.1 \div 5) = 3.02$
Average Group Score							3.0

1. Sum each family's score to calculate their individual **Protective Factor Total**.
2. Each **Protective Factor Total** / **number of items** answered = **Average Protective Factor Score**
3. Sum of **Average Protective Factor Scores** = the **Total Group Score**
4. **Total Group Score** / **number of families** included = **Average Group Score**

CALCULATING CHANGES IN GROUP/PROGRAM SCORES

Observing change in group/program-level protective factors can help reveal the impact of your program and where program changes may be useful. Programs can consider change over time by analyzing change in the average scores for each family by protective factor, or a mean score for all of the protective factors together.