

Informed Consent Statement

Now I will read the informed consent statement about this project and confirm whether you would like to participate.

Purpose: The Capacity Collective is conducting an evaluation on behalf of King County's Best Starts for Kids initiative to consider how best to understand the experience of families receiving services from community-based organizations. Part of this evaluation involves asking program participants to complete a survey about how services affect them and their families. Your participation is voluntary. The services you receive will not be negatively affected by your participation, or lack of participation. We will provide some demographic and outcomes data to King County for the purposes of program evaluation and accountability, but will not share any identifying information about you or your family.

Benefits: One of the primary goals of this project is to make sure that surveys are relevant and culturally responsive, and your answers will help us adapt the survey to better serve King County families. In addition, after you complete the survey, you will receive a \$25 Visa gift card.

Risks: As with any study involving collection of data, there is the possibility of a breach. Every precaution will be taken to secure participants' personal information. Every participant will be assigned a study number that will be used instead of their name to ensure confidentiality. If you choose to participate in this survey, your identity and responses will be kept confidential. No identifying information will be shared.

We hope you will help us improve family services by participating in this survey. Please indicate your decision below.

I agree to participate in the survey

I choose not to participate at this time

Participant Name	Date
Program Staff Name	Date

The addition of names above indicate that consent has been given by the individual and witnessed by program staff.

If you have questions about this project, please contact info@thecapacitycollective.org at any time.

Program Information Form

Surveyor: Fill out this page before starting the survey with the participant.

Interviewer Name:	Type of Interview: <input type="checkbox"/> Virtual (online) <input type="checkbox"/> In-person
Client receives services from <i>(organization name):</i>	CC Only:
Do you (interviewer) already know this family through the work of this organization or through a personal relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Client Started Services:	Date Client Stopped Services <i>(if applicable):</i>
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?

Introduce the Survey with the following script:

“Today I will be asking you to complete a survey to help us understand the needs of the families receiving services from organizations in King County. The survey has questions about your experiences as a parent/caregiver. We are currently testing this survey to make sure that the questions are clear and understandable and work well for parents/caregivers. After you complete the survey, I will be asking you a few questions about the survey itself to get your feedback on it.

At any time, you can choose to skip the whole survey, part of the survey, or any question on the survey. You and your family will not lose services or be penalized in any way if you do not finish the survey.

Your information will be confidential, and we will not put your name on the survey. The answers you provide will not negatively change the services you receive. Please feel free to stop me at any time to ask questions or if you feel uncomfortable. Do you have any questions right now?”

If any, answer the participants' questions at this time.

STAFF INSTRUCTION ONLY:

To ensure high quality, comparable survey data, it is important that the staff administering the PF-KCS give the same answers when participants ask questions about survey items. If a family asks for more detail, staff can say:

“There are no right or wrong answers, and this is all the information I can tell you. Please respond the way that makes the most sense to you and your family and remember you can skip questions at any time.”

When delivering the survey, staff will read each statement to the family, followed by the answer choices. Staff will mark the answer given by the family.

Staff should make a note of specific survey questions that elicit questions from participants, and when possible, what question(s) the participant asked. This will help us understand if certain questions may be problematic and why.

A. Surveyor comments for the above section:	
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Protective Factors – King County Survey (PF-KCS)

Now we will start with the survey. I will read each question and the answer choice, then give you time to respond.

	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"/>
<i>B. Surveyor comments for the above section:</i>						
4. 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"/>
5. 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"/>
6. 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"/>
7. 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"/>
<i>C. Surveyor comments for the above section:</i>						
8. 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"/>
9. 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"/>
10. 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"/>
11. 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"/>
12. I have people I trust to ask for advice about: <i>(select all that apply)</i>						
<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		Prefer not to answer		
<i>D. Surveyor comments for the above section:</i>						

Sometimes it's hard for families to afford everything they need. The next few questions will ask about this topic.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
13. I have trouble affording what I need each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am able to afford the food I want to feed my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Rent or Mortgage | <input type="checkbox"/> Utilities or bills (electricity/gas/heat/phone/internet, etc.) | <input type="checkbox"/> Transportation (including gas, bus passes, shared rides) |
| <input type="checkbox"/> Childcare / daycare | <input type="checkbox"/> Medicine, medical expenses, mental health services, co-pays | <input type="checkbox"/> I was able to pay for all of these |
| <input type="checkbox"/> Groceries/food (including baby formula/diapers) | <input type="checkbox"/> Basic household or personal hygiene items (including clothes/shoes) | Prefer not to answer |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Delayed or not gotten medical or dental care for you or your family | <input type="checkbox"/> Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills | <input type="checkbox"/> None of these apply to me |
| <input type="checkbox"/> Been evicted from your home or apartment | <input type="checkbox"/> Lost access to your regular transportation (e.g., vehicle totaled or repossessed) | Prefer not to answer |
| <input type="checkbox"/> Lived at a shelter, in a hotel/motel, in an abandoned building or vehicle | <input type="checkbox"/> Been unemployed when you really needed and wanted a job | |

E. Surveyor comments for the above section:

The following section focuses on your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so your honest feedback is appreciated.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
17. When I talk to staff from this program about my problems, they just don't seem to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The staff from this program genuinely care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The staff from this program have respect for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The staff from this program help me when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Surveyor comments for the above section:

Additional Items to Test (New in 2022)

The last few questions will focus on you and your family.

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

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. In general, my family stays hopeful even in difficult times. | <input type="checkbox"/> |
| 22. My family is able to find time for things that matter to us. | <input type="checkbox"/> |

Participant Reflection Questions

Now I want to ask you a few questions about what we just talked about.

- | | | |
|---------------------------------------|---|-----------------------------|
| 1. Were any questions hard to answer? | <input type="checkbox"/> Yes
<input type="checkbox"/> No | 2. If yes, which questions? |
|---------------------------------------|---|-----------------------------|

3. Can you explain what was hard about the questions you mentioned?

- | | | |
|---|---|-----------------------------|
| 4. Where there any questions you did not feel like answering? | <input type="checkbox"/> Yes
<input type="checkbox"/> No | 5. If yes, which questions? |
|---|---|-----------------------------|

6. If yes, can you explain why you felt you didn't want to answer those questions?

7. Where there any questions that we didn't ask about you, your family or your children that would have let you share something that is important to you?

8. Were there any questions that we should not have asked?

9. Do you have any suggestions for what would make the survey-taking process better for you?

G. Surveyor comments for the above section:

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 Woman Non-Binary Prefer not to answer Other: (fill in)
 Man Two-Spirit

24. Age (in years) Prefer not to answer

25. Primary language spoken at home: Prefer not to answer

26. Child with a disability in your care? Yes No Prefer not to answer
 Unsure

27. How do you self-identify your race or ethnicity? Prefer not to answer

28. Race/ethnicity details: (please select as many as apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | Tribal Affiliation (fill in): | | |
| <input type="checkbox"/> Asian (select details if applicable) | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Nepalese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Thai | <input type="checkbox"/> Other (fill in): |
| <input type="checkbox"/> Black, African or African American (select details if applicable) | <input type="checkbox"/> Congolese | <input type="checkbox"/> Eritrean | |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Haitian | <input type="checkbox"/> Kenyan |
| <input type="checkbox"/> Mali | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Senegalese | <input type="checkbox"/> South African |
| <input type="checkbox"/> Sudanese | <input type="checkbox"/> Tanzanian | <input type="checkbox"/> Ugandan | <input type="checkbox"/> Other (fill in): |
| <input type="checkbox"/> Hispanic, Latinx, or Spanish (select details if applicable) | <input type="checkbox"/> Argentinian | <input type="checkbox"/> Brazilian | |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Colombian | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Mexican or Mexican American | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Salvadorian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (fill in): | |
| <input type="checkbox"/> Middle Eastern or North African (select details if applicable) | <input type="checkbox"/> Afghan | <input type="checkbox"/> Algerian | |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Egyptian | <input type="checkbox"/> Iranian | <input type="checkbox"/> Israeli |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Libyan | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Saudi Arabia |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Tunisian | <input type="checkbox"/> Turkish | <input type="checkbox"/> Other (fill in): |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (select details if applicable) | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Fijian | |
| <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Tahitian | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Other (fill in): |
| <input type="checkbox"/> White (select details if applicable) | <input type="checkbox"/> Dutch | <input type="checkbox"/> English | |
| <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Russian | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (fill in): | | |

H. Surveyor comments for the above section:

Survey Wrap Up

- Thank the participant for their time and insights.
- Compensate the participants with the gift card and let them know they will be automatically entered in a \$100 gift card drawing.
- Conclude the interview.

End of Participant Survey

Questions for Surveyor

Complete the following section yourself, after you have thanked the participant, compensated them, and said goodbye.

1. How would you describe the participant's ability to speak and listen in English?

Basic (Needed many questions or answer choices repeated, alternative explanations or translations)

Intermediate (Needed only a few questions or answer choices repeated, alternative explanations or translations)

Advanced (Did not need any help understanding questions or selecting survey answers)

2. Was anything hard to do at any point in the survey? Yes No

3. If yes, can you share more about what made it hard to do?

4. Where there any questions that seemed challenging for the participant? Yes No

5. If yes, which question(s) were challenging?

6. If yes, what made these questions challenging?

7. How did the participant react to the response choices (for example, did they seem to consider every choice, or only use the options at the middle, or end)? (*Strongly Agree* → *Strongly Disagree*; *Almost Always* → *Never*)

8. Did respondents ever say the response choices were not logical for the question asked? Yes No

9. Was the participant in a quiet place where they could focus on the survey and give honest answers? Yes No

10. If no and participant was not in the best place to answer the survey, what may have affected their answers?

11. Is there anything that could have made the survey experience better for the participant? If so, what?

12. Is there anything that could have made the survey experience better for you, the surveyor? If so, what?

End of Survey

Thank you for your support!