

First 5 Santa Barbara County Protective Factors Survey

Agency ID #	Participant ID #	Date survey completed: ____ / ____ / ____
<input type="checkbox"/> Check here if this is a Pre-test	<input type="checkbox"/> Check here if this is a Post-test	

Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff. For each of the following, **mark** the response that most closely matches how you feel.

1. I have friends on social media/online I can rely on for support.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

2. I have people who believe in me.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

3. I have somebody in my life who gives me advice, even when it is hard to hear.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

4. When I am trying to work on achieving a goal, I have friends who will support me.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

5. When I need someone to look after my kids on short notice, I can find someone I trust.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

FOR EACH OF THE FOLLOWING, CHECK ALL THAT APPLY:

6. I have people I trust to ask for advice about:

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> A. Money/Bills/Budgeting | <input type="checkbox"/> D. Stress, Anxiety, and/or Depression |
| <input type="checkbox"/> B. Relationships and/or My Love Life | <input type="checkbox"/> E. Parenting/My Kids |
| <input type="checkbox"/> C. Food/Nutrition | <input type="checkbox"/> F. None of the above |

7. I have people I trust to ask for advice about:

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> A. Money/Bills/Budgeting | <input type="checkbox"/> D. Stress, Anxiety, and/or Depression |
| <input type="checkbox"/> B. Relationships and/or My Love Life | <input type="checkbox"/> E. Parenting/My Kids |
| <input type="checkbox"/> C. Food/Nutrition | <input type="checkbox"/> F. None of the above |

For each of the following, mark the response that most closely matches how you feel.

8. The future looks good for my family.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

9. The way my family works together helps us deal with the hard times.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

10. In my family, we take time to listen to each other.

-
- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

11. There are things we do as a family that are special to me.

- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

Parents learn from their experiences interacting with their baby/child. Think about your strengths and the interactions you have when you play with your baby/child when completing items #12 through #18.

12. I sing to my baby/child.

- A. Never B. Rarely (monthly) C. Sometimes (weekly) D. Often (daily) E. Consistently (multiple times a day)

13. I read books to my baby/child.

- A. Never B. Rarely (monthly) C. Sometimes (weekly) D. Often (daily) E. Consistently (multiple times a day)

14. I smile and praise my baby/child.

- A. Never B. Rarely (monthly) C. Sometimes (weekly) D. Often (daily) E. Consistently (multiple times a day)

15. I find it hard to be affectionate with my baby/child.

- A. Never B. Rarely (monthly) C. Sometimes (weekly) D. Often (daily) E. Consistently (multiple times a day)

16. I tell my baby/child I love him or her.

- A. Never B. Rarely (monthly) C. Sometimes (weekly) D. Often (daily) E. Consistently (multiple times a day)

17. I find it hard to soothe my baby/child when s/he is crying.

- A. Not likely at all B. Unlikely C. Somewhat likely D. Likely E. Very Likely

18. I stay calm and use a calm down strategy when my baby/child is crying.

- A. Not likely at all B. Unlikely C. Somewhat likely D. Likely E. Very Likely

Complete the following items ONLY if you are a PARENT in a PARENT EDUCATION PROGRAM:

19. My child misbehaves just to upset me.

- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

20. I feel as if I am always telling my kids, "no" or "stop".

- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

21. I have frequent power struggles with my kids.

- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life

22. How I respond to my child depends on how I am feeling.

- A. Not at all like my life B. Not much like my life C. Somewhat like my life D. Quite a lot like my life E. Just like my life